

# “It’s Got To Be About Safety”: Public Services that Work for LGBTQ2+ Older Adults and LGBTQ2+ Workers in Canada

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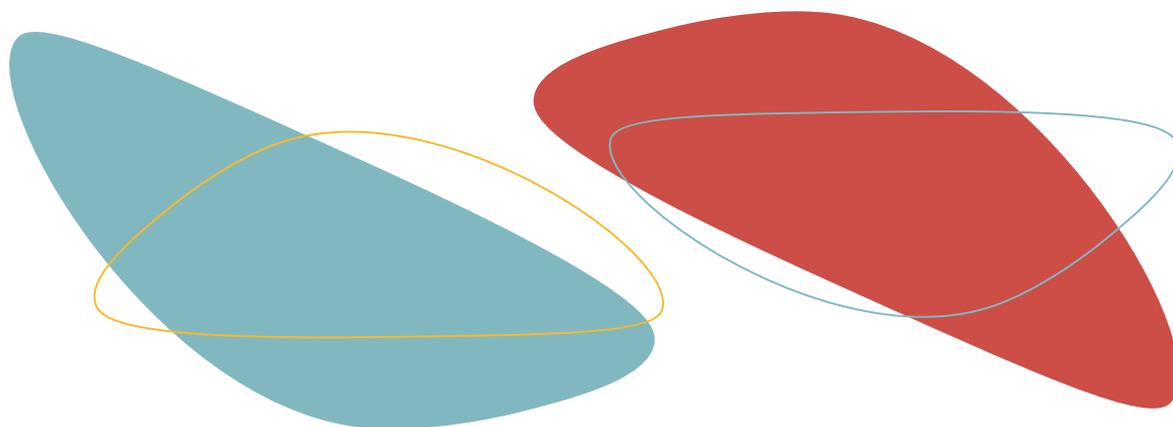
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# Executive Summary

Are public services in Canada ensuring accessible, safer services for LGBTQ2+ older adults 55 years and over? Are these services safer workplaces for LGBTQ2+ workers? What measures and approaches make public services accessible and safer for workers and for LGBTQ2+ older adults? We begin with the assumption that public services must be safe for everyone. This means that service users and workers do not experience discrimination, harassment or violence, and that they are treated with dignity and respect. Public services must be accessible for everyone, including those who need these services and work in them. This means that public services are located conveniently, are physically and financially accessible and represent all communities, in particular marginalized communities, in staffing, messaging, service delivery and every other aspect.

Taking an intersectional approach, this report addresses these questions based on a three-phase research project completed between August 2019 and July 2020. A review of the Canadian academic and grey literature identified barriers and challenges experienced by LGBTQ2+ older adults and by LGBTQ2+ workers, and the need for more Canadian research on these questions. A program scan identified municipal, provincial and federal initiatives and programs, as well as some non/government services, that show promise to improve accessibility and safety for LGBTQ2+ older adults. Finally, LGBTQ2+ older adults who use public services and LGBTQ2+ public service workers provided their valuable perspectives and advice in interviews and focus groups.

## Our Findings

In 2020, Canadian public services for older adults are reeling from decades of fiscal austerity, regulatory shifts and restructuring. Public services have been privatized, work has intensified across the board and in the long-term care and social services sectors, there is a national staffing shortage. Too often, equity issues have been sidelined. Stable funding and better conditions are needed for all seniors. Within that context, there are particular measures needed for LGBTQ2+ seniors – measures that are doable and will make services safer for everyone. Our data analysis yielded the following findings:

- LGBTQ2+ older adults and workers experience a ‘barometer of safety’ in accessing, using and working in public services.**

Well-documented in other research and noted consistently by our participants, LGBTQ2+ older adults and workers experience a spectrum of danger/safety in public services. LGBTQ2+ communities know some services are particularly dangerous, where older adults and workers have experienced physical and psychological assault. At the other extreme, some public services are well-known to offer high levels of access and safety, where LGBTQ2+ older adults and workers can be “out”, gather in community and have working and living conditions that affirm their gender and sexuality. Most services and spaces fall somewhere in between.

**2. There is tremendous diversity among LGBTQ2+ older adults and workers. For public services to be accessible and safe, these differences need more attention. Racism, transphobia and other systems of oppression need to be dismantled.**

LGBTQ2+ older adults are immigrants, Indigenous, Black, racialized, white, low income, high income, urban, rural and more. Those who are trans, lesbian, gay, queer, Two-Spirit, intersex, bisexual and questioning face different realities and experiences. The diversity within and among LGBTQ2+ communities is striking, but most research evidence has been gathered from white, “out”, educated, activist LGBTQ older adults and workers, with only some research reflecting other perspectives.

**3. Where LGBTQ2+ workers are safer, LGBTQ2+ older adults are safer, and vice versa.**

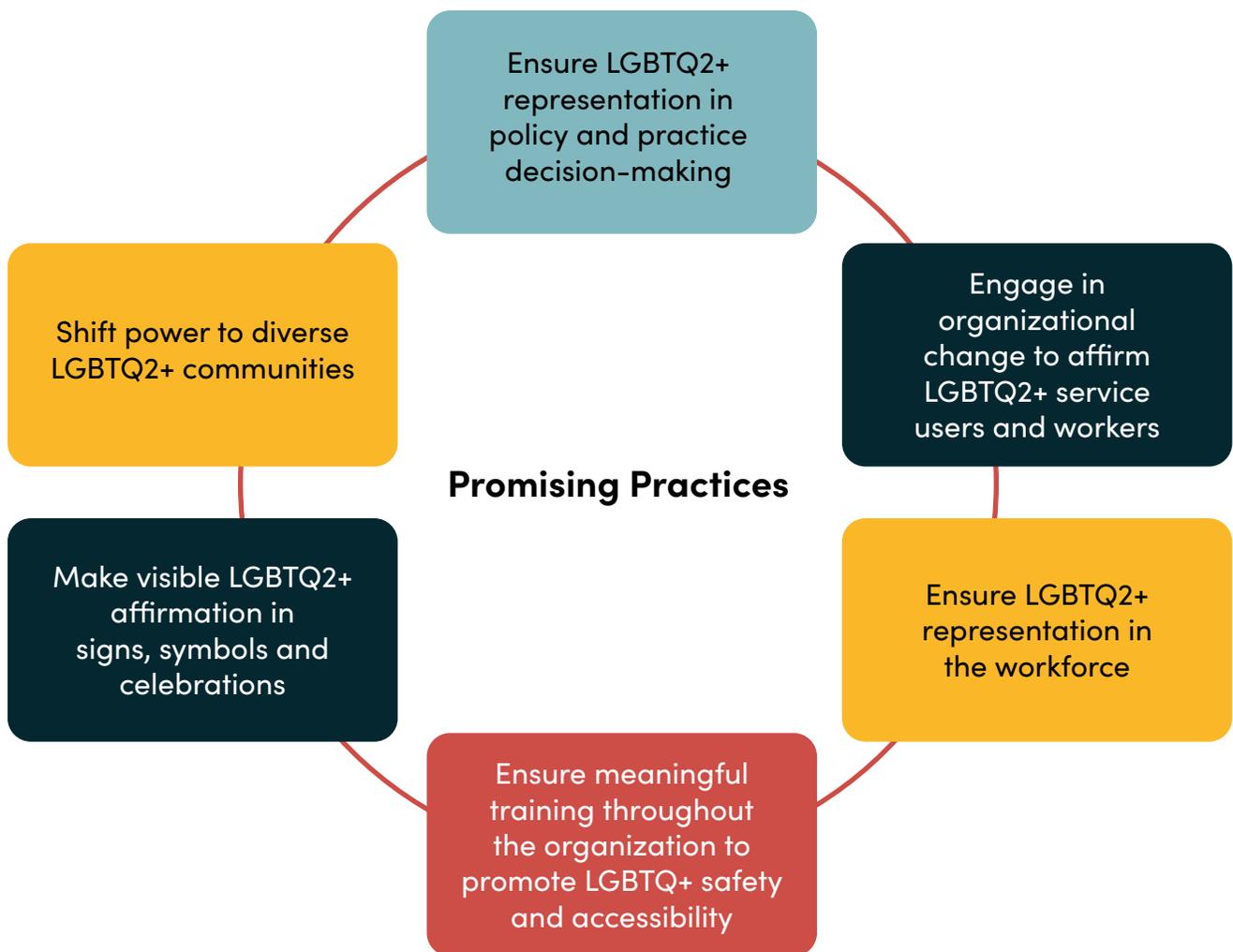
Our analysis shows that accessible, safe services for LGBTQ2+ older adults require environments where LGBTQ2+ workers are well represented and safe themselves. Older adults look for indications that an environment is safer; seeing and interacting with community members who are “out” at work is a critical sign. Further, LGBTQ2+ workers are consistent leaders for safer spaces. However, our research shows that many public service workplaces are not safe or affirming for LGBTQ2+ workers. We also noted that gender and sexual diversity initiatives geared to service users have positive ripple effects for LGBTQ2+ workers. While the relationship between service user experiences and working conditions is complex, the structural conditions affecting LGBTQ2+ safety and access affect everyone.

**4. Responsibility for making public services safer and accessible has been disproportionately placed on workers, with insufficient accountability placed on managers, owners, boards of directors, governments and accreditation agencies.**

Governments, employers and accreditation and certification bodies rarely set enforceable standards on equity and human rights. Our research confirmed that public services download responsibility for access and safety to workers through often insufficient training of questionable quality, or by relying on training from under-funded LGBTQ2+ volunteer, charitable and non-profit community groups and organizations. Some initiatives launch with promise but disappear when key personnel leave. Monitoring is patchy and initiatives often rely on staff working unpaid over-time. Higher quality in-person group training is being replaced by short on-line modules completed by workers individually. Training is often focused on personal “bias”, ignoring the structural dimensions affecting safety and access. These types of training have been found to be relatively ineffective, but allow organizations to “pink-wash”, or to advertise as a “positive space” without making the necessary investments to produce truly accessible, safe services. In fact, pink-washing may increase risks by encouraging LGBTQ2+ older adults to be “out” when it’s not safe. Training must be high-quality, properly funded and accompanied by goals, monitoring and accountability at all organizational levels.

5. **There are promising practices and leading organizations in Canada that offer ways forward toward access and safety for LGBTQ2+ older adults and LGBTQ2+ workers. We need to bring these practices together.**

Our environmental scan revealed some leading organizations and many promising practices. However, few organizations or practices address both the conditions for workers and conditions for service users. In this report, we consider the links between conditions. Some public services have committed the resources needed to make important and necessary changes to advance access and safety. Changes are visible in a range of areas, from governance and accountability to service delivery, physical environments, websites, working conditions, programming, outreach, training, performance reviews, program evaluations and more. Many organizations are striving to learn, integrate and maintain an anti-oppressive approach. We have many models for building safer spaces in the public sector.



# Introduction

I mean, a lot of it's about safety, right? If you are afraid and if you are going back in the closet, you obviously feel unsafe. So it's got to be about safety. (*Worker, Saskatchewan*)

Too often, LGBTQ2+ older adults do not receive the public services they need and deserve, because these services are not safe for them. Too often, LGBTQ2+ workers do not experience safety on the job in public services. Public services must be safe and accessible for everyone, including those who need these services and who work in them. Yet, despite federal and provincial human rights legislation prohibiting discrimination and harassment on the grounds of sexual orientation, gender identity and gender expression, public services have not taken sufficient action to ensure these protections.

In this report, we offer findings from a collaborative research project that asked two simple questions. What barriers and harms do LGBTQ2+ older adults and LGBTQ2+ workers experience in using public services or working at public services in Canada? What can these public services do to improve accessibility and safety for LGBTQ2+ older adults and LGBTQ2+ workers?

Our collaboration includes the Canadian Union of Public Employees (CUPE) and Egale Canada (Egale). CUPE is Canada's largest public sector union, representing workers in a wide range of occupations and public services, including services used by older adults. Egale is a national organization committed to advancing equality and justice for lesbian, gay, bisexual and trans-identified people and their families. CUPE and Egale offer expertise, advocacy and mandate in this area. Our collaboration also includes researchers from the SSHRC Partnership Age-Friendly Communities-in-Communities: International Promising Practices, an international research team committed to identifying promising practices that advance age equity and emancipation for older adults from oppressed and marginalized social locations, and the care workers, both paid and unpaid, who support them. The project was supported by a MITACS Accelerate grant.

To find answers, we used an intersectional approach to conduct a research literature review, a national environmental scan and learn from LGBTQ2+ older adults and LGBTQ2+ public services workers in interviews and focus groups. We aim to contribute knowledge that can support accessible public services where everyone experiences dignity, respect and safety.

In this introduction, we first explain what we mean by public services safety and accessibility and describe our intersectional approach to the project. Next, we consider the context of contemporary public services in Canada. Finally, we discuss the scope of our research and who was involved in the project.

## What is safety? What is accessibility?

In this report, we draw our concepts of public services safety and accessibility from the wisdom and experiences shared by the LGBTQ2+ older adults and workers who participated in this research.

### Public Services Safety

Our participants made it clear. Safety means, among other things:

- freedom from physical violence, snide remarks, sideways looks and being ignored or refused service or employment;
- freedom to express gender identity and sexuality with the confidence that one will be treated with dignity and respect and that being “out” won’t affect service access, quality or employment conditions and opportunities;
- safety of LGBTQ2+ older adults and workers who are Black, Indigenous, racialized, trans, persons with disabilities, or in other marginalized social locations;
- washrooms that are safe for all genders;
- workers interact with each other and the public with cultural humility;
- being acknowledged.



As one participant told us:

Safety is of course being physically safe and not being harassed and not called names. But there is also safety at a comfort level . . . like feeling like you are in a safe space that is welcoming. So safety would be knowing that if I am going to come out and share what my family is and why it is structured the way it is. Then I feel safe, that I am not worried about being isolated or made fun of or whatever. I feel like I am in a comfortable enough place to be who I am. (*Worker, Saskatchewan*)

A safer space is where people feel comfortable expressing their gender and sexual diversity without fear of discrimination, harassment, or violence. Many LGBTQ2+ groups use the word “safer” to acknowledge that safety is relative; not everyone feels safe under the same conditions.

## Public Services Accessibility

Related to but different than safety, our participants defined accessibility as:

- **Physical accessibility:** public services located in or near neighbourhoods and communities where LGBTQ2+ older adults live, including low-income neighbourhoods.
- **Economic accessibility:** public services are affordable for lower income LGBTQ2+ older people. For instance, public services located on bus routes and those that do not require computer technology or computer know-how to access.
- **Social accessibility:** LGBTQ2+ older adults see themselves and their community reflected in public services, including the employees, signage and images, celebrations and issues the service addresses.

Finally, it is important to note that only LGBTQ2+ older adults and workers can fully assess public services safety and accessibility for their respective communities. They must be the ones to define the criteria and how those are measured, reported and addressed.

While in this report we adhered to the terms stressed by our research participants, there are many other terms for what our participants have called safe or safer and accessible public services. The term positive space has been used in many settings in Canada (OPHA, 2011; McDonnell & Daley, 2015). Efforts to identify effective service provider approaches in some disciplines such as social work have resulted in debates around terms such as affirmative practices (Crisp, 2007), cultural competence (Azzopardi & McNeill, 2016) and cultural humility, a term that refers to self-reflecting on one's own prejudices, engaging in self-critique, addressing power imbalances and challenging systemic barriers (Danso, 2018; Fisher-Borne et al., 2015).

Similarly, cultural safety has been used to describe the desired outcome for services, including by one of our participants.

Cultural safety is not just about your physical safety. It's about . . . your worldview, your cultural background and your right to exist in this world being affirmed on some level. (*Worker, British Columbia*)

Cultural safety is an active process that takes into account social and historical context to focus on the structural and interpersonal power imbalances affecting workers and service users. The concept comes from Indigenous health care providers and activists<sup>1</sup>, and has been developed primarily in the context of Indigenous-specific cultural safety programs. This approach requires service providers to be self-reflective about their position of power in service provision relationships, and their role with service users, in ways that take into account structural homophobia, transphobia, racism, sexism, colonialism, ableism and other structural forces. Cultural safety exceeds notions of cultural competency, cultural sensitivity,

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<sup>1</sup> Maori nurse Irihapeti Ramsden in *Aotearoa*/New Zealand developed the concept, and Indigenous health equity advocates continue to be leaders in developing this theoretical framework.

and cultural humility. While cultural safety is usually understood to pertain to service users, where “[s]afety is defined by those who receive service, not those who provide it” (Churchill et al., 2017: 4), the same holds true for workers. Marginalized workers need culturally safe environments, and only they can fully define these conditions. In this report, we recognize that while cultural safety for workers and service users may have different aspects, hostile conditions faced by both groups have their roots in the same structural conditions as do the structural solutions that could address them.

## An Intersectional Lens

This report is guided by an intersectional approach informed by feminist political economy (FPE). Intersectionality conceptualizes “the relation between systems of oppression which construct our multiple identities and our social locations in hierarchies of power and privilege” (Carastathis, 2014: 304), including sexuality, gender, race, class, ability, immigration status, Indigeneity and age. Intersectional research challenges approaches that suggest an older adult’s or worker’s experience can be captured by considering separately their sexuality, gender, race, class, ability, age or immigration status (Crenshaw, 1989: 140). We have listened for and considered similarities and differences among people’s intersecting multiple social locations and experiences, using intersectionality as an analytic tool to better understand the complexity of the world and people’s positions in it (Collins and Bilge, 2016). FPE supports these considerations, directing attention to the intersecting political, economic and social relations that maintain hierarchies of privilege and oppression, and the possibilities to confront and change them (Luxton, 2006).

## Language

Language is important and dynamic and can deny or affirm people’s identities. CUPE’s National Pink Triangle Committee uses the acronym LGBTQ2+, to refer to Lesbian, Gay, Bisexual, Trans, Queer, Two-Spirit and more. Egale uses the acronym LGBTQI2S, including Lesbian, Gay, Bisexual, Trans, Queer, Intersex and Two-Spirit. These groups came together in this research project and agreed to use LGBTQ2+.

However, when this report cites the research literature, we refer to the terms used by the specific research cited, such as LGBTQ2S+ and others.

We recognize that this naming and grouping can, and likely will, change over time. One research participant shared a view that is increasingly being adopted by organizations:

I think Two-Spirit should be at the beginning of the acronym, to acknowledge that Two-Spirit Indigenous people were the first sexual and gender minority people in North America, and also to demonstrate solidarity with them in this period of truth and reconciliation in Canada. (*Older Adult, Ontario*)

This has been done by some organizations, such as the Ontario Federation of Labour that uses the acronym, 2SLGBTQI+. Others, like The Enchanté Network, a Canadian national organization, are using 2Spirit and LGBTQ+.

This [glossary of terms](#) by Egale Canada explains some of the terms related to LGBTQ2+ identities and experiences mentioned in this report. Terms change and go out of date. Check [Egale Canada's website](#) for updates.

## The Context: Public Services in Canada

Public services in Canada exist in conditions of contradiction. On the one hand, public services have developed in ways that perpetuate colonial, racist, sexist, ableist, homophobic and transphobic agendas. On the other hand, public services offer the promise of universal access to services that support equity. These services include health care, education, childcare, long-term care, transportation, income supports, housing, as well as other services that can support health, well-being, positive community relationships and a more equitable society. These contradictions, their histories, and their effects, from genocide and systemic violence to advancing human flourishing and creating more equitable societies, have been well documented by researchers, government commissions and inquiries, activists and advocates.<sup>2</sup>

In conducting the research for this report,<sup>3</sup> we began with this understanding of public services' conditions of contradiction. We also took into account that since at least the 1990s, neoliberal policies, justified by a wide range of political and economic circumstances, have eroded many public services in Canada through measures such as cost containment, services restructuring, divestments and privatization, austerity programs and more (Braedley & Luxton, 2010).

In this report, we identify promising practices that can contribute to more equitable, safer and accessible services. A "promising practice" or "best practice" is an intervention, program, service, or strategy that is effective. We use the term "promising" rather than "best" to acknowledge and consider these practices within a specific context and people involved. What works for those in North Vancouver will not necessarily work in the same way in Lethbridge or Halifax or Whitehorse or even East Vancouver. We also use the word "promising" to acknowledge that no single practice can undo the violence of ongoing systemic homophobia, transphobia, racism, sexism, ableism and colonialism.

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<sup>2</sup> See the Canadian Centre for Policy Alternatives extensive library of reports on public services across Canada as a good starting point for exploring this history. <https://www.policyalternatives.ca/>

<sup>3</sup> This research was mostly complete before the onset of the COVID-19 pandemic in Canada. The COVID-19 pandemic effects and response in Canada revealed both systemic weaknesses and strengths in public service delivery to older adults and the close relationship between older adults' vulnerabilities and those of services workers.

## Public Services: What We Considered

We define public services as services funded primarily by federal, provincial, and/or municipal governments. Some of these services are directly owned and managed by governments. Some operate as for-profit and non-profit corporations but receive substantial funding from governments.

Narrowing our inquiry to ensure solid research findings, we identified and targeted many public services used frequently by older adults who are 55+, including seniors' drop-in programs, community health centres, buses, parks, libraries, social housing, hospitals, residential long-term care and home care. These are some, but not all, of the public services where CUPE members work. This also means that there are some public services we have not considered.



## The Research Project: Who Contributed

This research team included cisgender, straight and LGBTQ2+ researcher/activists from Carleton University, CUPE National and Egale, who are all white. Our participant recruitment through Egale Canada and CUPE meant that those who participated in the research are active and “out” members of LGBTQ2+ communities, participating as part of their advocacy and activism. Included were two Black participants and one Indigenous participant, making our participant group disproportionately white when compared to the CUPE and Egale members active in the public services considered here.

The study included four individual interviews with older adults and four individual interviews with workers. It also included two focus groups, one with four older adults, and one with four workers, for a total of 16 participants. Most participants resided in Ontario, while others were from British Columbia, Manitoba, Nova Scotia and Saskatchewan. The older adult participants' ages ranged from 59–76. Workers came from health care, municipal services and social services. Some of the older adults have or are presently working in public services and made comments about both perspectives. Some of the workers are older adults using public services. Participants identified as lesbian (8), gay (4), trans (2), Two-Spirit (1) and

dyke (1). This small participant group means that we have not been able to link participants' comments with their intersecting social locations, as anonymity would be undermined, thus limiting some potential insight.

With the context, definitions and study description outlined, we turn to the statistical and academic research record.

## What Do We Know About LGBTQ2+ Older Adults in Canada?

Canada does not collect high quality, complete, statistical data on the LGBTQ2+ population (Waite & Denier, 2019), creating gaps, misconceptions and problems. Estimates of the size of this population vary, from 10 percent to one percent of the population (Waite & Denier, 2019). Trans individuals are estimated to account for 0.6 percent of the U.S. population (Flores et al., 2016), and this number has been used to estimate the Canadian trans population as well (Waite 2020). The Canadian Community Health Survey was the first Statistics Canada survey to ask about sexual orientation in 2014 (Statistics Canada, 2015), but did not include people over 59 years of age.

The Canadian Longitudinal Study on Aging, a national survey that relies on volunteers and is therefore not statistically representative of the Canadian population, reports that two percent of its respondents identify as lesbian, gay or bisexual. Compared to heterosexual respondents, these lesbian, gay and bisexual respondents were better educated, younger, more likely to live in an urban area, more likely to live alone and more likely to report feeling lonely (Stinchcombe & Wilson, 2018).

While Canadian census data does not include questions on sexuality and gender diversity, it allows for identification of same sex households. In 2011, there were 49,045 people 55 and over who lived in same sex couple households (Statistics Canada, 2015), making up almost one percent of all married and common-law couples in Canada. These numbers exclude LGBTQ2+ people who are living alone, bisexuals, those living with a differently sexed partner and those whose relationship is not a "couple" or who maintain separate households. It also excludes people who are closeted; lifetimes of discrimination experienced by LGBTQ2+ adults suggest this is a large group (Brotman et al., 2015). Indigenous people are less likely to participate in the census and other government data collection due to many systemic factors, including legitimate distrust of the settler colonial state (Rotondi et al., 2017) and access barriers that include geographic location, mobility and literacy (Smylie & Firestone, 2015). Indigenous LGBTQ2+ people may be further under-represented.

National census and survey data collection do not allow for analyses on intersecting social identities. LGBTQ2+ people who are racialized, Black, Indigenous, new immigrants and refugees and/or who live with disabilities cannot be identified in most national statistical data in Canada. We know very little about these groups' specific numbers, conditions of life

and health outcomes (Waite & Denier, 2019). Policy discussions on aging, health and gender or sexual diversity rarely address their specific concerns.

Many studies have shown that LGBTQ2+ populations in Canada experience poor socioeconomic conditions that vary based on intersecting social locations (Kia et al., 2020), and the poor social and health outcomes related to these conditions. Data issues, such as those at Statistics Canada, promote the misconception that gay men have high incomes (Mulé et al., 2009), homogenizing gay men and upholding a myth of 'gay affluence' (Albelda et al., 2009) that increases stigma for members of LGBTQ2+ communities.

LGBTQ2+ older adults' public services use varies, with differences based on age and geographic location (Brotman et al., 2015; Brotman et al., 2007). Services use also varies depending on people's living arrangements and relationships. LGBTQ2+ older adults may be caring for parents and partners, have active involvement with children and grandchildren, or be completely without support from biological or chosen family. Canadian health care and social services delivery is planned and delivered with the assumption that people have familial care providers (Day, 2013), and this assumption disadvantages many LGBTQ2+ older adults. Further, LGBTQ2+ older adults, their same sex partners and chosen families are frequently disregarded by health care and social care providers, while caregiver services often stigmatize, exclude or ignore these individuals and their families (Brotman et al., 2007).

Addressing the reality that LGBTQ2+ older adults are not a homogenous group, there are small, growing literatures that document the conditions, perspectives and experiences of lesbian, gay, bisexual, trans, queer and Two-Spirit older adults (Waite & Denier, 2019), and some literature that takes an intersectional approach (see Chaze et al., 2019 as one example). However, most research remains geared to a broadly defined LGBTQ2+ community, and that research has focused primarily on health and long-term care services (Butler, 2017; Daly & Braedley, 2017; Furlotte et al., 2016; Grigorovich, 2015).

## What Do We Know About LGBTQ2+ Workers in Public Services?

There has been only a little research that focuses on LGBTQ2+ workers or their working conditions in Canada. We don't know how many workers in Canada identify as LGBTQ2+. There are a handful of studies that focus on LGBTQ2+ public services workers specifically (Baker & Lucas, 2017; Ng & Rumens, 2017), including studies on policing (Couto, 2018), teaching (Wells, 2017), and trans men workers in health care (MacDonnell & Grigorovich, 2012). Based on very limited data<sup>4</sup> on employment in Canada's major cities, we have an indication that LGBTQ+ workers may be somewhat over-represented in public services employment, with approximately 24 percent of gay men workers and 29 percent of lesbian

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<sup>4</sup> This data set is problematic because it includes only people living in couples as recorded in the 2006 Census of Canada. This means the data is somewhat out of date as well as limited to only a small group of LGBTQ2+ identifying workers. That said, it is what is available and offers indications, but not up-to-date, complete information.

workers in public services, compared to 14 percent of heterosexual men workers (Denier & Waite, 2017). Supporting this finding, a recent study of 2SLGBTQ+ workers in two Ontario cities found a high proportion working in health care, social assistance, education and public administration, for an overall 30.3 percent of all workers surveyed (Mills et al, 2020).

This over-representation in public sector work may be due to LGBTQ2+ workers' working conditions, including relatively equitable wages with other workers and relative protection from discrimination when compared to private sector employment. These conditions are attributable to the high rates of unionization in the public sector; unions are often better able to negotiate wage equity and ensure compliance with anti-discrimination legislation than individuals or non-unionized groups. However, wage differentials exist within the LGBTQ2+ workforce. There is little known about Two-Spirit, queer and trans worker earnings. The available research, based *only* on same-sex couple census data, suggests that gay men earn less and lesbian women earn more than their heterosexual counterparts, and bisexual women and men earn the least, with sexual minority wage gaps larger in non-urban areas (Waite et al., 2019).

Canadian statistical data on LGBTQ2+ workers' working conditions is limited. The General Social Survey (2014) in Canada reported that 79 percent of lesbian, gay or bisexual respondents reported that they had experienced discrimination based on sexual orientation, with the workplace most reported as the site of this discrimination (Simpson, 2018). There is very little research literature on the working conditions and experiences of LGBTQ2+ workers who are Indigenous, Black, immigrant and racialized (Waite & Denier, 2019). We do know that racialized LGBTQ2+ workers face harsher living and working conditions. In a survey of 673 Ontario-based 2SLGBTQ+ workers, nearly two thirds (62.8 percent) of racialized respondents concealed their identity at work, compared to 45.5 percent of white respondents (Mills et al., 2020: 20). Over 22 percent of racialized LGBTQ2+ workers indicated they had left a job due to racism. Indigenous LGBTQ2+ workers were less likely to be unionized than other respondents in this survey, suggesting barriers to entry in some employment sectors (Mills, 2019).

In 2017, a federal public services employees' survey (PSES) began to collect information on gender identity categories including male, female and "other", understood as non-binary and/or gender diverse. Out of one hundred seventy thousand respondents, 374 (.22 percent of respondents) identified as "other". Thirty-five percent of this group reported that they had experienced harassment in the workplace, compared to 16 percent of those who identified as men and 19 percent those who identified as women (Waite & Denier, 2019). Most likely to experience discrimination and harassment were gender diverse workers and other minority group workers. These workers are also under-represented in the federal public service, a finding likely related to discriminatory working conditions (Waite, 2020). In 2018, the PSES included a question on sexual orientation using the categories heterosexual, gay or lesbian, bisexual, please specify or I prefer not to answer (Waite & Denier, 2019).

Many LGBTQ2+ workers are not "out" to their employers, co-workers and/or clientele. While some large employers in Canada report no LGBTQ2+ identified workers, research

suggests these employers' workplaces are likely high risk for exclusion, harassment and discrimination, preventing workers from disclosing their identities, relationships and lives (Sasso & Ellard-Gray 2015). In the *Work and Inclusion 2SLGBTQ+* study (Mills et al., 2020), 70.5 percent of workers experienced some type of harassment or discrimination in their current job and just over half of the 2SLGBTQ+ workers surveyed were not fully "out" at work. Many interviewees in that study described moving between jobs to find more supportive workplaces, even if it meant a pay cut or more job precarity. Employer discrimination in candidate selection, contract extension and layoffs have also been reported. Although a lower rate than all other sectors, 8.6 percent of public sector workers in the survey reported experiencing discrimination in the hiring process (Mills et al., 2020). Others spoke in interviews about being overlooked for a potential job or being laid off or dismissed because of their gender identity or sexual orientation.

Transgender and non-binary workers experience higher rates of unemployment and discrimination in employment than cisgender people, with one study reporting that fewer than 50 percent of transgender and non-binary workers were employed full-time (Mills, 2019). In a comprehensive study of transgender men and women in Ontario (Bauer & Scheim, 2015), 13 percent reported they were fired for being transgender and another 15 percent for reasons they believed were related to their gender identity. Mills et al. (2020) found that transgender workers were almost three times more likely than cisgender respondents to report having left a job because of an unsupportive workplace; more than twice as likely to have faced a barrier to getting work; more than four times more likely to be unemployed, and much more likely to be working part-time. Further, these workers were much more likely than cisgender respondents to change their appearance at work to 'fit in'. Nearly half of transgender respondents said they feared that coming "out" or transitioning at work would mean losing their jobs.

In the same study, racialized workers were more than twice as likely as white respondents to identify discrimination based on sexual orientation or gender identity as a barrier to finding work. They also experienced more marginalization in their workplaces; nearly two thirds of racialized respondents reported concealing their 2SLGBTQ+ identity at work compared to 45.4 percent of white respondents.

The study also clearly showed that racialized social location matters. Tellingly, discrimination in promotions was higher among Black respondents. Experiences of physical and sexual violence varied significantly by racialized social location: 22.8 percent of Black survey respondents and 15 percent of other racialized workers reported physical violence from customers and co-workers, compared to 3.7 percent of white respondents. For sexual harassment, Black respondents reported the highest rate (15.8 percent), compared to 4.8 percent for white respondents.

Two-thirds of the 2SLGBTQ+ workers interviewed in the *Work and Inclusion* study (Mills et al., 2020) connected their experiences at work to negative mental health outcomes. Anxiety and depression were the most common work-related mental health issues, followed by panic attacks, contemplating suicide and attempted suicide. Some interviewees tied their health

concerns to overall job stress and instability; others specified an unsupportive environment around sexual and gender diversity.

At the international level, there have been significant efforts to produce more and better quantitative and qualitative information about LGBTQ2+ workers (Gammerano, 2019) and populations (OECD, 2019). In the United States, researchers have documented the increasingly diverse LGBT population, investigating the specific concerns of racialized LGBT elders (Auldridge & Espinoza 2013). Canada should immediately follow these important directions. To start, governments should collect reliable quantitative and qualitative national, sub-national and organizational data collection that includes sexual and gender diversity. This data will provide important insights on how policies and practices shape LGBTQ2+ lives and livelihoods, and on accountability measures to improve public policies and public services.

Despite the lack of nationally collected statistical data and a slim research record, dedicated activists, advocates and researchers have been working hard to identify promising practices to improve public services for LGBTQ2+ older adults and working conditions and opportunities for LGBTQ2+ workers. In this project, we reviewed the research record, scanned for information about promising public services programs and improvements, and asked for advice and insight from engaged, “out” LGBTQ2+ older adults and workers. We analyzed this information using our intersectional approach, checked back with many of our sources, and returned to the research literature to ensure we were getting as comprehensive a portrait as possible. In what follows we offer our findings.

## Finding 1:

### **LGBTQ2+ older adults and workers experience a “barometer of safety” in accessing, using and working in public services.**

Whether using or working in public services, LGBTQ2+ older adults and workers cannot count on experiencing safety. Instead, they experience variable conditions of relative danger and safety. Sometimes their social location, including gender identity, racialization, Indigeneity, sexual orientation, class, disability, immigration status and age, was affirmed by the environment, people, processes and interactions. Sometimes some aspects of identity were affirmed, and others were not. Sometimes an environment was downright hostile and posed threats to physical and psychological safety.

In 2020, Canadian cities, towns and communities are still not safe for LGBTQ2+ people. In 2018, the last year of available data, the second highest level of police-reported hate crimes since 2009 was recorded, a slight dip from 2017 (Reitman & Rosenthal, 2019), with 15 percent of these crimes based on sexual orientation and gender identity. In Canada, you are more than twice as likely to be a victim of sexual assault if you are lesbian, gay or bisexual than if you are heterosexual (Simpson, 2018). If you are trans, violence is a continual threat. In a survey of trans and non-binary people in Canada, 68 percent reported experiencing

verbal harassment, 37 percent reported physical intimidation or threats, 16 percent reported physical violence and 26 percent reported sexual assault (TransPULSE, 2020).

## **LGBTQ2+ Older Adults' Safety in Public Services**

The LGBTQ2+ older adult community in Canada has good reason to be wary about using public services. LGBTQ2+ older adults have had lifetimes of persecution in Canada. Someone 75 years old in 2020 grew up and entered adulthood during the late 1950s, 1960s and 70s, when the Canadian federal government mounted national security purge campaigns. The Canadian state spied on, interrogated, harassed and fired suspected LGBTQ2+ individuals from the federal public service due to their sexual orientation (Kinsman & Gentile, 2010). They were 43 years old before sexual orientation was (mostly) removed from classification as a psychiatric disorder. These older adults experienced the AIDS crisis of the 1990s, including the related homophobia, transphobia and surveillance from the medical community and police (Kinsman, 2017; Tremblay 2015).

LGBTQ2+ older adults have also experienced significant oppression and discrimination in employment, health care, housing, their families and social circles. They face more health inequities, due in part to lifetimes of discrimination that vary based on gender, sexual orientation, age cohort and social context (Brotman et al., 2015; Champlain Local Health Integration Network, 2018). Gender dysphoria remains a psychiatric diagnosis, with harmful impacts for trans older adults (Daley & Mulé, 2014). LGBTQ2+ older adults are differently affected by these realities, depending on their racialization, immigration status, language, gender, class, age, disability and other social locations.

Government policy and public services create and perpetuate these experiences (Brotman et al., 2003; Daley, 2006). LGBTQ2+ older adults' life experiences reveal how colonialism, ableism, racism, classism, homophobia, transphobia and sexism mesh to create divisions between who is considered worthy of respect and who is considered invisible or despicable (Ferrer et al., 2017). In our interviews and focus groups, LGBTQ2+ older adults and workers expressed their fears, concerns and anger about discrimination, harassment and violence in public services settings. They explained that to access public services they must overcome distrust of public service organizations, due to these services' long-standing reputations for homophobia, heterosexism and manifestations of discrimination, including outright rejection, condescension, pity, refusal of treatment, physical avoidance and breaches of confidentiality.

Interactions with heterosexual, cisgender staff and fellow service users can be devastating for LGBTQ2+ older adults. Some staff and older adult services users, reject, avoid and make homophobic and transphobic comments that create a "chilly climate" (Brinkworth, 2016) for LGBTQ2+ older adults (Boule et al., 2019; Colpitts & Gahagan 2016; de Vries et al., 2019; Pang et al., 2019). Sussman et al. (2018) found that when long-term care homes made multi-level efforts to become safer and accessible to the LGBTQ2+ community, the result was a shift from discrimination or tolerance to inclusion and solidarity.

Continual patterns of discrimination have led many LGBTQ2+ older adults to conceal their identity when accessing services, with often devastating consequences. People who have been “out” for years are forced back in the closet, even in their own homes. For example, in accessing home care services, some lesbian and gay older adults hide pictures, books and other signs that might reveal their sexual orientation or gender identity to nurses and care workers (Brotman et al., 2006).

LGBTQ2+ activists and advocates across Canada have focused on improving long-term residential care services, which also force many LGBTQ2+ older adults back in the closet. In contrast to those older adults who live at home, this closeting is total; 24 hours a day, seven days a week.

You know the term LTC and if you ask people ‘what does that mean’, people will say long term care. But for many LGBTQ people, it is Long Term Closet. (*Older Adult, Ontario*)

We met with a health service [policymaker], and she got a big board out. We were going to brainstorm, and she wanted to know what each of us feel we would encounter if we had to go into a nursing home. Only one word came up: fear. Absolute fear. (*Older Adult, Ontario*)



LGBTQ2+ residents have had experiences where staff have denied an LGBTQ2+ resident’s visitors, refused to allow same-sex couples to share rooms, refused to place a transgender older person in a ward that matches their gender identity and kept partners from participating in medical decision making (MAP & SAGE, 2010). Many LGBTQ2+ older adults worry their end-of-life wishes will be dismissed, and that biological family wishes may override those of their chosen family (de Vries et al. 2019, Pang et al., 2019). Caregivers of LGBTQ2+ older adults often cannot find support (Brotman et al., 2007).

Due to hormones and/or surgeries, trans older adults have been forced to disclose not only their medical history but their gender transition, exposing them to potential derision,

rejection or aggression from workers, peers, or others in the environment. In our research, we heard many stories of trans friends from our participants.

The doctor said to him, “Go behind the screen, take off your clothes” and so on. Her husband did, then when he came out from behind the screen, [the doctor] took one look and said, “I don’t deal with that, I don’t do that. Put your clothes on and please leave.” *(Older Adult, Ontario)*

As a result of rejection and disrespect, some trans older adults hide their needs or refuse health care and other services (Sussman et al., 2012). When receiving services, trans older adults are concerned about access to hormone therapies, privacy of health records and whether they will experience even the most basic physical safety (Witten, 2016).

A friend has been treated so badly at two different hospitals in emerg because she is trans. She was having a life and death situation . . . and was treated so badly, was made fun of at the initial intake at emerg. When she finally saw a doctor, the doctor was making fun of her. *(Older Adult, Ontario)*

Gender norms are deeply ageist as well as binary and transphobic; the privileged “woman” or “man” is young, by society’s dominant beauty norms. Trans people, especially trans women, are judged harshly as are women whose appearance may be considered more masculine as they age.

. . . if you are trans and you’re a certain age and you don’t [pass], it is very difficult accessing services. And the most difficult thing of all is to go to the bathroom and to not get harassed. I have been harassed. I have been physically assaulted going into women’s washrooms because they think I am a trans man. . . Yeah, and this happens 2-3 times a week in any public space. *(Older Adult, Ontario)*

We heard about other experiences, too. Older LGBTQ2+ adults described experiencing a kind of erasure, where their sexual orientation or gender identity was overlooked or ignored. Service providers sometimes missed cues, hints and overt client attempts to disclose. Some service providers claimed, “everyone is treated the same here”, confusing equality (people experience the similar treatment), with equity (people experience similar outcomes).

In our scan, we found many instances where LGBTQ2+ older adults were left out of communications about public services, such as a city web site, nursing home ad, or library poster. Images, descriptions and messaging in promotional content frequently failed to show or mention gay, lesbian or bisexual identities (Chaze et al., 2019), and when they do, tend to show images of younger people. Transgender realities were usually completely missing. Forms, whether for intake, assessment, registration, sign-in or other processes, usually do not reflect the relationships and identities of LGBTQ2+ people. As one example from a specific sector, libraries may fail to stock books and movies of interest to LGBTQ2+ readers – or may choose to host events featuring transphobic speakers.

By failing to address the distinct experiences of LGBTQ2+ older adults, providers impose cisgender and heterosexual norms that stigmatize those clients, pushing them into the closet. These sorts of erasure are likely to limit LGBTQ2+ older adults' participation in consultations and planning exercises that could lead to service improvements.

Class barriers and underfunded public services compound access problems for LGBTQ2+ older adults, for example, in transportation. One older adult explained that transportation services in their low-income neighbourhood are few and far between, including public transportation.

The resources that we have in Halifax are centralized . . . To get to the downtown would take me in my car five minutes. For a bus ride, it's an hour, and that's a real big barrier right off the bat . . . The north end of Halifax is where most of the LGBTQ community that is on the border line of poverty, that is where they live. Just access to basic transportation and stuff like that is a big obstacle for a lot of people. (*Worker, Nova Scotia*)

On the positive end of the barometer of safety, we learned about public services that are working toward accessible, safer conditions for LGBTQ2+ older adults. These positive shifts are due to the long-standing activism and advocacy of the LGBTQ2+ community, especially those who are over 55 years of age.

I remember when the TTC [Toronto Transit Commission] did a campaign last year, how everyone is welcome on the TTC, regardless of what they look like or what their ability is like. (*Older Adult, Ontario*)

And on . . . the International Day for Older Persons, we held an event to celebrate queer seniors. And [NAME] [from a local nursing home] brought I think at least nine or 10 residents to the event. For some of them, this is the only time they get to be with other queer seniors. They also have a GSA - a Gender- Sexuality Alliance - at [that nursing home]. So, I helped with getting that started. And I have supported them in their transition of being 2SLGBTQ inclusive. (*Older Adult, Ontario*)

At the same time, reactions from right wing conservative groups, including governments, were noted as making life more dangerous.

There is both sides of what is happening. The right being emboldened, and the re-establishment and strengthening and burgeoning of right-wing hate groups, is a problem for us and a problem for older persons within our community . . . On the positive side, there are really good programs that are happening at a micro level. (*Older Adult, Ontario*)

## LGBTQ2+ Workers' Safety in Public Services

The barometer is how safe is it in your workplace? If you don't feel safe, then it is not a safe workplace. (*Worker, Ontario*)

Employment environments are where workers in Canada most commonly experience discrimination; 50 percent of reported discrimination happened at work, according to a recent Statistics Canada survey (Simpson, 2018). LGBTQ2+ people often experience unsafe work environments that exclude and fail to accommodate (CAWI, 2016). In a Canadian study focused on safety for LGBTQ2+ workers (Sasso & Ellard-Gray, 2015), almost 30 percent of LGBTQ2+ respondents reported that they experienced discrimination in the workplace, compared to 2.9 percent of the general population. Many LGBTQ2+ workers also face discrimination based on race, ethnicity, gender, disability, class, age or other grounds.

Heteronormativity, the assumption that everyone is heterosexual, shows up everywhere: casual conversations, employee records, health benefits forms, employer memos and invitations to social functions are just a few examples. Cisnormativity, the assumption that everyone identifies with the gender designated at birth and thus is cisgender, similarly permeates the workplace; the gender binary of “woman/female” and “man/male” is built into communication and systems of all types.

Adding to this structural, systemic discrimination, LGBTQ2+ workers' experiences of harassment in the workplace are all too common (Brotman & Ryan, 2008; Camilleri & Gogolishvili, 2018; Desouza et al., 2017; Ng & Rumens, 2017). Examples are when management, co-workers and clients make homophobic or transphobic comments, dismiss and minimize harassment complaints and repeatedly misgender<sup>5</sup> (CAWI, 2016; Desouza et al., 2017). Often, LGBTQ2+ workers are targeted by “microaggressions”, the indirect, subtle forms of discrimination that make a workplace a daily challenge (Desouza et al., 2017; Ng & Rumens, 2017). There is also outright harassment and exclusion. LGBTQ2+ workers from Black, Indigenous and other racialized groups are much more likely to have these experiences, and more often (Mills et al., 2020).

Whether or not people are “out” at work is an indication of safety. In a study that included 1410 participants in Canada, Sasso and Ellard-Gray (2015) found that while most lesbian and gay participants had disclosed their sexual orientation at work, it was frequently only to some people, and there were different consequences to disclosing to employers and managers or to co-workers and clients. Gender identity was much less frequently disclosed. In another survey (Mills, 2019), 53 percent of LGBTQ2S+ workers were “out” to most co-workers; 23 percent to one or a few co-workers; and 14 percent to clients or customers. Many LGBTQ2+ workers do not feel safe to disclose their sexual orientation or gender identity at work (Simpson, 2018). Our research participants confirmed this repeatedly, noting how this reality impedes organizing for safer spaces.

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<sup>5</sup> **Misgendering**, commonly experienced by trans, non-binary and gender non-conforming people, is when anyone refers to a person, using a word, a pronoun, or form of address that does not correctly reflect their gender.

It's hard to talk about how workers are feeling because most of them aren't out. (Worker, Ontario)

In both the research literature and our interviews and focus groups, being "out" to management was consistently noted as a risk.

I still feel a bit closeted, because I don't want to share my orientation. I felt like I wouldn't get hired or they would fire me. (Worker, Manitoba)

When she started as a program manager in her very first long term care home, the person in charge of the building would not speak to her, so she actually quit . . . [they] would not speak to her because she was gay, and he told her that "you people should not be working here." (Worker, Ontario)

Employers are often unfamiliar, uncomfortable with or hold prejudice against various groups within the LGBTQ2+ community and exclude in many ways. As one of our research participants told us,

I got called into my manager's office and she sat me down and said, "I don't think it's a good idea that you talk about your sexuality on the floor." (Worker, Ontario)

Some employers confuse "equality" and "equity". In treating everyone the same and calling it equality, they erase marginalized groups' experiences, ignore oppression and fail to deal with power and privilege. One worker in our study described the result.

Having people saying, "Well, I treat everyone the same" - what does that do to the experiences of people who are different? It makes them null and void, right? (Worker, British Columbia)

Equity requires proactive practices that correct societal conditions of disadvantage.

Discrimination in employment can take many forms. Some managers reject LGBTQ2+ job applicants or deny shifts, promotions and other entitlements to LGBTQ2+ workers. In a study with trans men who work in health care, employers justified removing, discriminating against or failing to promote workers by arguing they weren't a good "fit" (MacDonnell & Grigorovich, 2012). Our research participants also described this "lack of fit" justification.

I am at a stage now, there could be a potential position, a unionized position, a promotion. I would be the first female in this position. The first LGBT in this position. I was approached asking me if I was willing to take a buyout . . . retire early so that they would not have to [give the job to me]. My assumption is that they [offered the buyout so they] would not have to put a female LGBT in this position. (Worker, Ontario)

Management discrimination is often justified with “poor fit” arguments, or by regulating hair, clothing and other standards based on white, cisgender and straight norms. LGBTQ2+ workers who are Indigenous, Black and racialized are particularly affected by this policing of their bodies in the workplace (Creese & Wiebe, 2009; Das Gupta, 2009; Teeluckgasingh & Galubuzi, 2005).



Co-workers can also be involved in enforcing white supremacy. In a survey of LGBTQ12S+ workers in Ontario (Mills, 2019), 70 percent of racialized workers reported discrimination from co-workers, compared to 42 percent of white workers. Racialized LGBTQ workers experience continual erasures and silences around their intersecting social locations (Giwa & Greensmith, 2012).

Transgender and non-binary people reported higher rates of discrimination at work than cisgender people and face particular barriers and safety concerns. Gender inclusive washrooms and change rooms are unavailable in many workplaces (Connell, 2011; Public Service Alliance of Canada, 2018). Dress codes, grooming guidelines and uniforms often enforce the gender binary. In some cases, trans workers are barred from health benefits, leaves, accommodations and other entitlements that are structured according to the gender binary. Misgendering and deadnaming<sup>6</sup> are common. Transgender workers are more likely to be refused employment and underemployed, as well as forced out of jobs (TransPulse, 2020).

Problems multiply when workers cannot count on managers to act on discrimination and harassment complaints.

It is a unionized workplace and I was physically assaulted going into the women’s washroom three years ago. I reported it to my supervisor and the coordinator, and we spoke with human resources and they said to me “What do you want us to do?” I said, “Really? Shouldn’t you be proactive and be doing something?” (*Worker, Ontario*)

<sup>6</sup> **Deadnaming** occurs when someone, intentionally or not, refers to a person who is transgender by the name they used before they transitioned.

Even when management, co-workers and clients acknowledge gender and sexual diversity, they may be uncomfortable or draw on stereotypes. In Sasso and Ellard-Gray's study (2015), straight and cisgender workers described their discomfort in interacting with their LGBTQ2+ co-workers, especially in conversations about LGBTQ2+ family members. They also tended to make assumptions that all workers who identify as LGBTQ2+ have similar needs and concerns. In reality, experiences of discrimination in the workplace differ between and among gay, lesbian, bisexual, trans, queer, intersex, non-binary and Two-Spirit groups. Experiences are influenced by social relations of racialization, class, gender, immigration, disability, age and more (Camilleri & Gogolishvili, 2018). For example, according to Bowring and Brewis (2009), lesbian and gay workers in a same sex relationship had an easier time coming "out" at work, while others found it impossible.

Given this evidence, it is unsurprising that our research participants described being afraid, stressed and hyper-vigilant at work. They also pointed out that risks are heightened in certain environments and under certain conditions.

What happens at 9 pm at night on a 3-11 shift when . . . that stigma or bias is happening? (*Worker, Ontario*)

## Finding 2:

**There is tremendous diversity among LGBTQ2+ older adults and workers. For public services to be accessible and safe, these differences need more attention. White supremacy, transphobia and other systems of oppression need to be dismantled.**

There are not just generic queer seniors. (*Older Adult, Ontario*)

As both recent surveys and our project participants make clear, LGBTQ2+ communities are often misunderstood and treated as a generic group (Sasso & Ellard-Gray, 2015). Differences matter within and among these communities, and a one-size-fits-all approach to public services safety and access will not work. LGBTQ2+ older adults and workers may be Indigenous, Black, racialized, low income, Muslim, Jewish, persons with disabilities, or have other social locations. People belong to multiple communities; many of those communities have been historically marginalized and oppressed. Within LGBTQ2+ communities, people have distinct and different identities, experiences and priorities.

For example, Indigenous people have much shorter life expectancies and experience age-related health issues at younger ages than other older adults in Canada (Brooks-Cleator et al., 2019). Indigenous members of LGBTQ2+ communities face extreme violence, disparities and discrimination; they often don't survive into old age. Public services need to consider not only these realities, but the accumulated trauma related to these identities.

As an Indigenous person . . . it is rare for us to live [long lives], you know we maybe have handful who are in their 80's and 70's. (*Older Adult, Ontario*)

To create safer spaces, public services must find ways to address intersecting oppressions and the full range of perspectives. This means challenging white supremacy, misogyny, colonialism, class and ableism, in addition to homophobia and transphobia.

One thing . . . that I have sort of noticed is that we have two LGBT communities. Those who have been professionals in health, pensions and stuff. And those who aren't, and have lived on the poverty line. (*Worker, Nova Scotia*)

All I want for myself and for other people is that people can just be themselves. And that includes whatever your religion is, your ethnicity, all that sort of stuff. We shouldn't have to apologize for who we are. (*Older Adult, Ontario*)

We are talking about the queer community but at the same time, there are all the other equity and equality groups too that are probably feeling similar pressures, you know. So, we can't just have it all just about queer seniors. It has to include other marginalized needs as well. (*Worker, Saskatchewan*)

Marginalized groups within LGBTQ2+ communities need to see themselves represented among spokespeople, service providers and others with power and influence.

That cis people end up speaking for trans people, as if under the LGBTQ2+ banner we all speak for each other. I think that's dangerous in a lot of ways, because that's not a lived experience and I think the point of solidarity is to make space for everyone. (*Worker, British Columbia*)

One way to challenge colonialism and white supremacy is by tackling damaging stereotypes. For example, assumptions are often made that racialized immigrant communities are the problem; that they're more homophobic and transphobic, a growing part of the work force and more in need of training. We heard this from some of our own research participants. These perspectives reflect homonationalist mythologies, such as Canada as a safe haven, and white supremacist settler colonial notions of the enlightened white Canadian (Dryden & Lenon, 2016).

To begin this work of challenging damaging stereotypes, *all workers* need training on homophobia and transphobia (Holman et al., 2020; Kortés-Miller et al., 2018). Most workers, including LGBTQ2+ -identified workers, have more to learn.

Our participants noted that one of the challenges to creating safer, accessible services is the lack of a clear endpoint or outcome measure, where organizations can declare their services safe and accessible. Our research suggests that safety and accessibility are not an endpoint to reach, but rather ongoing processes. Organizations must continually unpack assumptions

and layers of discrimination. They need to continually map and assess improvements by involving a wide range of service users and workers, especially those most marginalized and oppressed. Even progressive public service organizations can become complacent and discriminatory if they believe they have “arrived” as a safe, accessible organization, as one of our research participants explained.

I think because we are so focused on being queer friendly that we forget that it's not particularly trans friendly. So, I think we are like, oh we are fine on that, we are good.  
*(Worker, British Columbia)*

## Finding 3:

**The conditions of work are the conditions of service provision.  
Where LGBTQ2+ workers are safer, LGBTQ2+ older adults are safer,  
and vice versa.**

I want to be more comfortable with where I work because at any given moment, I can become a patient in the facility I work in. *(Worker, British Columbia)*

Perhaps our most significant contribution to discussions of how to ensure accessible, safer services for LGBTQ2+ older adults is our finding that the conditions of work for LGBTQ2+ workers are the conditions of service provision for LGBTQ2+ older adults. While other research has articulated the connection between conditions of work and care in the context of long-term care (Armstrong & Braedley, 2013), our interviews and focus groups made it clear that this connection holds for marginalized and oppressed workers and older adults across public service areas. LGBTQ2+ older adult respondents noted the connection between workers and service users.

If your workers feel safe enough to be out in their workplaces, then the services they offer will be better for us. *(Older Adult, Ontario)*

We do have a program director for the older adults, and she is transgender. She has been excellent in terms of programming and making the place welcoming and so much hospitality. *(Older Adult, Manitoba)*

Too often, service provision improvements are attempted without reference to the relationship between workers' social locations, experiences and knowledge and those of service users. This means that improvements may not address oppressive structural conditions and discriminatory assumptions built into organizational mandates, procedures and culture. These strategies are often based on research that also fails to make this connection. Fredriksen-Goldsen et al. (2014), for example, outline ten core competencies and

align them with specific strategies to improve professional practice and service development to promote the well-being of LGBTQ2+ older adults and their families. But these systems of competencies and strategies do not consider links between working conditions and service conditions. In our research, we found that increasing equity for LGBTQ2+ staff is among the most important steps to ensuring service improvements (Brotman et al., 2003).

Given LGBTQ2+ workers' struggles to get and maintain work, the first necessary consideration is representation. Are LGBTQ2+ workers being hired in the first place? Are those who are under-represented, including trans and non-binary workers, being recruited, hired and retained? What about those LGBTQ2+ workers who are immigrants, racialized, or Indigenous?

My department is looking at its representation . . . because we do have two trans folks, sorry one non-binary person and a trans identified person in our division, in our work unit. So, that's pretty great. We have some different voices on the floor . . . I think that's a big deal. We need to also not burn them out, and as a work unit, keep showing up for them. (*Worker, British Columbia*)

The second consideration is whether workers are able to be fully "out" and fully themselves on the job. Our participants said LGBTQ2+ supervisors and managers are key. Speaking about a nursing home described as accessible and culturally safer, we were told:

Actually their assistant ED is gay and out . . . and they are very gay friendly. (*Worker, Ontario*)

The relationship between workers and service users is complex. It is not only that staff make services accessible for LGBTQ2+ older adults; service users also support staff, helping to shape safer spaces and relationships in public services settings.

. . . well certainly, we all feel safe there. . . The transgender woman who is . . . the manager of the program, it has helped her. She has mentioned many times it has really helped her to come out more, and we have helped her, and she has helped us as well. She . . . can identify with all of our struggles, coming out of the closet and just sharing how it is in terms of transition, and the loneliness and depression, but also being part of a group, so that you feel more resilient. (*Older Adult, Manitoba*)

Part of the relationship between safer conditions of work and safer conditions of service is that many LGBTQ2+ workers feel significant pressure to educate co-workers and advocate for LGBTQ2+ service users. Often, employers expect LGBTQ2+ workers to be the sole providers of services to LGBTQ2+ older adults and the single voice on gender and sexual diversity. LGBTQ2+ older adults sometimes prefer someone with shared experience to help them negotiate the service environment. At the same time, straight and cis workers are allowed to remain culturally incompetent and uninformed.

It puts extra pressure on us . . . because if someone comes in and they have HIV or something, they go well oh NAME is the gay guy, we will get him to do this, we will get him to do that, because those are his people. *(Worker, British Columbia)*

These workers often feel tokenized, overworked and discouraged by this approach. They want to see organization-wide culture change and major resource investments.

If we want to be serving queer seniors, we want to be reaching out to communities. How are we actually making space and time to do that and to prioritize that? You can't do that in a one-off meeting. It has to be rolled into everything you do. And I find that a lot of our diversity work is on the side of your desk a little bit, when it should just be rolled into everything. *(Worker, British Columbia)*

In our research, LGBTQ2+ workers expressed concerns about workload, stigma, stereotyping and employer failure to address homophobia and transphobia across the workplace. In long-term care and other settings with high rates of turnover, this pressure includes that in addition to their assigned roles, these workers are continually educating new workers, leading to stress and burnout.

There is such a high rate of turnover . . . like 30 percent or whatever it is. It's continuous, well here is a new person, okay, what can I say and what can't I say? And it's ongoing. When a new resident comes in or, you know, another new staff. I never signed up to be the top lesbian! *(Worker, British Columbia)*

In long-term care and social services where high staffing turnover rates of 30 percent are common (Virido & Daly, 2019), LGBTQ2+ workers come and go. When services rely on specific LGBTQ2+ workers to build trust with and improve safety for service users, losing key workers means trust and safety are always precarious. These circumstances expose the need to build safety into organizational mandates, systems and practices and not download them onto LGBTQ2+ workers, on top of their regular duties.

At the same time, LGBTQ2+ workers recognize their unique position to validate clients and understand the lived realities of LGBTQ2+older adults. The older adults themselves often want their caregivers and service providers to have that lived experience.

When I was able to take the patient away, which was part of my professional responsibility to do, I was able to introduce myself. I took them down the hall and said to them "I would just like to let you know that my pronouns are they, her, and you can call me them". And they said, "thank you so much" and I said "I will do what I can to support you. *(Worker, British Columbia)*

I have a little rainbow triangle pin that I wear at work at the desk . . . We have a big [library] location and there's actually a lot of few gay men and trans folks that live [nearby], and so every time they see that button, I always get a smile . . . I do see that having a familiar face makes a big difference for people. You see they are more comfortable checking out queer material. They are like "Oh, I am here to pick up my boyfriend's stuff, I have his card." He doesn't need to worry about it with me. I am not going to be weird about it. (*Worker, British Columbia*)

LGBTQ2+ workers use their knowledge and experience to challenge homophobia and transphobia on a regular basis, and in some public services environments, those acts of resistance and education have ripple effects.

People ask weird and invasive questions. Straight folks and cis men, primarily, say weird homophobic things all the time. But [workers] shut it down very quickly but also with a lot of empathy at the same time. But, "no bullshit!", which is cool, and I think sets a tone for the room. Because you can hear everything, everyone is always listening, every conversation you have. (*Worker, British Columbia*)

Other LGBTQ2+ workers pointed out that they are silenced at work, with management attempting to prevent LGBTQ2+ workers from being "too visible". LGBTQ2+ workers often take on extra duties because they are committed to serving their community. Yet, some managers have signalled that it's too much; that workers should reduce or hide their support and advocacy around gender and sexual diversity.

Her boss said to her, "NAME, you are doing this stuff off the side of the desk, do you really want to be pegged as someone just doing that work? It is okay to be gay, just don't be too gay." (*Worker, British Columbia*)

We heard some stories about what allies are doing to ensure access and safety.<sup>7</sup> In some workplaces, working groups have been formed to encourage active allies for LGBTQ2+ service users and fellow workers.

[The library] put in an allies' working group which is pretty interesting. It is comprised of queer and trans people and allies and they have been doing a lot of work around pronouns, around active allyship. Rather than just saying you are ally . . . It's pretty easy to be out at [the library]. (*Worker, British Columbia*)

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<sup>7</sup> We did not include direct questions about allies or interview those who might be considered allies. This is a limitation of our study and an opening for future research. Allies have been considered by Nama et al., 2017; Robson et al., 2018; Ng & Rumens, 2017; Jones et al., 2017.

CUPE and Egale have resources for allies, for example on [Gender Diversity](#) and [Allyship Practices](#).

Our findings suggest a strong convergence in LGBTQ2+ workers' and LGBTQ2+ older adults' interests to improve public services safety and access, yet this convergence often goes unrecognized. Some unions work closely with LGBTQ2+ community agencies; their members may work or volunteer at those agencies, or the groups collaborate in lobbying, commemorative events, Pride, and other initiatives. But not all LGBTQ2+ organizations or policy makers recognize unions' leadership on gender and sexual diversity (Khosla, 2014) or involve unions in their campaigns on workplace issues. This siloed reality is not surprising given decades of neoliberalism that have brought harsher and more precarious working conditions, unstable, inadequate funding structures into public services (Baines, 2015; Baines et al., 2011), and shaped anti-union representations in media, schools and government policy. Even representation of LGBTQ2+ workers usually leaves out working-class people (Mills et al., 2020).

## Finding 4:

**Responsibility for making public services safer and accessible has been disproportionately placed on workers, leaving managers, owners, boards of directors, governments and accreditation agencies less or unaccountable.**

As this report has shown, improving safety and accessibility for LGBTQ2+ older adults and workers requires a long-term commitment at every level of an organization or service. Yet, many public services decision makers and leaders have struggled or refused to devote sufficient resources to make improvements. In the context of public services cost containments and austerity budgets, governments and public services organizations often rely on one-time, inexpensive and superficial service changes rather than allocating sufficient resources on a continual basis. These services sometimes advertise that they are “LGBTQ -friendly” without doing the necessary and ongoing work to ensure safer, accessible services.

One example is *Accreditation Canada*, an organization that provides accreditation for many public services, including community and home care, senior and residential care, hospitals, health care systems and more. While Accreditation Canada's health care quality dimensions include a “population focus”, that requires organizations to “work with my community to anticipate and meet our needs” (Accreditation Canada, 2020), there is no clear articulation of how this quality dimension is embedded in its Required Operational Practices (Accreditation Canada, 2020). For example, this body does not spell out any practices related to cultural competency for LGBTQ2+ safety, access or inclusion.

Funders and organizations have also not taken sufficient leadership and responsibility for training. Although wanting to learn more, care workers who work with LGBTQ2+ older adults are not provided effective, interactive education that helps them understand and meet these older adults' needs (Kortes-Miller et al., 2018). To date, no Canadian province or territory has made it mandatory for long-term care homes to engage in LGBT inclusivity training (Sussman et al., 2018).

Participants in this research described many training gaps, with particular consequences for marginalized LGBTQ2+ older adults.



There was one case where I know this PSW, she wouldn't wash somebody that was trans. And so, she switched to another floor, that was it, that's how they solved it. They didn't do any training with her, no cultural competency stuff at all. It was just deferred, so what kind of message does that send to workers who are LGBTQ+?  
*(Older Adult, Ontario)*

There are many excellent resources and promising practices to educate and train staff, including managers, on LGBTQ2+ and intersectional cultural competency, cultural humility and/or cultural safety, with many resources publicly available without charge. Promising examples of these resources are highlighted in the next section of this report. Yet, training entails organizational costs, including paying workers for their training time. As a result, many organizations are using brief on-line training modules, sometimes completed by workers on unpaid time or during breaks. Managers may be able to monitor who has logged into the modules and who has completed the quizzes, but not whether they have absorbed the material. In this training there is no opportunity to ask questions, clarify understanding, or connect what is taught to workers' own experiences. Instead, workers watch pre-recorded slide presentations and memorize details for quizzes.

Even in the . . . [nursing] homes that are mandated to be welcoming and friendly and so on toward LGBTQ folks and this past or two years ago now I guess, their budgets were cut for training, and one of the cut areas were reducing training for LGBTQ stuff to a half an hour - and then in some cases that's only interacting with a television presentation ordeal. *(Older Adult, Ontario)*

I asked them, what kind of training are they doing with their staff? And they tell me, well they do two modules that the staff are supposed to look at. And I said, well how do you know they have actually looked at the modules? How are you holding them accountable and what kind of training are you doing, because I do training in this field? (*Older Adult, Ontario*)

There are much better alternatives. The research literature and our research participants stress that educators should be from the LGBTQ2+ community. Community members provide transformative learning from their lived experience and expertise, rather than from texts and more conventional learning (Kortes-Miller et al., 2018), and workers have opportunities to talk through and make connections between their learning and their workplace responsibilities. At the time of writing this report, much of this higher quality training depends on volunteers who receive expenses but not a wage, and often provide considerable hours over long periods of time. This reliance on unwaged volunteer training is another way that funders and organizations download responsibility to others.

So, I am a volunteer trainer with them since 2014, plus I do 2SLGBTQ+ workshops on my own. (*Older Adult, Ontario*)

Training is also frequently provided by LGBTQ2+ staff who are assigned or take on this work as an additional duty, sometimes as unpaid overtime and not as part of their job description. Participants noted that LGBTQ2+ responsibilities for training were often downloaded to workers by cis and straight managers, creating situations such as when a manager asked a worker to train them.

And I just answered flat out questions like what cis meant. I shouldn't have to train a manager on that . . . that's what happened, that's what needed to happen, and I hope that improved the situation . . . and I hope that it improved her understanding a little bit. But we don't have any representation on a higher management level so . . . they don't make it a priority. (*Worker, British Columbia*)

We need support, we need friends, we need education, because it shouldn't, the responsibility shouldn't come back on all of us. I am not the poster child, nor is anyone else that I know of (laughing) for the LGBTQI2+ community. No one is. It is a group effort and we need everybody, and we especially need people like you, who help us in that. (*Worker, British Columbia*)

This organizational downloading of responsibility can burn out LGBTQ2+ workers, anti-oppression educators and activists. They face exhausting emotional and intellectual labour, particularly if they live at multiple intersections. One older adult participant explained how it feels to facilitate this education, as they help workshop participants relate to the different experiences of queer seniors.

I said how many of you sitting at this table, when you were younger were ever assaulted by the police? How many of you have lost your job, had your families kick you out of your home? How many of you have tried to commit suicide? How many of you have used drugs and alcohol to help with the stress of living? So, when I put it that way, that's when they have a little bit, like a glimmer of understanding and then I throw in, the four grounds in which we are covered in the human rights code. And then I hear, "Oh well, so, you people are different." No, everybody in Ontario is covered by the human rights code. We are just covered under these four specific grounds. So, every time you try to explain how difficult it is to be queer, and to be a queer senior. It's hard work doing this education. *(Older Adult, Ontario)*

## Finding 5:

**There are promising practices and leading organizations in Canada that offer ways forward toward accessible, safer services for LGBTQ2+ older adults and LGBTQ2+ workers. We need to bring these practices together.**

There are small but growing research literatures that identify on the one hand promising practices toward accessible, safer public services for LGBTQ2+ older adults, and on the other hand, accessible, safer workplaces for LGBTQ2+ workers. There are striking and important similarities in the recommendations from both literatures, as well as some differences.

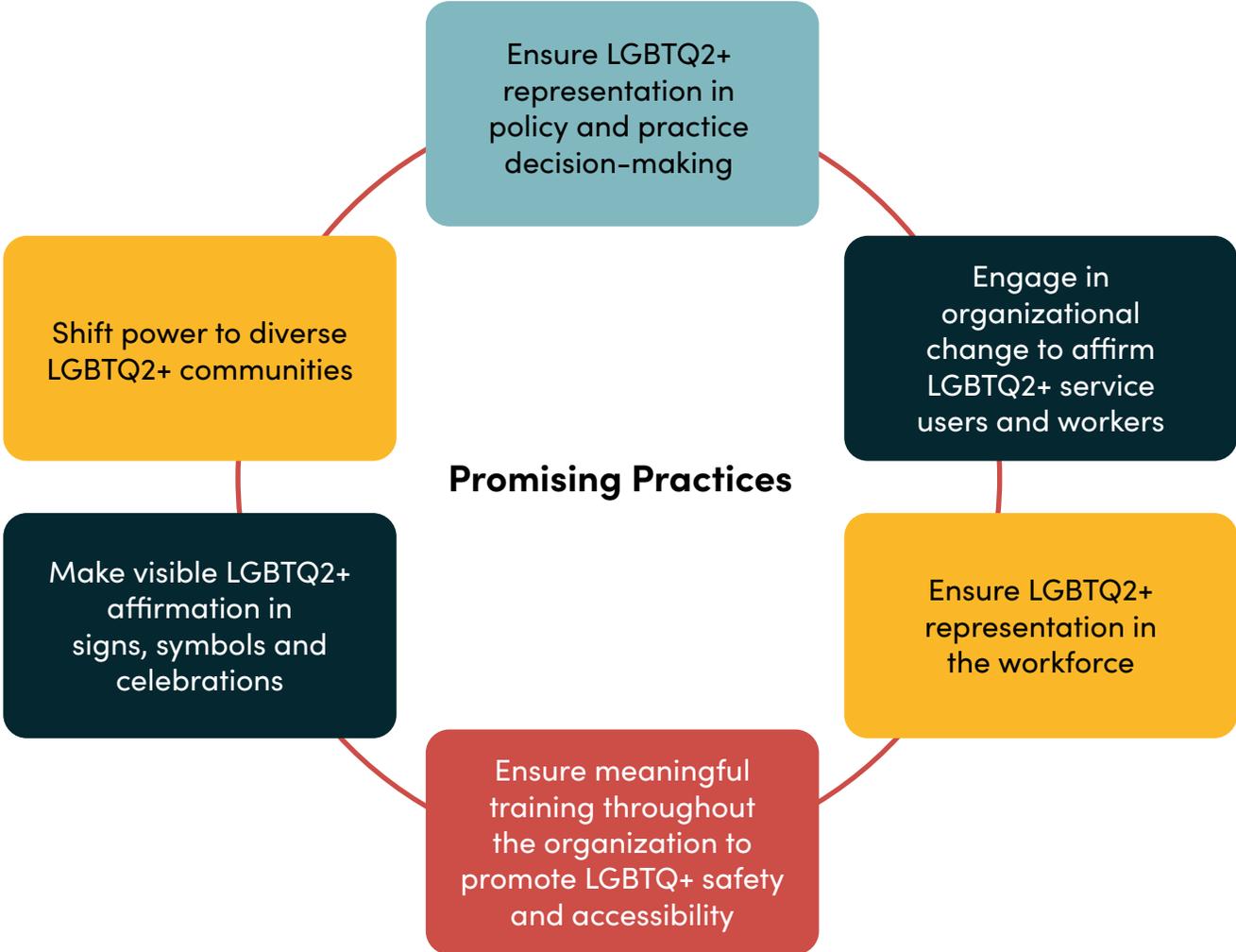


In our interviews and focus groups, LGBTQ2+ seniors and workers had plenty to say about what makes public services accessible and safer. Our environmental scan and the research literature also helped us identify examples of many of these promising practices, and new initiatives are continually in development.

The promising practices we have identified can be understood not as a menu of choices, but as a series of interwoven actions that together, produce safer, accessible, public services for LGBTQ2+ older adults and workers, as shown in Figure 1. It is important to note that these actions must consider the wide range of LGBTQ2+ communities, including Black, Indigenous and other racialized communities.

We also learned that while promising practices had been introduced and developed in some organizations and services, they were not always monitored and maintained. Some public services had changed and become safer, only to revert back when key people moved, and governments or policies changed. Therefore, in this section we do not always identify specific services, but rather promising practices associated with safer services that were validated through multiple mentions in different contexts.

**Figure 1: Promising practices for safer, accessible public services for LGBTQ2+ older adults and workers**



## Promising Practice 1: Shift power to diverse LGBTQ2+ communities

Over and over, we learned that safer, accessible public services have engaged with and shifted power to LGBTQ2+ older adults and workers in substantive ways. For example, some provinces and municipalities have invited LGBTQ2+ communities' members onto their seniors' services advisory groups, and other governance and advice structures. Some leading public services managers and Boards of Directors have sought out or responded to LGBTQ2+ older adult activist groups, like Senior Pride, to improve services. These public services staff have taken offered advice, hired community activists to conduct staff training and implemented services improvement projects in collaboration with these groups. Shifting power to LGBTQ2+ communities in multiple ways is an ongoing process that is fundamental to all promising practices.

There have also been public services where management staff have developed promising practices that shift power. These practices include developing hiring and management practices that employ and retain LGBTQ2+ staff at all levels of public services organizations and regularly reporting to staff, management and the service-using public on the success of this practice.

Other power shifting practices were more modest, but important. One promising practice that shifts power has been to share space with LGBTQ2+ groups at low or no cost. Some community-based public services Boards of Directors and managers have invited LGBTQ2+ grassroots organizations to use available physical spaces to meet and hold activities.

One promising practice mentioned often by our participants was to engage LGBTQ2+ communities' members as direct service volunteers. For example, our participants mentioned programs that recruited LGBTQ2+ volunteers to regularly visit LGBTQ2+ older adults who live in nursing homes or are shut in and isolated at home. These programs are often intergenerational, allowing LGBTQ2+ older adults to become mentors to younger generations in these communities, validating them when home and school might be unsafe spaces. In turn, older adults receive recognition for their contributions, insights and resilience. Visits from supportive peers have also proved to significantly enhance life. In a society where older adults are devalued, and marginalized older adults experience this devaluation even more, this kind of social engagement is particularly important.

I visit three people. It was supposed to be two, but one thinks I should visit him too, so I usually stop in. I have asked, "Oh, what is the service like here?" Not directly but indirectly. They seem to think they are being treated fairly well and those people can have a rainbow sticker on their door, so that's promising. *(Older Adult, Ontario)*

Whoever wanted visitors could sign up! So, he has all these young people coming to visit him now, from our community. *(Older Adult, Ontario)*

## Promising Practice 2: Ensure LGBTQ2+ representation in policy and practice decision-making

Ensuring that LGBTQ2+ older adult and worker representation at policy tables is not merely window dressing means involving them meaningfully at tables where public services are planned, organized and funded. This is a promising practice. In some municipalities, provincial Ministries and high-level agencies, LGBTQ2+ older adults and advocacy organizations are regularly involved in policy consultations, development and accountability monitoring. LGBTQ2+ workers are much less often involved but this absence could be addressed.

We are finding it's not just straight people informing what should be the policy and so on, that LGBTQ folks do it as well. And that's certainly obvious on that [Toronto Seniors'] Accountability Table. And also, on the Toronto Council on Aging. Very, very open. *(Older Adult, Ontario)*



The results of these involvements have been promising in a number of areas, for example:

Agencies like Elder Abuse Prevention Ontario [a non-profit funded by provincial transfer payments] and the Advocacy Centre for the Elderly [a community-based legal clinic for low income senior citizens funded by Legal Aid Ontario] are wonderful supports for us and our cause. *(Older Adult, Ontario)*

When municipalities become members of [the Coalition of Inclusive Municipalities](#), through the Canadian Commission for UNESCO, they commit to investing time and resources to create more welcoming and inclusive communities as part of a network of cities seeking to improve policies against racism, discrimination, exclusion and intolerance.<sup>8</sup>

<sup>8</sup> The resources that are highlighted in these boxes showcase some of the promising practices that were mentioned by participants in this study. These are not an exhaustive list of resources, rather highlights that represent some of the promising practices we discuss in this section.

## **Promising Practice 3: Engage in organizational change to affirm LGBTQ2+ service users and workers**

Broader sectoral and organizational change is essential for safer, more accessible services, and some organizations are leading the way (Gates & Lillie, 2020; Grenier & Hixton-Vulpe, 2017). Leading public services have made explicit commitments to accessibility and safety in their Statements of Missions and Values. Their management teams have identified desired outcomes in consultation with employees and service users, and they monitor and report publicly. These managers are ensuring that there is LGBTQ2+ representation throughout their organization including on initiatives to advance safer services and working conditions.

Some leading organizations have included annual leadership evaluations that consider whether and how managers are promoting safety and accessibility in concrete and accountable ways. This is another promising practice. Our research found examples where this promising practice was initiated and required by a funder, a Board of Directors, and in some cases, by managers themselves.

Our research found some public services that had well developed anti-discrimination and harassment policies that explicitly identify sexuality and gender identity/expression as protected categories and include a solid complaints and reporting process. At leading unionized public services organizations, these policies were embedded in the collective agreement.

A further promising practice is the establishment of an employee team with an explicit mandate to advance LGBTQ2+ safety throughout an organization. These teams have a budget, access to senior decision-makers and are accountable to LGBTQ2+ constituencies. These teams have developed transparent action plans to deliver needed changes and conduct formal reviews on a regular basis to assess progress (Kortes-Miller et al., 2018).

Leading public service providers are also making commitments to use gender neutral language throughout their organization, including speech, documents and forms. They have worked to remove barriers such as policies and practices that favour biological over chosen family. A critical promising practice for all these public services has been to acknowledge past and current mistakes on LGBTQ2+ issues and to include in their declarations, commitments to meaningful, concrete improvements and transparency about how progress will be reported.

Leading public service providers are also making changes to their physical environments. Many have installed all-gender washrooms, and have rethought design to ensure that entries, coat areas and hallways are well-lit with sight lines that ensure safety for service users and workers.

There are good resources to help plan and assess organizational change. Here are a few:

- Island Health has produced an organizational change guide and checklist relevant to health care settings, entitled [Developing Inclusive and Affirming Care for LGBTQ2+ Seniors](#).
- [OUT Saskatoon](#) responds to the needs of LGBT older adults through a [resource report for professionals](#), which addresses many organizational change dimensions.
- [Ottawa Senior Pride Network/Réseau Fierté des Aîné\(e\)s d'Ottawa](#) has developed many helpful resources for seniors' services, including an Organizational Assessment of LGBT Competency, found [here](#).

Each public service for older adults has unique considerations for LGBTQ2+ service users. Long-term care homes offer one example. There are a number of leading public services organizations and well-developed resources that focus on safer, accessible long-term care homes. These long-term care homes have adapted admissions and care planning processes to remove discriminatory or cisgender and heteronormative practices, involved LGBTQ2+ organizations in their activity calendars and programs and completed significant LGBTQ2+ cultural competency training with staff, volunteers, residents and families.

But many long-term care home requirements and forms are mandated at the provincial and regional levels. Significant policy action is needed to ensure that long-term care home standards, including design standards, regulations, admissions processes and more, attend to difference, including LGBTQ2+ safety and accessibility. Provinces should amend long-term care and home care regulations and standards to take residents' and home care clients' sexuality, gender identity/expression and other intersecting social locations into account in ways that achieve conditions of safety and accessibility.

An LGBT [Tool Kit](#) created by the City of Toronto; Long-Term Care Homes & Services (LTCHS), was updated in 2017, written primarily for management and staff within LTCHS. To request an electronic copy, email [lhc-ho@toronto.ca](mailto:lhc-ho@toronto.ca)

Sometimes organizational change may entail offering LGBTQ2+ specific public services. In our research, we learned about some of these specific services, from designated nursing home units to library book clubs and more. In reference to a local nursing home that has been working continuously since 2009 to improve access and safety for the one in five residents who identify as LGBTQ2+,

You know they are dedicating 25 beds. ... And they also have a Gender and Sexuality Alliance... I helped with getting that started. And I have supported them in their transition of being LGBTQ2S+ inclusive. (*Older Adult, Ontario*)

LGBTQ2+ older adults expressed support for initiatives that involved “working on housing for specifically gay and lesbians and transgender [people]” (*Older Adult, Manitoba*) including a

group that is “looking for public housing that they can rent together to try and create spaces so they don’t feel like they have to be closeted when they access services.” (*Worker, British Columbia*)

[The Rekai Centre homes](#) in Toronto, Ontario are geographically located near [the Village](#) and continue to work towards meeting the needs of the LGBTQ2S+ community.

These public services were found to be promising by many of our participants. These groups offer a space to be fully “out”, share concerns, support each other and advocate for changes. While covering similar topics to other older adult groups in urban centres, LGBTQ2+ specific groups might also explore, for example, chosen families’ rights around death, dying and wills, how hormones may affect health or interact with other medications, or what to do when a neighbour is harassing you.



We meet every Thursday from 10-12 and I would say there is one-third lesbian, one-third gay and one-third transgender women and it ranges between 25 to about maybe 30 [people] on different days . . . When I started there was probably only eight of us, and now more are attending. And as I mentioned, we have lunch and learning, and guest speakers talk about safety in the home, and also health issues, heart issues and mental health issues, elder abuse . . . , wills. There are different subjects that are very appropriate to what is happening today with the older adults. (*Older Adult, Manitoba*)

[The Rainbow Resource Centre](#) is a non-profit organization in Manitoba, that provides support, education and resources to foster a proud, resilient and diverse 2SLGBTQ+ community. Its employees are part of CUPE.

There are major gaps in services, despite these advances. Most LGBTQ2+ specific public services programs are in larger urban centres. Barriers related to geography, class, racism and other issues need to be addressed, as these services sometimes evolve to serve more privileged LGBTQ2+ communities and exclude others. Issues can emerge when LGBTQ2+

older adults hold multiple social locations, and have to choose, or be shunted to, programming based on one identification. The literature on LGBTQ2+ older adult services has little to say about who among LGBTQ2+ older adults uses these services. Based on our scan, however, it is reasonable to assume that most of these services are organized to serve more privileged groups in the community, for example, white, settler and cisgender clients. Grassroots groups of trans, racialized, Black, Muslim, Indigenous and other marginalized LGBTQ2+ older adults are not always visible to our research methods that rely on internet and/or other media presence. These groups face many hurdles to securing funding or other resources, while also working to meet the needs of oppressed and marginalized communities.

## **Promising Practice 4: Ensure LGBTQ2+ representation and employment equity in the workforce**

As has been discussed in earlier sections of this report, our participants noted that LGBTQ2+ public services staffing makes a huge difference in ensuring safety and access for LGBTQ2+ older adults. Our most significant finding from this research is the strong relationship between the conditions of service provision and the conditions of work. To shape an LGBTQ2+ safer and accessible service, public services must have conditions of work that can recruit, retain and promote LGBTQ2+ workers and provide healthy and safe work environments.

One way to establish protections on gender and sexual diversity in unionized workplaces is through collective agreements. Most collective agreements have provisions on anti-harassment and discrimination that include gender identity, gender expression and sexual orientation as prohibited grounds. Sexual and gender diversity should also be addressed in language on pensions, health benefits, dress codes and a number of other clauses that either differentially impact LGBTQ2+ workers or rectify gaps such as gender affirmation leave. (For one example of a checklist, see CUPE, 2019a). LGBTQ2+ safer spaces measures should be maintained in non-unionized workplaces too. All employers can put in place any of these provisions.

The research and grey literatures describe promising approaches to recruitment and retention of both LGBTQ2+ staff and volunteers. Recruitment is supported by advertising in LGBTQ2+ oriented publications and social media, developing relationships with community leaders who can circulate information on openings to their networks, and working with affirming labour groups, including unions (Gates & Lillie, 2020; Grenier & Hixton-Vulpe, 2017).

Retention is supported through many aspects of organizational change noted above, and through these key human resources policies. Benefits and pensions take into consideration a wide range of families. Health benefits include coverage for drugs related to HIV/AIDS (including PrEP) and coverage for transition related costs that include gender affirmation surgery. Employer communication and databases need to reflect all genders and sexual

diversity. Many of the steps identified in this report, from representation in governance systems to accessible built environments, play a role in reducing turnover of LGBTQ2+ and other marginalized groups.

Leading public services have taken important steps. Some have revised employee dress codes to remove gendered restrictions; supported LGBTQ2+ employee, volunteer and service users' groups, including access to a budget, and included these groups in consultations and decision-making (Gates & Lillie, 2020; Grenier & Hixton-Vulpe, 2017). In recent developments, Equity, Diversity and Inclusion Action Plans in the post-secondary sector now must include LGBTQ workers,<sup>9</sup> and the federal government added questions on anti-LGBTQ2+ harassment and discrimination to the Public Service Employee Survey in 2019.<sup>10</sup>



Employers must examine all aspects of operations, and every step in the staffing process: outreach, hiring, orientation and training, disciplinary proceedings, transfers, promotions, resignations and terminations. Employment equity plans require:

- a workforce survey and analysis;
- detailed review of employer human resource policies and practices;
- preparation of an employment equity plan that includes numerical goals to close representation gaps;
- communication with staff to ensure all parties are aware, engaged and understand the process and benefits of the program;
- a review and annual report to all parties.

Employment equity reviews and plans must be accountable to LGBTQ2+ workers and conducted jointly with unions.

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<sup>9</sup> While post-secondary was not among the sectors we studied, this development may have ripple effects. The Canadian Association of University Teachers won a human rights challenge in federal court last year; among other changes, LGBTQ2+ communities must be included in post-secondary Equity, Diversity and Inclusion Action Plans. [https://www.chairs-chaire.gc.ca/program-programme/2019\\_open\\_letter-eng.aspx](https://www.chairs-chaire.gc.ca/program-programme/2019_open_letter-eng.aspx) Several universities have also added LGBTQ2+ to their employment equity policies in recent years.

<sup>10</sup> See <https://www.canada.ca/en/treasury-board-secretariat/services/innovation/public-service-employee-survey/2019-public-service-employee-survey-pses.html>

The [National Resource Center on LGBT Aging](#), a U.S.A - based organization, offers [this guidebook](#), offering tips for recruiting LGBT staff and ideas about human resources non-discrimination policies.

The Canadian Labour Congress offers a [Workers in Transition Guide](#) for union leaders and staff helping trans members enforce their rights and get the support they need in workplaces, unions, and communities.

## Promising Practice 5: Ensure meaningful training throughout organizations to promote LGBTQ2+ safety and accessibility

Training was the most discussed promising practice in our interviews and focus groups and has been mentioned throughout this report. In this section, we focus on promising training practices noted in the research literature and our interviews. Training should be understood as just one part of a multi-pronged strategy, as outlined in this document, and not as a stand-alone or one-time effort.

We noted that although many public services workers have significant post-secondary occupational and/or professional training, only some learn about the realities of LGBTQ2+ older adults as part of this education.

Yeah, I mean I have worked with [a] school of nursing, I have done a presentation [university], I've done workshops for [two colleges]. You name it, I am doing it. And this needs to be a basic training that everybody is supposed to do. At the end of this month I am doing a 90-minute training, 90 minutes for [a] police college, for 34 police officers. (*Older Adult, Ontario*)

Despite some good examples, typically, educators and professional and occupational registration bodies do not have LGBTQ2+ standards or substantive curricula. One study (Obedin-Maliver et al., 2011) calculated that medical education students receive, on average, five hours of instruction on LGBTQ2+ content. Hillock and Mulé (2017) point to many insufficiencies and absences in this area within Canadian social work education. Nursing training (Kellett & Fitton, 2017) and librarian training have also been deemed inadequate (Siegal et al., 2020).

Educators and regulators are exploring many directions and initiatives to address this absence, and a thorough scan of these directions is beyond the scope of this report. One potential direction, considered by a number of groups, is Indigenous cultural safety, which could offer directions for other marginalized groups. Indigenous activists, advocates and practitioners have fought for these steps towards Indigenous cultural safety, most prominently through the Truth and Reconciliation Commission (Churchill et al., 2017). The First Nations Health Authority and Health Standards Organization (2019) are developing

a cultural safety standards. Doctors (Royal College of Physicians and Surgeons 2019) and nurses (Canadian Nurses Association 2018) are planning curricula, assessment and accreditation measures on Indigenous health. While our research does not confirm this direction as a promising practice, it does suggest that this approach is a potential model for safety on gender and sexual diversity, anti-racism and other anti-oppressive practices.

Training everyone working in public services organizations, including management, governing boards, staff, volunteers and where appropriate, service users, including family and friends, is a second promising practice. Notably, training must engage senior board members and managers who are in a position to develop policy (Sussman et al., 2018).

One research participant identified a home care agency that made gender and sexual diversity training mandatory in 2015.

We have people sitting in, and it's mostly women who are [taking] the workshops, not only PSWs, we have occupational therapists, physical therapists, nurses, they run the whole gamut of anyone who is doing homecare... and that is why I am enjoying working with [agency] because every single staff person is mandated to attend the four-hour workshops. (*Older Adult, Ontario*)

As noted earlier in this report, a promising practice is to include trainers who can teach from their lived experiences as members of LGBTQ2+ communities. Further, organizations need to reimburse trainers fairly and conduct the training on paid time for staff.

It is important to use evidence-informed approaches regarding training program length, curricula and pedagogies. Sussman et al. (2018) point out that ongoing training, advancing through levels of increasing difficulty and complexity, was more desirable than one-time-only training, particularly in sectors with high staff turnover. Egale, the Canadian Centre for Gender and Sexual Diversity, Fondation Émergence and other LGBTQ2+ agencies provide this training.

Many of our participants noted that while they had seen examples of good training, they had seen erosions in training driven by cost-saving priorities, not evidence.

I think that we rush... everyone wants to do really good work ... but we don't give ourselves the time to learn new things. (*Worker, British Columbia*)

Further, training needs to address systemic inequity and what needs to change in organizational policies, practices and structures. Some training focuses only on bias, attitudes and interpersonal behaviour, leaving out these critical considerations.

Workers' organizations also provide high quality training and resources on gender and sexual diversity. Unions offer gender and sexual diversity workshops of varying lengths, from three hours to week-long sessions. Some workshops are geared to members, others are

joint sessions with management and workers together. LGBTQ2+ member facilitators are instrumental in the design and delivery. Older adults in our focus group noted some of this training.

I think CUPE's work on our behalf, with us and for us, is phenomenal and they have on their website, teaching for allies of gender diversity and the language and how to address people, it is wonderful what they have done. Its lovely educational stuff.  
*(Older Adult, Ontario)*

Studies in gerontological settings show training is successful in significantly changing staff knowledge and attitudes when it addresses the myths and realities of LGBT aging, describes public policies of importance to LGBT older adults, and identifies barriers and solutions to improving access for LGBT adults (Sussman et al., 2018). Providing high quality in-person anti-oppression training for all public service workers, managers, volunteers and governing bodies is critical. Further, this training must be combined with public awareness campaigns (see below) to increase the visibility and validation of LGBTQ2+ seniors and their life experiences.

[QMUNITY](#) is a non-profit organization based in Vancouver, British Columbia that works to improve queer, trans and Two-Spirit lives. It [offers training](#) to make organizations more inclusive for queer, trans and Two-Spirit clients and staff. Staff are represented by CUPE and have worked closely with the Hospital Employees' Union.

This [interactive workbook](#) by the LGBTQ2+ Dignity Project was created for care providers who want to learn more about the experiences and care needs of LGBTQ2+ Seniors.

## Promising Practice 6: Make visible LGBTQ2+ affirmation in signs, symbols and celebrations

In our research, LGBTQ2+ older adults and workers emphasized that when they see that LGBTQ2+ lives and realities are visible in a public services environment, they are more willing to consider the service accessible and safe. At the same time, they cautioned that without action on other promising practices, these visible signs and symbols were problematic.

[At the Hospital] they have a button during Pride Week "Pride, it's good for your health". And they all wear it . . . that means so much. *(Older Adult, Ontario)*

The full-time staff wear a pronoun pin, which I think is really cool and I think it's very in touch, they are very in touch with their patron base . . . for me, growing up and being queer . . . seeing anything that was even slightly gay, it was like, "Oh hi!"  
*(Worker, British Columbia)*

Visible signs, stickers and advertising campaigns were also mentioned as indications that these public services recognized LGBTQ2+ concerns and needs for safety.

There are quite a few positive space campaigns that are happening, and you know people have issues with them sometimes because you say you are a positive space but then what does that mean? But our Federation of Labour has a safer space campaign that we got from the Ontario Federation of Labour. We re-used it with their permission. It is a sticker, right? I don't know the exact wording, but it is something like, this is a welcoming and safe place for LGBTQ2S people, and it's a little pink triangle. It is simple . . . and important. (*Worker, Saskatchewan*)

[The 519](#) in Toronto, Ontario created [a Tool Kit for Creating Authentic Spaces](#) for gender identity and gender expression. Workers at The 519 are represented by CUPE.

Our participants noted that these signs and symbols could be misleading if they were used as a form of “rainbow-washing” (Nowack & Donahue, 2019): an effort to appear LGBTQ2+ accessible without doing more substantive change to make spaces actually safer. This situation could make a service or space more dangerous, by inviting disclosure and exposing people to harassment or discrimination.

Participants noted that some organizations were only going part of the way to accessibility and safety, and while wanting to acknowledge what was promising, they also pointed to some contradictions.

I have seen the City...and... I would say they have gone half-way, but at least they have done that. They have an LGBT ambassador training, so when you do the training, what I love about it is that you then have a sticker or something you can then put up on your cubicle so that people then know it's a safe space. Um and I love that program, but I feel that they could go a little bit further with it to make sure that, um, the City has gone to “click training”<sup>11</sup>, right? And it's all tied to money, right? (*Worker, Ontario*)

Celebrations, large and small, are another indicator of access and safety.

There was a man who came in who was 70 and he has been in the closet all his life and at [the nursing home], he came out. They had announced it and they had a big party for him, and they had such a wonderful celebration! (*Older Adult, Ontario*)

Efforts to make LGBTQ2+ lives and experiences visible through signs, symbols and celebrations must be backed up by structural changes and actual safety and accessibility.

<sup>11</sup> Click training refers to the on-line module trainings mentioned earlier in this report that have been criticized due to their superficial approach to learning, and lack of meaningful opportunities to consider lived experience, ask questions and to apply and practice new knowledge.

# Conclusion

Public services have a responsibility to provide service delivery and working conditions that are healthy, safe and respectful for everyone, including LGBTQ2+ workers and older adults from all social locations. Given the gaps and issues for LGBTQ2+ older adults and workers, advancing promising practices is important and urgently needed work. Further, there are significant gaps in our knowledge about how to develop safer, accessible services for the diversity of LGBTQ2+ older adults and workers who experience oppression and discrimination due to their intersecting social locations of gender, sexuality, age, racialization, Indigeneity, disability, immigration status and more.

In doing the research for this report, we can attest that despite significant advocacy and some solid research on problems of access and safety for LGBTQ2+ older adults, and despite leadership from some public service organizations, activist and advocacy organizations, and unions, there has not been sufficient political will to ensure dedicated, stable funding to pay for much needed system changes. Further, policy has not yet changed to require these measures from public service organizations and their suppliers. Finally, the connection between the conditions of work for LGBTQ2+ workers and the conditions of service provision for LGBTQ2+ older adults has been overlooked in most research and action, yet our research suggests that is a crucial piece.

Decades of activism by the LGBTQ2+ community have achieved legal protections and, in some areas, important changes to social norms. Yet, “dismantling the multiple forms of social and institutional discrimination still often falls on individuals, their allies and groups of LGBTQ2+ activists themselves” (Brotman et al., 2015: 114–15). We conclude that governments, employers and other institutions must play a larger role, be proactive and prioritize systemic change. Policy change supported by dedicated funding is necessary to end discrimination, harassment and violence against LGBTQ2+ older adults and LGBTQ2+ workers.

Thanks to LGBTQ2+ older adults’ activism, Canadian research on LGBTQ2+ older adults’ experiences in public services offers an evidence base for change. While many knowledge gaps remain, we know that LGBTQ2+ older adults do not experience safety, access, dignity and respect in many public services (Brotman et al., 2003; 2007; 2008; 2015; Sorenson, 2018; Löf & Olaison, 2018; Valenti & Katz, 2014). Most research has focused on health care and social service settings (Camilleri & Gogolishvili, 2018; Canadian Health Coalition, 2018; CAWI, 2016; Daley & MacDonnell, 2014; Sussman, et al., 2012), where these older adults experience discrimination, violence and harassment (Daley, et al., 2016; Desouza et al., 2017; Lyons, et al., 2016; Sasso & Ellard-Gray, 2015; Simpson, 2018; Steele, et al., 2017; Stinchcombe et al., 2017; Sussman, et al., 2018). Other related challenges have been noted, including social isolation (Beaulieu, 2018; Porter & Krinsky, 2014), health inequalities (Brotman et al., 2015; Champlain Local Health Integration Network, 2018), access to housing (Addis et al., 2009; OUT Saskatoon, n.d) and problems accessing care (Brotman et al., 2007; 2015; Grigorovich, 2015). While this literature documents many problems, it does little to offer ways to address systemic barriers or identify pathways to meaningful change (Grenier & Hixson-Vulpe, 2017).

Further, the research literature is uneven in offering evidence that takes an intersectional analysis. This study reflects some of these weaknesses.

In producing this research report, we join with LGBTQ2+ older adults and LGBTQ2+ public services workers and researchers to stress the many promising practices that offer ways forward toward safety and accessibility, while also pointing to the problems to be addressed. Public services offer tremendous promise to promote the health and well-being of all residents in Canada, thus advancing social justice and equity. Whether in a respected safer nursing home, a public library program, home care program, or transportation service, we have learned that knowledge, skills and trusting relationships must be developed to create a reliably safer, accessible services environment. Over and over again, we heard that ensuring access and safer environments requires structural change and a long-term commitment. There are promising directions and practices. There are no excuses for inaction.



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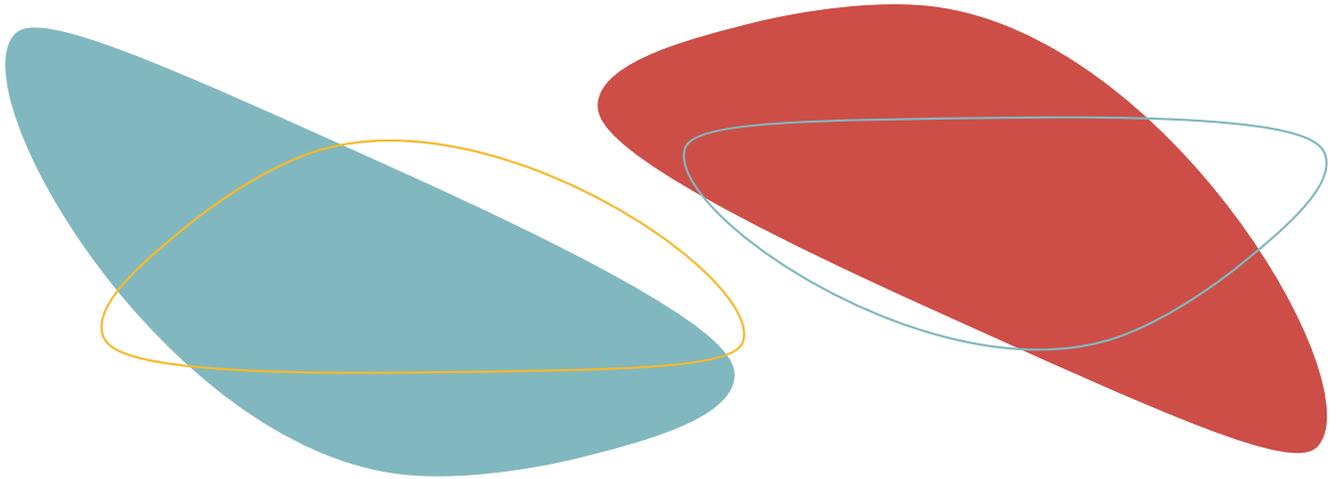
# A Note on Research Methods

The findings presented in this report are based on a scoping review of academic and community literature, with an emphasis on literature produced since 2000 and statistical data produced since 2015. Search engines employed included Omni (the library search engine at Carleton University), Google, Social Work Abstracts, Sociological Abstracts. Key words for the literature review included: Bisexual; Discrimination; Lesbian; LGBT; LGBTQ; LBGTQ2IS; Gay; Health; Housing; Municipal; Older Adults; Safety; Social Care; Social Services; Seniors; Transgender; Access; Equity; Aging; Later life/end-of-life care, Social support; Long-term care.

The environmental scan was conducted via a three-pronged strategy, beginning with public services known to CUPE, Egale and the Age-Friendly Communities-in-Communities: International Promising Practices partners and researchers. Next, other public services were identified in the literature and finally, research participants shared examples. We followed up on each source, gathering information to confirm their promising practices profile.

The final phase of the project included key informant interviews and focus groups with LGBTQ2+ older adults and LGBTQ2+ public services workers. This phase included ethics, recruitment, conducting the interviews and analyzing results. Ethics approval to conduct the research was obtained through the University Ethics Review process at Carleton University. The participants were recruited through Egale and CUPE in order to reach members in the targeted sectors. Data from the interviews and focus groups was transcribed, coded and analyzed via a thematic analysis. After familiarizing ourselves with the data, a member of the research team performed a scan of the data to generate initial codes. In a second review, another team member identified other themes and reliability was established through collaborative analysis. The team returned to the literature and the environmental scan, to plot convergences and divergences in the findings, to cluster findings into meaningful categories and to identify promising practices and leading organizations that address or illustrate the findings.





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