

Into the Closet Again?



An Assessment of Housing Needs and Preferences among LGBTQ2S Seniors and Soon-to-be Seniors in Edmonton

**Final Report
February 2015**

**Funded by
Edmonton Seniors Coordinating Council through SAGE**

**Prepared for the Pride Seniors Project
by Ann Goldblatt, Consultant, and Tammy Horne, Wellquest Consulting**

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Acknowledgements

The consultants want to thank the volunteer members from the Pride Seniors Project Committee who provided guidance and assistance throughout the needs assessment and pay tribute to the late Sherry McKibben as one of the catalysts for this exploration.

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A. Introduction

1. Introduction to the Pride Seniors Project

For older adults who identify as LGBTQ2S, the availability of respectful and inclusive housing choices is on the horizon. A group of individuals came together in mid-2013 with a shared interest in learning about housing needs and preferences for LGBTQ2S individuals moving into or already in their senior years. Their interest was prompted both by a desire to shape future options and by a concern that 'out' seniors would feel the need to back go 'into the closet again' if they move into a congregate facility.

In 2014, the project committee contracted a consultant, Ann Goldblatt, to assume the lead role for an assessment to learn about needs and preferences among people 55 years of age and older who identify as LGBTQ2S. Ann brought in a second consultant, Tammy Horne, to collaboratively plan and implement the strategy and to take the lead on the quantitative portion. In addition, Keren Tang, a graduate student in the School of Public Health at the University of Alberta at the time, prepared an annotated bibliography of written materials assembled by the committee.

2. Methodology

The assessment was guided by an Evaluation Working Group. The data collection was initially designed to include a survey administered over a two-month period, four focus groups with individuals who identify as lesbian, gay, transgender, or two-spirited, and a set of one-on-one interviews. The one-to-one interviews were included to reach individuals who were willing to share their views but preferred not to be part of group discussion because they were not out or were unable to participate this way, and to speak with 'key informants' working closely with sub-populations that would not be reached through the other methods.

Given the available resources for an initiative handled by volunteers, beyond the contracted consultants, the plan was modified and took the following form:

Method	Timeframe	Description
Survey	August to December 2014	<ul style="list-style-type: none"> • Conducted an online survey through Fluid Surveys, using snowball sampling to circulate the link. • Survey included 11 content questions and 9 demographic questions, eliciting closed, ranked, and Likert scale responses. • Made hard copies of the survey available through committee members.

		<ul style="list-style-type: none"> Analyzed survey data descriptively, using frequencies and cross-tabs.
Focus groups	November 2014	<ul style="list-style-type: none"> Conducted two key informant focus groups (held twice to accommodate availability) with a mixed group of individuals who identify as LGBTQ2S.
Interviews	January 2015	<ul style="list-style-type: none"> Conducted two key informant interviews, focused on seniors who are street-involved.

Notes about modifications

- Extended survey time period to provide an additional three months for more people to participate.
- Given the community resources available, shifted from organizing four separate focus groups for individuals to two focus groups with key informants from the LGBTQ2S communities. In this context, the participants were people who could speak from experience within their respective networks. The Evaluation Working Group provided names for the focus groups and the interviews.

3. Ethics review

The Alberta p(R)ject Ethics Community Consensus Initiative (ARECCI) reviewed the survey questions and overall needs assessment plan, using their Second Opinion Reviewer process, following completion of the ARECCI screening tool and guidelines.

4. Voices represented

Focus groups: 10	Key informant interviews: 3 (two interviews)	Survey respondents: 128
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Individuals participating in the focus groups and interviews may have also responded to the survey.

Profile of survey respondents (see part C for further detail)

Age		Gender	
55-64	68.3%	Females	47.2%
Over 70	13.0%	Males	50.4%
		Other	2.4%
Sexual orientation		Living arrangement	
Lesbian, gay, homosexual	82.0%	With spouse or partner	52.8%
Two-Spirited	0.8%	Alone	36.2%

		Alternate arrangements	11.0%
Children as a source of support		Relationship status	
Yes	35.8%	Partnered	56.5%
No	64.2%	Not partnered	43.5%
Self-reported health		Annual household income	
Very good to excellent	70.8%	Under \$20,000 to \$39,999	12.1%
Good	22.0%	\$40,000 to \$79,999	32.3%
Fair	7.1%	\$80,000 or more	48.4%
Poor	0.0%		

B. Qualitative learning

The focus group discussions primarily concentrated on the kinds of housing arrangements people would prefer if they were no longer able to live independently and what would make that housing feel inclusive for people who identify as LGBTQ2S. The learning is clustered into three areas:

- Looking ahead, what kinds of housing arrangements would participants want if they could no longer live independently?
- What factors contribute to participants' preferences?
- What qualities are important?

The focus group discussions and the conversations regarding street-involved seniors will be shared separately, recognizing that the context is not readily comparable.

Focus groups

1. Looking ahead, what kinds of housing arrangements would participants want if they could no longer live independently?

The majority of people in the focus group discussions want to remain in their own homes with supports. Some picture a co-housing arrangement. If circumstances preclude living independently, most see themselves living in an inclusive mainstream facility.

For congregate living, people have divergent preferences as to whether they want to live in a setting that is comprised of a mix of straight and LGBTQ2S individuals or one that is largely LGBTQ2S. On the 'mixed end' of the spectrum, people articulated reasons why they thought this was more practical and desirable.

- *We don't want to ghettoize people. People are more interested in being in a community with people who have similar interests, for example, arts, music, books they read. This is more important for many than a more homogeneous demographic. Life is broader than one's sexual orientation.*

- *What surprises me about Edmonton is that if you plan a social event, people enjoy it, but once it ends, people disperse. People just go their own way. So do they really want to live with other gays? What will be the compatibility, what would make them want to live with others gays? Do you really want live in a community that is watching you ... when you are coming in and going, who you are bringing in? People do not want to be spied on. They love to get together to acquaint, but maybe not to live. There's a huge difference between living together and spending a few hours together. It's not about being gay or not gay; it's about doing what I want to do.*
- *When we travel, we go beyond the gay districts. We connect with lots of communities. We would want the same with our housing.*

Participants spoke to one model of co-housing that would involve a group of people who identify as LGBTQ2S choosing to acquire a building or one floor of a building to live in close proximity and share support services.

A few people described their vision of an intentional LGBTQ2S seniors' facility that would welcome seniors who are straight and include a 'gay centre' in the same building, situated in Oliver (*If you can't do it on Jasper Avenue properly, then don't do it at all*).

- *It needs to be a welcoming community. You don't need to have a gay badge; it would be open to other people too ... This facility welcomes everybody. It doesn't necessarily have to be about sexual orientation; it needs to be about community. It should welcome anybody and not be exclusive.*
- *Like the new seniors' facility being built on Jasper beside a synagogue, it should be connected to a community (not necessarily religious) and close to the resources you need, like facilities, restaurants, and transportation ... It should be a truly community-based hub.*
- *We have the talent base, we just need the dollars. When I think of what it could be – a gardening plot, a teepee - there is so much we could do. It's got to start somewhere. These kinds of things save money. We could bring each other food if a person is not feeling well. When the community works and builds together, it saves money, it is a good investment for the future ... A centre like this could teach ceremonial aspects.*
- *It's getting expensive downtown. We need to move fast. There's no reason we can't find a developer to work with. There is money in the community, it has richness and diversity. Edmonton is second only to Vancouver. I think there are people out there who believe in this. The do-ability is greater than some people might think.*

Participants want to be able to age in place by having access to staged levels of care if their health deteriorates. For those moving into a facility with a partner at a different stage in terms

of age and health, the tiered approach would make it possible to live in the same facility or within a campus of facilities.

- *I think there is going to be a need for a centre for an older gay community. I am living with another man, but we talk about next steps ... what if I age in such a way in which he can't take care of me? I will need a facility that will have services such as nursing that could help me.*

Some would prefer not to live in a place that is exclusively for seniors; rather, they want to reside in an intergenerational setting or have ready access to programs involving people of other ages, such as Hillel Lodge in Ottawa that sits alongside a school.

2. What factors contribute to participants' housing preferences?

Experience with being out about sexual orientation, sexual identity

- Focus group (FG) participants indicated that those who enter their senior years and have not been out about their sexual orientation or gender identity may well opt to continue to protect their privacy with staff and other residents. Others may feel safe for the first time if they are in a welcoming, inclusive environment.
 - *People who are out are OK but some people are still concerned that others will find out. They are afraid of attending meetings that are associated ... with the gay community. If I come out to the family, I risk giving up the ability to hold my grandkids.*
 - *Sometimes people need help to come out to docs, lawyers, neighbors. Many people are still concerned about coming out, or being known as gay ... Past experiences of older people create difficulty – people won't be open with doctors, won't call the police if they are harmed ... People are coming out more easily, but it's still hard. Some people are still dealing with problems from bullying. It cannot be ignored.*
 - *There is a whole other set of issues for the trans community. Many are either in the closet or homeless. There is confusion about how others see the sexual orientation of trans people (gay or straight) ... One person went through 16 different docs before he found a good one. Trans have very specific health needs.*
 - *It's becoming more acceptable on reserves ... On my reserve, I still have one foot in the closet; I don't go out and tell people I am gay. As long as religion continues to judge us, people will continue to stay in the closet. Discrimination hinders coming out, and coming out hinders discrimination. And that's true of any kind of discrimination.*

- *There are a number of closets people can be in (anti-Semitism as an example); other minorities also feel unsafe when surrounded by a majority that is ignorant, always wondering which minefield will blow up.*
- *Fear of being out in housing won't happen to the generation after us; it would have been unthinkable 10-15 years ago; now we have legal protection, marriage, financial arrangements, rights. The older generation ahead of us, they do not want to talk to doctors and hospitals about 'that part of their life'.*
- FG participants were clear that it would be extremely difficult if they had to go 'back in the closet' because staff or other residents could not accept their sexual orientation or gender identity.
 - *What would make me go back in the closet? If I am in an intimate, dependent relationship with a caregiver, how do I ensure safety? Will being out compromise that?*
 - *If I had a stroke and had to be put into an existing facility, it wouldn't be very easy. It's chilling effect as an out gay man. I would either have to go back into the closet or come out again. Interesting thing about us is that you never stop coming out. In a facility today, you're up against staff and other residents. It would be like when I moved into my condo, people were whispering "oh that gay guy just moved in upstairs."*

Experience with LGBTQ2S as one's primary community

- Individuals who have not identified with or participated in a community of lesbians, gays, bisexuals, queer, or two-spirited individuals, are less likely to be seeking housing that is largely LGBTQ2S. As mentioned above, some would prefer to be in a housing arrangement in which shared interests rather than sexual orientation is the bond while others want to be part of a gay community.
 - *I'm in a house, close to the downtown community, and [if my needs changed], I would want and need to participate with community.*

Health status

- Health status is dynamic.
 - *My needs right now are very limited, but I appreciate that they can change very fast.*

With a partner or single, at similar or different ages and stages

- Preferences will be influenced by whether someone is in a relationship at the point that they need additional supports or single.
- Recognizing many people in lesbian and gay relationships have a significant age difference, it is likely that the partners will be at differing stages of health and independence and, in turn, need housing that can accommodate the differences.

- *If one partner is a senior and one is not, people can be hesitant to ask for seniors' housing but some seniors' apartments are open to [the younger partner of a senior] ...*

Affordability

- People's housing options are influenced by affordability.

3. What qualities are important?

Participants articulated qualities that are important across all forms of housing.

Access to amenities

- *Housing options need to address access to amenities, for example, access to seniors' organizations and transportation.*
- *People in our community are in the same boat as everyone else in society. You need to access certain services at different points in time.*

Decision-making

- *Having a voice to make issues heard in the building is important.*

Respectful - attitudes

- *[We want housing options] that are safe, inclusive, [where people are] not vulnerable, and do not have to go back in the closet ... I do not want to live a life of deceit, denial, obligation, or risk if I live in this type of [intentional] community. I want to be free. It has to be a happy zone.*
- *Leaders set the tone for openness, inclusion, and respect. We have to recognize there will always be bullying of both kids and seniors.*
- *Is introducing one's wife going to affect level of care? I've seen differences among hospitals ... The issue was the staff attitudes, not the policy (a matter of who is in charge and how they make things difficult – e.g., I saw example of staff delaying pain meds if they have a negative attitude to certain type of patient).*
- *Doctors vary in how they respond to gay and lesbian patients. There are positive examples of doctors putting up pride stickers in their offices.*

Respectful – knowledge, assumptions

- *Caregivers are responsive and respectful of physical changes/concerns; death counselling, palliative care, end of life support*
- *People make assumptions that a friend is a partner.*

- *It is important to keep people together ... to not split couples up so that they are geographically far apart.*
- *Recognize diversity within the community.*

4. Perspective on seniors who are street-involved

The Pride Seniors Committee wanted to include the voices of people dealing with the effects of poverty and street-involvement. Insights emerged through one-on-one interviews with people working in community organizations in Edmonton's inner city. While direct experience with people who self-identify as LGBTQ2S is almost non-existent for these key informants, with the exception of a few transgendered individuals seeking support, they hear stories and gather impressions from what other seniors tell them about encounters with people they believe to be LGBTQ2S.

Context

Surviving into one's senior years is, in itself, a challenge, and gaining access to mainstream congregate living facilities, let alone any housing, is fraught with barriers.

- *Adults die up to 30 years younger than those who are not on the street. By 40, 50, 55, they have the body of someone who is 60.*
- *Generally, people in mainstream facilities don't want the people with whom we work. With seniors' housing, you are more likely to face being ostracized because of being Aboriginal than being gay ... People are not welcome in any housing because of the way people smell, look, and act. They will shut down access before any other considerations [such as sexual orientation] come up.*
- *People in these facilities are scared. The people with whom we work look different. Most of the people in these places are white. The cultural norms are different and there is no recognition of their own culture. They feel like a fish out of water.*
- *If you've made it to that age, street culture is ingrained; you've grown up in it. People want to bring their street friends in to see them and face the same problem as the person bringing in a gay partner – not welcome.*
- *People often feel any housing is a plus. Expectations are pretty low which is sad reality. You're dealing with a triple whammy if you're Aboriginal, gay, and senior.*

Experience with sexual orientation and sexual identity

Key informants articulated aspects of street life that have an impact on whether people can be open about their sexual orientation and gender identity.

- *People are cloaking themselves to stay safe, on the streets or in shelters ... You do everything you can to minimize your vulnerability when you're living on the street. You have to do this in a shelter. People are looking for your vulnerabilities.*
- *Gay adults on the street are often struggling with their sexuality. Many are Aboriginal and many were sexually abused as children by men who would be considered pedophiles. If someone makes it known that he is gay, it could be a trigger; is this person a pedophile?*
- *If you've been on the street, you likely wouldn't have had a chance to have a steady relationship, to experience a long term loving relationship, to have had private space.*
- *For older people, there is shame attached. You've had a lifetime of feeling second class and experience anger, shame, and dislocation.*

Negative comments come from seniors who meet others they consider LGBTQ2S.

- *They think it's not ok. There is stigma, there are biases. In this generation, it's not a safe space for people to come out.*

Practice

Key informants in one setting spoke to the approach they have taken to addressing sexual orientation and gender identity.

- *We don't ask people about how they identify their sexual orientation; we don't ask anything we don't need to know. If they bring it up, we are open to responding. We deal with a lot of trauma; re-traumatization could take place by digging into areas people are not comfortable exploring. People in vulnerable circumstances are asked questions to death; every time they have to ask for a support – income support, food, housing – they have to repeat their life story. Their story is not special anymore. We focus on building relationships. They decide what they want to share and we only ask things we need to know. I want to share who I am with someone I trust. Over time, I will reveal some of those things about my life.*

Staff took advantage of an educational session on the 'language of sex' offered by SAGE, and came away with accurate information and a better understanding of how to be inclusive. They see value in expanding opportunities for learning and explore what it means to be inclusive as an organization.

- *There is an openness to allow the conversation to exist. It relates to building a relationship.*

C. Quantitative learning

The quantitative learning is based on the survey. This section of the report outlines the approach used to develop the survey questions, an in-depth profile of who responded, and the main findings.

1. Approach used to develop the survey questions

The consulting team derived the questions from surveys used in similar projects on LGBTQ2S housing and related service needs in other jurisdictions (adapting for the present context), relevant research literature, and ideas from the Evaluation Working Group.^{1,2,3} This four-person group was comprised of members of the Pride Seniors Project Committee and the external consultants.

The survey was developed for online completion, using Fluid Surveys.⁴ Once a draft survey tool was ready, the Evaluation Working Group invited select community members who were 55 or older to take part in the pretest. These community members were chosen for their knowledge of the LGBTQ2S community in general, as well as familiarity with issues covered in the survey. The pretest produced helpful information for clarifying questions, adding important questions and options that were missing, and rearranging the survey sequence of the questions for flow.

The final survey incorporated suggested revisions. On the advice of the Evaluation Working Group, the consulting team also created a paper version that a respondent could fill out in a private space and place in an envelope. The rationale for taking this step was that not all seniors would be comfortable responding online.

The survey questions and overall needs assessment process were reviewed by the Alberta Project Ethics Community Consensus Initiative (ARECCI), using their Second Opinion Reviewer process, after one of the external consultants completed the ARECCI screening tool and guidelines.

Members of the Pride Seniors Project Committee and the external consultants distributed the online survey link to various organizational and social networks within the LGBTQ2S community of Edmonton. The project used a “snowball” sampling process, whereby members used their networks and connections to spread the word about the survey (and the link) and asked others to pass it forward to their contacts. Members of the committee promoted it through Edmonton mass and social media, and in places where the communities gather.

¹Baumgartner, T.C. (2007). *Aging and Sexual Minorities: Exploring the Health and Psychosocial Issues of Older Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals*. Pittsburgh, PA: University of Pittsburgh (Masters Thesis). doi10.1.1.90.1085

²French, S. (2013). *Inclusive questions for older adults: a practical guide to collecting data on sexual orientation and gender identity*. New York, NY: National Resource Center on LGBT Aging, Services & Advocacy for GLBT Elders (SAGE). <http://www.lgbtagingcenter.org/resources/resource.cfm?r=601>

³ Neville S., & Henrickson M. (2010). ‘Lavender retirement’: A questionnaire survey of lesbian, gay and bisexual people’s accommodation plans for old age. *International Journal of Nursing Practice*, 16, 586–594. doi:10.1111/j.1440-172X.2010.01885.x

⁴ <https://fluidsurveys.com>. Survey tool available on request.

The online survey was completely anonymously (no IP address tracking). The link was open from June through December of 2014. The paper-based survey was made available through committee members. Respondents answered the survey in private and put it in an envelope. Though committee members knew to whom they gave surveys, they did not see the responses of those individuals. All of the paper-based responses were later entered into Fluid Surveys, on a volunteer basis, by a project committee member on the Evaluation Working Group. There were 128 completed responses.

One of the consultants analyzed frequencies of survey responses, by question, in Fluid Surveys. As well as overall results, the consultant also performed selected analysis of respondent subgroups (discussed later in this report). All charts were either produced by Fluid Surveys or created using MSExcel. The illustrative quotes in the report were chosen to show a cross-section of types of comments.

2. Who were the survey respondents?

The profile and characteristics of the people who responded to the survey help to contextualize the findings. The summary is followed by more detailed information in charts.

Age range

- More than two-thirds reported being under 65 (68.3%); only 13% reported their age as 70-plus (see Chart 1)

Gender, identity, and sexual orientation

- Reported gender is roughly half females, half males, with a few reporting 'other' (see Chart 2)
- Most respondents reported that their gender is consistent with their biological sex at birth
- A strong majority of respondents (82%) identified their sexual orientation as lesbian, gay, or homosexual; a smaller percentages identified as bisexual; there were very few who identified as 2-spirited (see Chart 4)

Personal relationships; social connectedness

- More than half the respondents reported having a partner at this time (Chart 5)
- Just over one-third of respondents have children (biological, adoptive or step) who are a source of support to them; just under two-thirds do not (Chart 6)
- Just over half the respondents said they live with a spouse/partner, and just over one-third live alone; a small percentage reported alternate types of arrangements (Chart 7)
- Just under half the respondents said they were very connected to other people, and about another third reported being somewhat connected; however, a substantial minority (17.3%) reported that they were somewhat or very isolated from other people (Chart 10)

Self-reported health

- More than 70% of respondents reported their health as excellent or very good, and most others the others said they were in good health; however, just under half reported living with one or more chronic health conditions (Charts 8 & 9)

Racial/cultural background

- More than 90% of respondents identified as White (of Western or Eastern European descent).

Income

- Almost one-third of respondents reported their annual **personal** income (from all sources) as \$80,000 or more, and almost two-thirds of them reported \$40,000 or more; at the annual **household** income level, more than one-third reported it as \$100,000 more; almost two-thirds reported \$60,000 or more (Charts 11 & 12).

The summary illustrates a number of patterns.

- Many (about 50% or more) said they were: relatively young (pre-seniors or early seniors); gay or lesbian; living with a partner or other adults; did not have children as a source of support; healthy; connected to other people; and relatively well-off financially.
- The majority of survey respondents reported being “out” in many areas of their lives.
- A substantive minority of respondents (between about 15% about 45%) reported that they: lived alone; were socially isolated; lived with one or more chronic health conditions; had children as a source of support, or were living on a low income.
- Very few respondents (less than 15%) said they were: older seniors (70+); those who identified with other sexual orientations or gender identities (bisexual, transgender, queer, 2-spirited), or less healthy.

The charts that follow illustrate these patterns in more detail.

Age range

Chart 1. Age

Response	Chart	Percentage*
55-59		39.8%
60-64		28.5%
65-69		14.6%
70-74		7.3%
75-79		3.3%
80-84		1.6%
85-89		0.8%
90-plus		0.0%




Prefer not to say  4.1%

*Based on 123 responses

Within the overall age group of 55 years and over, the female sample was more heavily skewed toward the younger end of that age group, compared to the Edmonton population (see Table 1 on the next page). The same pattern held for males, but to a lesser degree. Both females and males in our sample had a lower percentage of respondents age 70 than one would expect based on Edmonton’s 70-plus population.

Gender, identity, and sexual orientation



Chart 2. Gender of Respondents

Response	Chart	Percentage*
Female		47.2%
Male		50.4%
Other gender. Please specify		2.4%

*Based on 125 responses

NOTE: “Other” responses were trans, mixed, and human.

Chart 3. Gender identity relative to biological sex







Response	Chart	Percentage*
Yes		94.4%
No		5.6%

*Based on 125 responses

Table 1. Comparison of age & gender of survey respondents with general Edmonton population

Age Ranges	Seniors' Pride Project Survey (%)	Edmonton-wide Census 2014 ⁵ (%)
Female		
55-59	46.6	26.0
60-64	25.9	20.8
65-69	12.1	15.8
70-74	5.2	11.8
75-79	3.4	9.6
80-84	0	7.8
85+	0	8.3
Male		
55-59	30.6	29.0
60-64	32.3	22.7
65-69	17.7	16.5
70-74	9.7	11.3
75-79	3.2	8.6
80-84	3.2	6.5
85+	1.6	5.5

Chart 4. Sexual orientation

Response	Chart	Percentage*
Lesbian, gay or homosexual		82.0%
Straight or heterosexual, that is, not gay or lesbian		2.5%
Bisexual		4.9%
2-spirited		0.8%
Not listed above. Please specify		9.0%
Not sure		0.8%


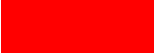
*Based on 122 responses

NOTE: The “not listed above” responses included four queer; two trans; one hetero with a trans background; one pansexual; two women who mentioned lesbian as secondary to Aboriginal and human, respectively (did not check the “lesbian, gay or homosexual category” – suggesting that was not how they primarily defined themselves). The list of sexual orientations did not include transgender, as other surveys such as SAGE US emphasized using separate questions for orientation versus gender identity.

⁵ Calculated from City of Edmonton Open Data - <https://data.edmonton.ca/Census/2014-Census-Population-By-Single-Year-Of-Age-And-G/xcq-q-tyzj>



Personal Relationships

Chart 5. Relationship status (Partnered/Not)

Response	Chart	Percentage*
Yes		56.5%
No		43.5%

*Based on 124 responses

Chart 6. Children Who Are a Source of Support






Response	Chart	Percentage*
Yes		35.8%
No		64.2%

*Based on 123 responses

NOTE: This includes biological, adoptive, or stepchildren.

Living arrangements

Chart 7. Present living situation

Response	Chart	Percentage*
I live alone		36.2%
I live with my spouse/partner		52.8%
I live with another family member		2.4%
I live with roommates/friend(s)		5.5%
Other, please specify...		3.1%

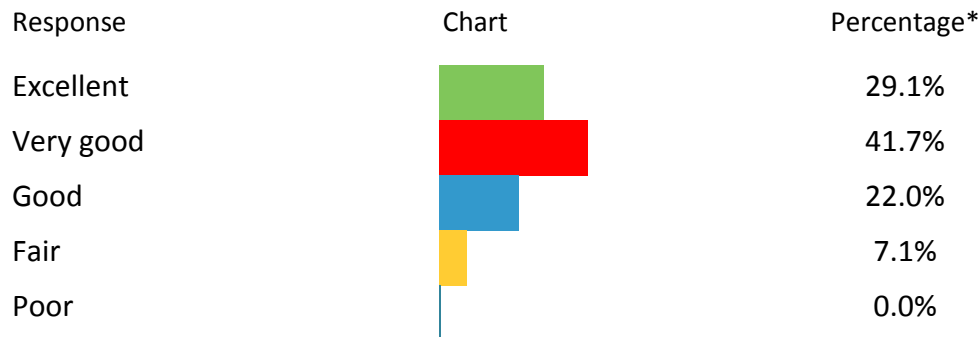
*Based on 127 responses

Other responses reflected couples living apart, living alone with a pet, and being a live-in caregiver for a relative.

NOTE: Criteria for survey participation included that the respondent must be living independently at the time of the survey.

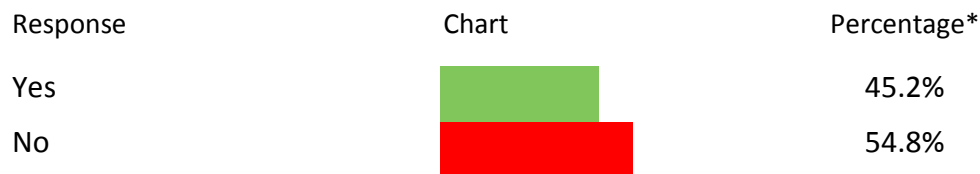
Health

Chart 8. Self-reported health



*Based on 127 responses

Chart 9. Living with One or More Long-term Health Conditions

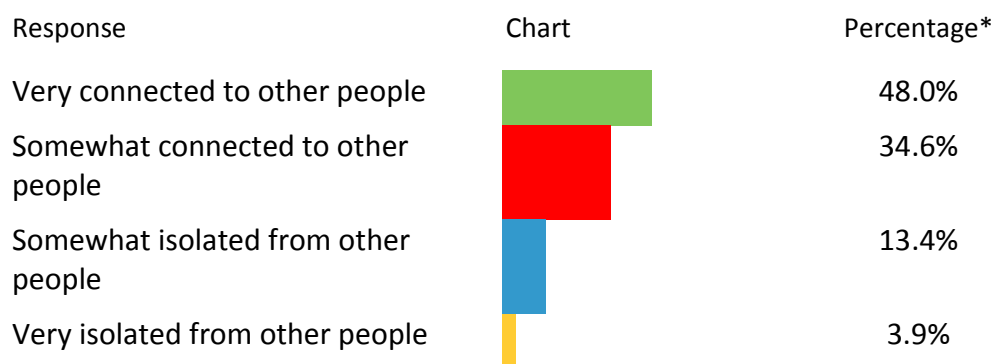


*Based on 124 responses

NOTE: Long-term health conditions refer to those which the respondent expected would last, or which s/he had already had, for 6 months or more (examples: heart or lung conditions, cancer, diabetes, arthritis, mental health).

Social Connectedness

Chart 10. Level of Social Connectedness



*Based on 127 responses

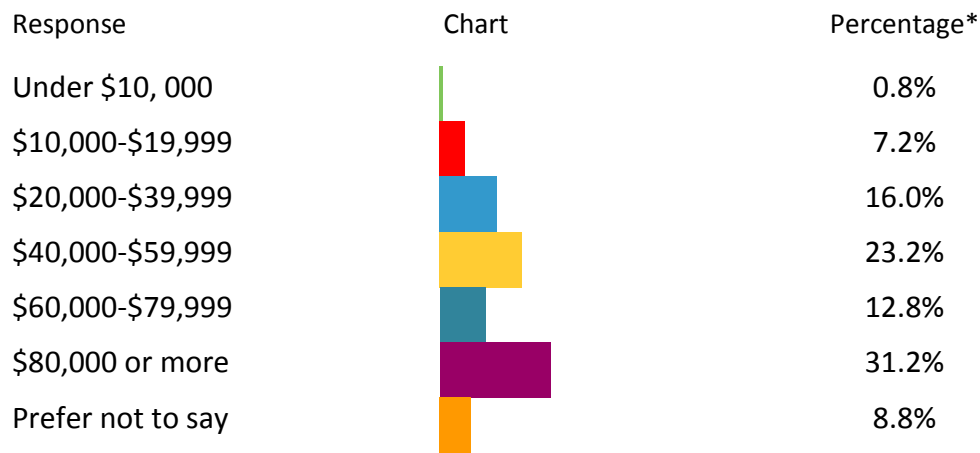
NOTE: Social connections include family, friends, neighbours

Racial/Cultural group

Almost all respondents (90.3%) identified themselves as White (Western or Eastern European descent). Very small percentages said they were First Nations (2.4%) or Metis (1.6%) – combined percentage of respondent identifying an Aboriginal background was therefore 4%. Less than one percent identified as Black (African or Caribbean descent). Some respondents wrote “Canadian”, under Other (2.4%). A few said they either did not know, or preferred not to answer (4% combined).

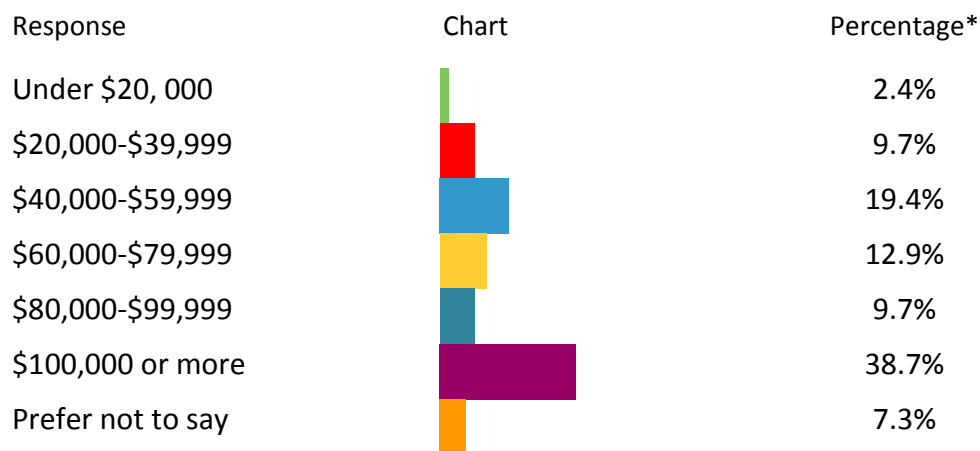
Income

Chart 11. Annual personal income from all sources



*Based on 125 responses

Chart 12. Annual household income from all sources







*Based on 124 responses

3. Main findings

Anticipated reasons for making a housing change

The survey first asked respondents about their most likely reasons for making a change to their present housing situation, in their senior years. More three-quarters of respondents reported they would make a change if they could no longer live independently without some type of support, as shown in Chart 13. Respondents could check more than one option, so percentages add to more than 100.

Chart 13. Reasons for making a change to one's housing situation, in senior years

Response	Chart	Percentage*
I would prefer to live with other seniors		21.1%
I could no longer live independently, without some type of support		78.1%
I would feel safer in a different housing arrangement than my present one		17.2%
Other, please specify...		15.6%

* Based on 128 responses

Few seniors elaborated on reasons for making changes to their present housing situation. Among the 20 who did, the most common reasons pertained to: not having to maintain a home/having a manageable space (6); not being able to afford their present housing (5); living with people like themselves/accepting of them (4); needing care beyond what partner/family can provide – or partner needing such care (4).⁶

Other reasons (from 1-2 respondents each) included contributing to a community, living in an urban location, being open with their partner, being closer to family, getting to places/events more easily, and living in an adult-only building.

"[I] would like to live in and contribute to community, shared goal and tasks, shared values, better quality of life..."

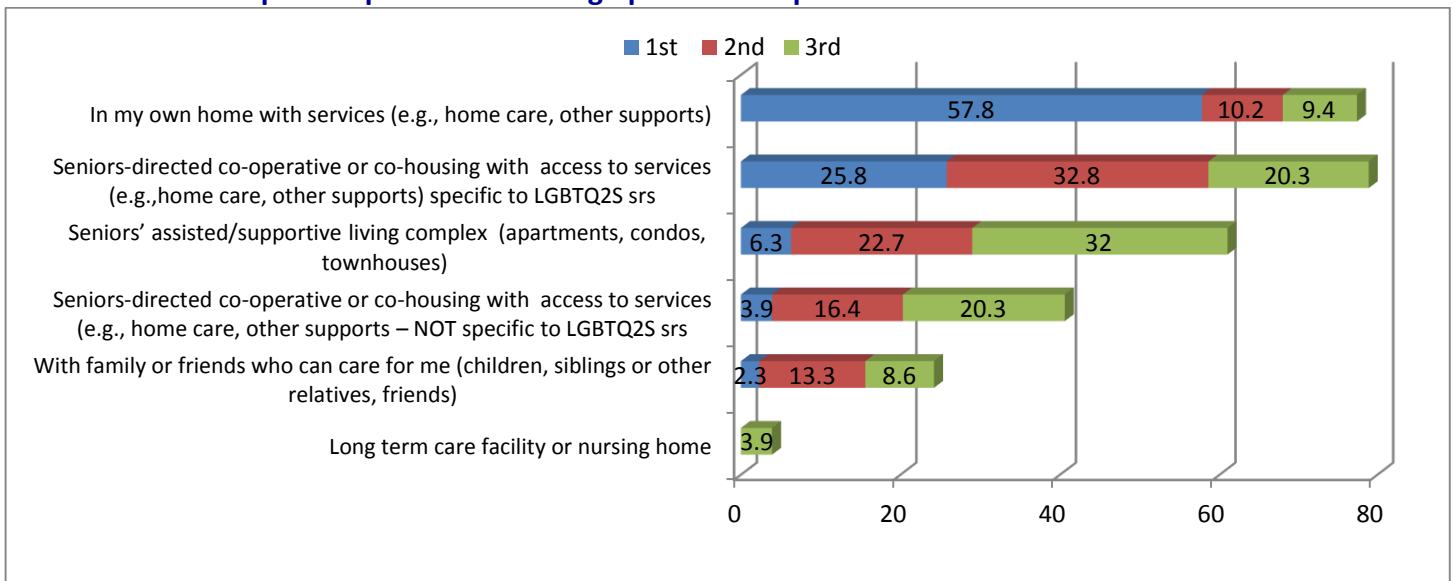
"I am not a senior yet, but when I get there I would be interested in a housing scheme that was 'friendly' therefore be surrounded by like persons, male or female."

⁶ Respondents could share **more than one comment**, and in some cases one comment contains multiple suggestions. Due to the small number of respondents who gave 'other' comments, relative to the overall sample, we have presented numbers here, rather than percentages.

Most common housing preferences

When asked their top three choices of potential future housing, staying in one's own home, with supports, was the first choice of well over half the respondents (see Chart 14). About one-quarter of all 128 survey respondents chose seniors-directed cooperative or cohousing with access to services, specific to LGBTQ2S seniors. This option was the second choice of one-third of respondents, and the option most commonly chosen overall; almost four in five respondents (78.9%) made this option one of their top three. Assisted/supported living was the first choice of very few, but was the second or third choice of more than half the respondents (54.7%).

Chart 14. Top three preferred housing options of respondents



Eleven respondents also shared specific aspects of housing not mentioned among the choices in Chart 14. Their comments reflected elaborations that could fit with one or more of the choices above, rather than distinct preferences.⁷ Most common responses were living in a LGBTQ2S-specific environment (4), having access to the level of care they need (4), and having positive relationships with other residents (3), and location that would allow respondents to connect/enjoy activities they choose (3). One or two respondents mentioned an inclusive/nondiscriminatory environment, having a mix or privacy and shared space, characteristics of the building/facility, and affordability. One specified a fourth choice from the list in Chart 14 (seniors co-housing, not LGBTQ2S-specific).

"Small collective living arrangements for friends (LGBTQ2S or non ...) that are considered to be my family with me over the years. Living arrangements that provide individual and shared space, financially doable, good quality living conditions in an area that has life."

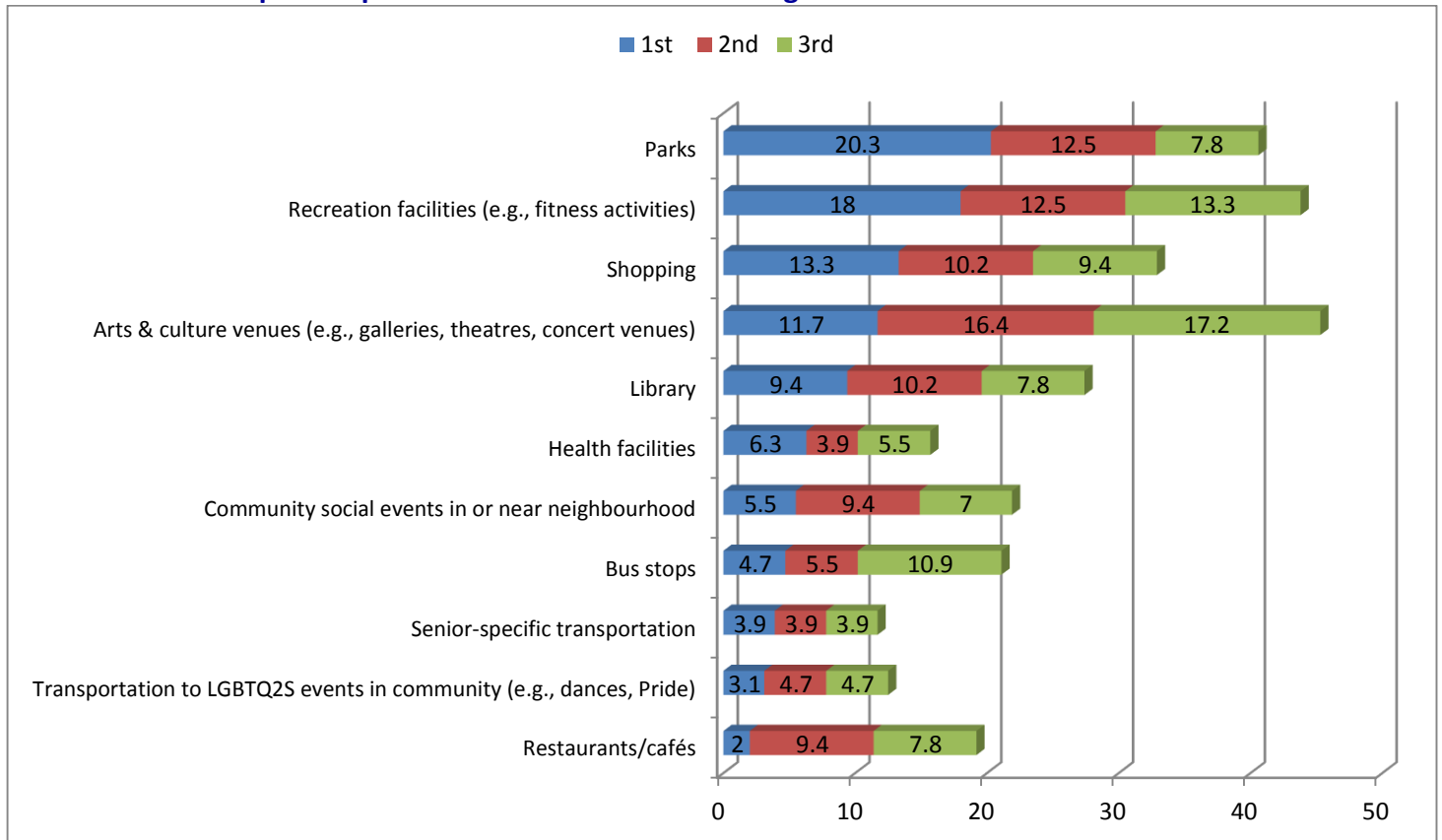
"I am married to my partner and want to live with her in a place that does not discriminate."

⁷ Respondents could share more than one comment, and in some cases one comment contains multiple suggestions.

Most common preferences for nearby amenities

The survey also asked all respondents about the kinds of activities or places they would like to have near where they would live. Parks and recreation facilities were most common first choices, followed by shopping. As shown in Chart 15, more respondents selected parks as their first choice, but more selected recreation facilities as one of their top three choices (43.8% across the top three). Overall, arts and culture appears among respondents top three choices, for close to half of all respondents (45.3% across the top three choices).

Chart 15. Top three preferred amenities near housing



Eighteen respondents further elaborated on the amenities they would like to see near where they would live in their senior years. Some of the responses repeated one or more of the above categories. Other responses were further elaborations or additional suggestions.⁸ The most frequent comments reflected desire for: proximity to: arts/culture (4); shopping (4); noncommercial social spaces (3, including gay-specific social space, drop-in space, and the Legion); restaurants/bars (3), and spiritual or religious spaces (3). Other comments, from 1 or 2 people each, included opportunities for personal development (such as writing, crafts, woodworking), LGBTQ-specific businesses, urban location, parks, health care (medical clinic), transportation, a place for quiet time. Five respondents made qualifying comments on specific

⁸ Respondents could share more than one comment, and in some cases one comment contains multiple suggestions.

issues (e.g., choices should not be limited to top three, choices would depend on state of their health, accessible/good public transportation should be a given.)

“Gay businesses such as restaurants and piano bars, and non-commercial gay social spaces.”

“ I would enjoy having easy access to arts and cultural facilities and near to parks, grocery shopping, nearby family medicine clinic, and senior/ETS bus services.”

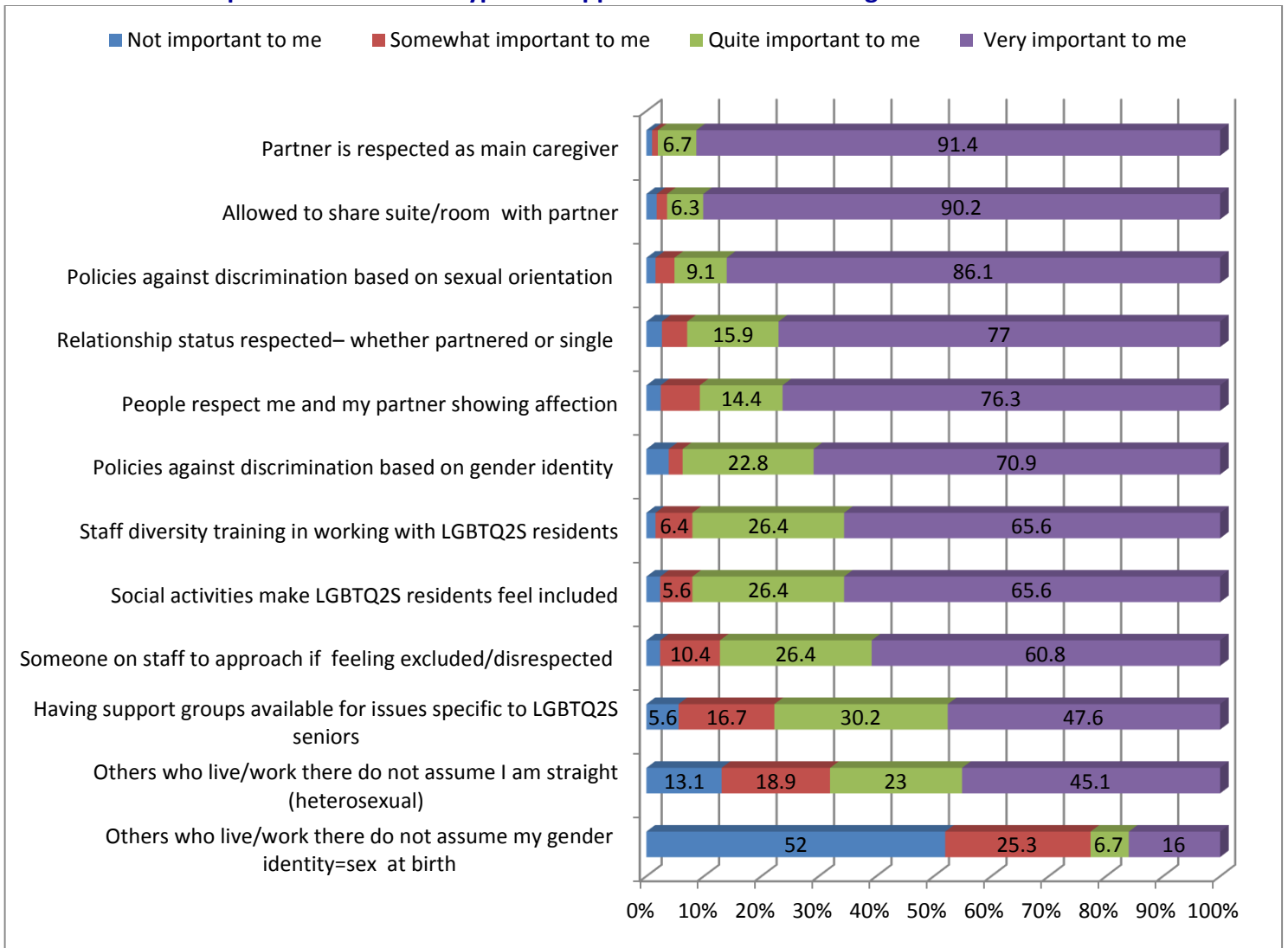
Importance of types of support in the housing environment

The most important types of supports, for respondents, involve respect for acceptance of their partner/relationship.⁹ As displayed in Chart 16 on the next page, partner-related support was rated very important by a strong majority of respondents – more than 90% for their partner being respected as their main caregiver, and being allowed to share one’s suite/room with their partner; more than three-quarters for other aspects of partner-related support. Interestingly, a higher percentage of respondents rated partner-related support as important, than who actually reported having a partner.¹⁰ Respondents may have considered others who are important to them (such as a close friend). Or, respondents without a partner may have considered that they might have one in future, and responded from that perspective.

Anti-discrimination measures were also rated as very important by the majority of respondents, and quite important by most others. For most types of support, respondents who did not rate them as very important rated them as quite important. A small percentage of respondents rated some supports as somewhat or not important – direct supports from staff or support groups, and assumptions about sexual orientations (last four rows in Chart 16). However, more than two thirds did rate those support as very or quite important, except for the last one on gender identity assumption. It appears that among the 75 people who considered the gender identity assumption item as applicable, the issue was not a big concern for them, compared to the other support-related issues.

⁹ For this question, respondents who answered ‘not applicable’ (N/A) for a specific item were not included in the count for that item. Almost all respondents answered this question (between 125 and 128, depending on the item). For most items, at least 90% deemed them applicable (very few N/As). The biggest exception was for the gender identity item (60% deemed it applicable). Other exceptions were for applicability of partner-related questions (82.7% for respect partner as main caregiver, 87.5% for share a room/suite with partner, 88.3% for respect for partners showing affection).

¹⁰ This remains the case even when ‘not applicables’ are included. For example, if we include those who answered not applicable with regard to one’s partner being respected as the main caregiver, the percentage of respondents rating this very important drops to 75.6%, which is still substantially higher than the 56.6% of respondents who report having a partner.

Chart 16. Importance of various types of supports within the housing environment¹¹

In addition to doing the ratings, sixteen 16 respondents suggested other types of support that are important to them. They most often mentioned: respect for diversity of multiple types, not just LGBTQ-specific (5), and policies or practices regarding respect for their rights (4). One or two respondents made other suggestions, including: staff training (on diversity), other LGBTQ people present, participation in decision making, social/gathering space, personal development/learning opportunities, access to arts/culture, good food, communication in their own language, and welcoming of children. (Some comments overlapped with rating questions.) Three respondents made qualifying comments on discrimination and rights (e.g., already protected by law, do not limit to LGBTQ-related).

¹¹ For ease of reading, categories with < 5% responses do not have percentages displayed on the bars in the chart.

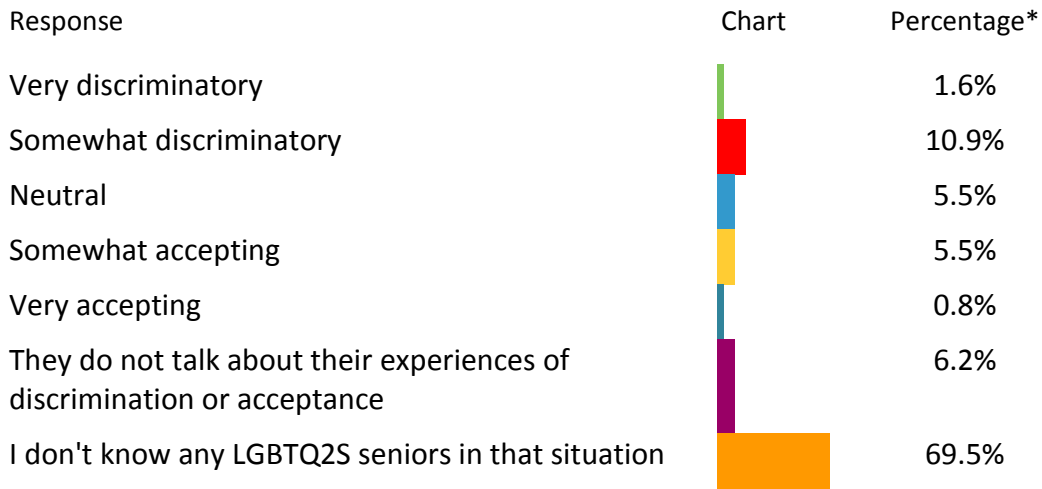
“ Respect for origin, cultural aspects that affect one’s LGBTQ2S rights and cultural adaptation.”

“ The organization has policies in place against racial and ethnic discrimination and staff members are sensitive regarding diversity beyond sex, gender, and sexual orientation”

What respondents have heard about discrimination in seniors’ housing

We were interested in what respondents might have heard, from other seniors in the LGBTQ2S community who have had to go into seniors’ housing, about how they were treated with regard to discrimination. Almost 70% of respondents said they did not know any LGBTQ2S seniors in that housing situation (see Chart 17). Just over one in ten respondents (1.5%) had heard the housing environment was very or somewhat discriminatory. A smaller percentage had heard that it was very or somewhat accepting (6.3%). What we do not know, is why some people in seniors’ housing do not talk about their experiences. Is it because the issue just does not come up, or is it because of negative experiences that they prefer not to discuss. This issue would be worth following up in the future.

Chart 17. What respondents have heard about seniors’ housing



*Based on 128 responses

Top concerns about moving into seniors housing

Respondents could share, in an open-ended fashion, up to three top concerns that they would have if they had to move into seniors’ housing. One-hundred-five respondents shared such concerns. They were not asked to rank these, though some did. Top concerns that emerged, in order of how many respondents made comments reflective of each concern-related theme, are presented in Table 2 that follows.¹²

¹² Because the majority of respondents shared comments, we have calculated percentage for each theme, as well as displaying the numbers of comments.

Table 2. Top Respondent Concerns about Moving to Some Type of Seniors' housing

Concern-Related Theme	Number	%
Respected as LGBTQ (e.g., cared for, included, accepted)	43	41.0
Facility qualities (e.g., food, staff, appearance, pets, etc.)	35	33.3
Overall climate (e.g., respect, people well-treated, caring staff/residents)	27	25.7
Respect for partner relationship (e.g., welcome, involved in care decisions)	25	23.8
Provision of care/related issues (primarily health-focused)	23	21.9
Affordability (e.g., cost, feasible within one's resources)	22	21.0
Nearby amenities & activities (e.g., transportation, recreation, shopping, arts/culture)	21	20.0
Independence (e.g., as much/long as possible, services support independence)	14	13.3
Location (e.g., central area of Edmonton, safe)	13	12.4
Social support/companionship (e.g., social opportunities, support network, community, fun)	10	9.5
Privacy (e.g., in general, space, own room)	9	8.6
Policies (e.g., on discrimination, having visitors)	6	5.7

"Having to decide whether coming out would make it easier or harder to make friends. Having my family of choice respected. Being able to remain close with friends and partners who are much younger."

"Having my orientation respected; ability to live with my same-sex partner; living without fear of discrimination or abuse."

"Inclusive thinking by the staff, opportunities to be socializing, proximity to transit for getting around the city."

"Maintaining independence as long as possible, so having different levels of care available. Being safe to live out as lesbian. Having access to some natural environment – parks, etc."

“Being out and treated in a respectful way, included in the decision making or planning within housing/facility and having someone available on staff to discuss challenging situations with.”

“Access: to entertainment, recreation, transportation, shopping, health care. An engaged, diverse, and ideally multi-generational community. Finances”

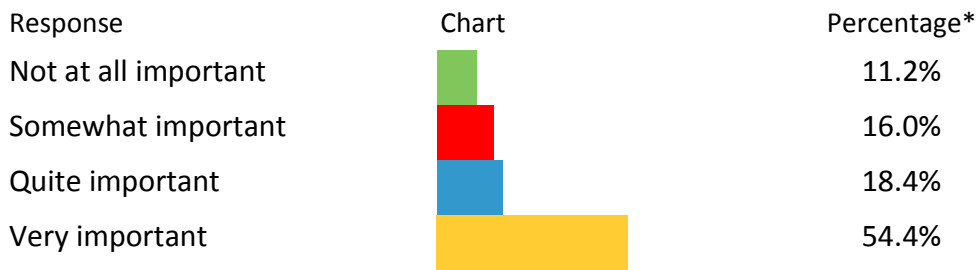
“Staff who care about me. Staff and residents respectful of a diverse population. Central location to city services - not interested in the suburbs.”

“Freedom of movement and expression. Independence and privacy. Healthy food and exercise.”

Being out: Importance and visibility

When asked about the importance of being “out of the closet” if they had to make a change in their housing and required housing support, more than half the respondents rated being out as very important, as shown in Chart 18. Almost three-quarters of respondents rated importance of being out as very or quite important (72.8% combined percentage across both rating categories).

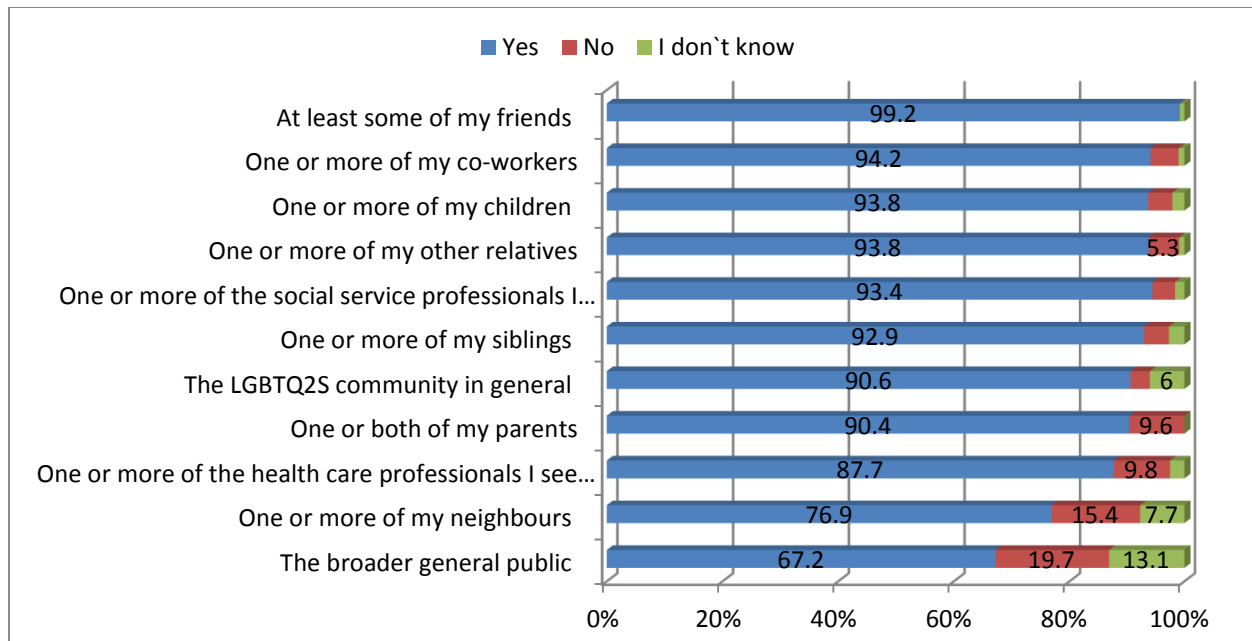
Chart 18. Importance of being out in a supported housing environment



* Based on 125 responses

Most respondents reported being out to most people in their lives, as is evident in Chart 19.¹³ For most types of people noted in Chart 19, more than 90% of respondents are out to them. Slightly fewer respondents are out to social service professionals. The respondents are least likely to be out to neighbours or to the general public – perhaps because these are broader categories of people beyond their direct relationships and t specific to the LGBTQ community.

¹³ Respondents who answered that a particular item was not applicable (N/A) are excluded from the count for that item. Overall, between 124 and 128 people responded, depending on the item. For almost half the items, at least 90% of respondents deemed them applicable. For the others, there was more variation in applicability (parents at 65.9%, children at 38.4%, social service professionals at 48.4%, co-workers at 81.7%).

Chart 19. Respondents out to different types of people in their lives¹⁴

4. Most substantial differences among respondents

We examined the survey data to see if specific groups differed in their responses to particular questions. In order to do this, there had to be enough people in each group to make a comparison practically meaningful. For example, if one group contained 110 people and the other group had only 15, it would not be practically meaningful to compare those two groups because most respondents are in the same group, and numbers in the second group would be very small. We chose to make comparisons when a group included at least one-third of the respondents .

In light of the above, we choose to compare selected response differences for each of the following:

- Gender – 59 females, 63 males¹⁵
- Living arrangement – 46 live alone, 80 live with others
- Relationship status – 70 have partners, 54 do not
- Children who are part of their support system – 44 have supportive children, 79 do not.

We compared the above four types of groups on a variety of other survey questions. Again, we choose questions that had a broad enough range of responses to make comparisons practically meaningful. We chose questions that had at least 10 responses per category within a question (e.g. for gender, responses by at least 10 females and 10 males). We also looked for differences

¹⁴ For ease of reading, categories with < 5% responses do not have percentages displayed on the bars in the chart.

¹⁵ There were too few respondents in the trans group to include that comparison.

that were at least ten percentage points apart (e.g., “15% of males said...”, “25% of females said...”).¹⁶

Gender

A higher percentage of:

- Males are age 65 or over (35.4% vs 20.7% of females)
- Males live alone (46.0% vs 25.4% of females)
- Females have partners (70.7% vs 44.4% for males)
- Males have household incomes below \$60,000 per year (43.5% vs 18.7% of females)¹⁷
- Males said they would feel safer in a different housing arrangement than their present one (22.2% vs 11.9% of females)
- Males chose **LGBTQ2S-specific** seniors co-operative or co-housing as one of their top three favoured housing options (87.3% vs 71.1% of females)
- Females chose **non** LGBTQ2S-specific seniors co-operative or co-housing as one of their top three favoured housing options (49.2% vs 30.2% of males)
- Females chose parks as one of their top three favoured nearby places (45.8% vs 34.9% of males)
- Females chose bus stops as one of their top three favoured nearby places (25.4% vs 14.2% of males)
- Males chose health facilities as one of their top three favoured nearby places (22.2% vs 10.2% of females).

Living Arrangement

A higher percentage of:

- People who live alone are male (64.4% vs 42.5% of people who do not live alone)
- People who do **not** live alone are partnered (84.8% vs 6.7% of people who live alone)
- People who do **not** live alone have supportive children (44.3% vs 20.5% of people who live alone)
- People who live alone have ***household*** incomes below \$60,000 (53.3% vs 40.5% of people who do not live alone)
- People who live alone have at least one chronic health condition (56.8% vs 17.5% of people who do not live alone)
- People who live alone said they would feel safer in a different housing arrangement than their present one (26.6% vs 12.3% of people who do not live alone)
- People who live alone chose **LGBTQ2S-specific** seniors co-operative or co-housing as one of their top three favoured housing options (93.4% vs 71.6% of people who do not live alone)
- People who live alone chose bus stops as one of their top three favoured nearby places (21.7% vs 12.5% of people who do not live alone)

¹⁶ We occasionally include a group with a smaller per group, if it illustrates a large contrast on one of our key groupings of respondents, as that information may be practical for the reader.

¹⁷ None of the comparisons (for gender or the three that follow) show substantive difference for ***personal*** income.

- People who live alone chose health facilities as one of their top three favoured nearby places (30.4% vs 15.0% of people who do not live alone)
- People who do **not** live alone said it is very or quite important to be out, if they were to decide to make a change in their housing situation (78.8% vs 62.2% of people who live alone (interestingly – this was not related to relationship status, as there was no difference in the importance of being out for partnered vs not partnered).

Relationship status

A higher percentage of ...

- People who are partnered are female (60% vs 31.5% of people who are not partnered)
- People who are partnered are age 65 or older (33.3% vs 20.8% of people who are not partnered)
- People who are partnered have supportive children (47.8% vs 20.8% of people who are not partnered)
- People who are **not** partnered have household incomes below \$60,000 (52.9% vs 15.7%)
- People who are **not** partnered live alone (77.8% vs 4.3% of people who are not partnered)
- People who are **not** partnered said they would feel safer in a different housing arrangement than their present one (22.2% vs 14.3% of people who are partnered)
- People who are **not** partnered chose ***LGBTQ2S-specific*** seniors co-operative or co-housing as one of their top three favoured housing options (93.4% vs 71.6% of people who are partnered)
- People who are partnered chose recreation facilities as one of their top three favoured nearby places (49.3% vs 38.9% of people who are not partnered)
- People who are partnered chose restaurants/cafés as one of their top three favoured nearby places (23.2% vs 13.0% of people who are not partnered)
- People who are **not** partnered chose bus stop as one of their top three favoured nearby places (25.9% vs 15.9% of people who are partnered)
- People who are **not** partnered said they were somewhat or very isolated (25.9% vs 11.4% of people who have supportive children).

Whether or not respondent has supportive children

A higher percentage of ...

- People who have supportive children do **not** live alone (79.5% vs 55.7% of those who do not have supportive children)
- People who have supportive children have a partner (75% vs 46.2% of those who do not have supportive children)
- People who **not** have supportive children have household incomes below \$60,000 per year (35.5% vs 23% of people who have supportive children)
- People who have supportive children have at least one chronic health condition (53.5% vs 41.6% of those who do not have supportive children)

- People who do **not** have supportive children chose living in their own home, with services (home care, other supports), as one of their top three choices for housing options (93.4% vs 71.6% for people who do not have supportive children)
- People who have supportive children chose libraries as one of their top three favoured nearby places (34.0% vs 22.8% of people who have supportive children)
- People who have supportive children chose community social events (in or near their neighbourhood) as one of their top three favoured nearby places (34.0% vs 22.8% of people who have supportive children)
- People who do **not** have supportive children chose parks as one of their top three favoured nearby places (44.3% vs 29.5% of people who have supportive children)
- People who do **not** have supportive children chose bus stops as one of their top three favoured nearby places (24.0% vs 11.4% of people who have supportive children)
- People who do **not** have supportive children said they were somewhat or very isolated (21.5% vs 9.1% of people who have supportive children).

D. Implications

One size does not fit all

- Housing preferences are as diverse as the people who seek them. Therefore planners cannot assume uniform preferences across or within LGBTQ2S communities. By necessity, requires planning for a range of preferences.
- The experience of street-involved LGBTQ2S seniors is one example of the significance of understanding context.

Current reality vs. hypothetical future

- People responded through the lens of their current health status, identifying a clear preference to live at home, or in a homelike setting, for as long as possible. It is difficult to anticipate future, hypothetical needs, when living independently may no longer be an option. Planning needs to take into account the perspective that is being expressed.

Inclusivity

- Many of the desirable features for quality seniors' housing are universal (e.g., the opportunity to age in place, the option to accommodate partners are differing stages of health) but creating an inclusive environment is a priority, regardless of housing type, and requires an intentional strategy.

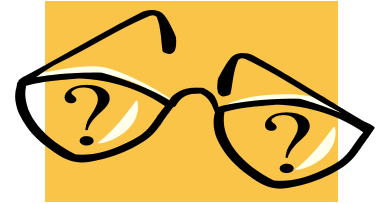
Voices heard, voices yet to be heard

- The people who participated in the survey were largely well-resourced – White, middle class, and in good health. Recognizing that the fewer the resources individuals have coming into their senior years, in terms of income and social support, and the more compromised their health, the more limited the range of choices available. To reach beyond the dominant population will require time and strategies to be more inclusive.

- Learning about the lived experience of LGBTQ2S seniors who are already living in some form of congregate living will be an important perspective to bring into the discussion.
- People working in congregate settings will also provide a valuable perspective to gauge awareness, experience, and openness to strengthening their approach.

E. Concluding remarks

The assessment of housing needs and preferences among LGBTQ2S seniors and upcoming seniors in Edmonton offers a first level of understanding. The community is in a stronger position to delve more deeply into the implications for advancing the issue, including seeking input from constituencies not yet represented, and building on experience from other jurisdictions that is captured in the annotated bibliography.

Appendix A**Pride Seniors Project
Guiding Questions for Small Group Discussions****November 2014**

1. When you think about people you know in the LGBTQ2S community, if they were no longer able to live independently in the future - because of a change in their health or a change in the supports in their life - what kind of housing do you think they would be seeking?
2. How do you think sexual orientation/gender identity could affect people's experience in a seniors' facility?
3. How important is it for seniors to be able to be out of the closet in the place where they live?
4. What would make seniors' housing feel inclusive for people who identify as LGBTQ2S?
5. What do you think about the idea of having a place in Edmonton for seniors with only or mostly people who identify as LGBTQ2S?

Appendix B

Into the Closet Again: LGBTQ2S Housing Needs & Preferences Survey

INTRODUCTION

What is the purpose of this survey?

The availability of housing choices for LGBTQ2S seniors that are respectful and inclusive is an important issue in many communities. By LGBTQ2S, we mean lesbian, gay, bisexual, transgender, queer, and 2-spirited. We know that more than one of these terms may fit for you, and some will not be relevant.

Who is asking these questions?

In Edmonton, the Pride Seniors Project is doing a study, "Into the Closet Again", to learn: (1) what types of housing LGBTQ2S people ages 55 + would prefer if they could no longer live independently, and (2) what is most important for making LGBTQ2S Edmontonians feel supported and respected in seniors' housing. The people involved in this project are from the LGBTQ2S communities, and the project comes under the Seniors Association of Greater Edmonton (SAGE). If you are 55 or older, and identify as any of LGBTQ2S, we hope you will take a few minutes to share your thoughts with us.

Will anyone know who I am?

This survey is completely anonymous. It does not ask for any information that could identify an individual, and does not track IP addresses or location information from Internet connections. Survey data will be kept confidential in Fluid Surveys, which stores data securely in Canada. This anonymous data will only be viewed by the people who are directly involved in analyzing and summarizing the survey results (two specialized consultants and two members of the Pride Seniors Project Advisory Committee who are assisting with some of this work). Because the survey is anonymous, they will not know who you are. Only grouped survey results will be reported (no individual responses).

Do I have a choice in doing this survey?

Your participation in this survey is by your own choice (voluntary). You can choose to answer or not answer particular questions.

What other information are we gathering?

This brief on-line survey is a part of a study of LGBTQ2S seniors' housing needs, preferences and concerns. We got some help by looking at similar surveys in other cities. The information from this survey will be put together with information from interviews and group discussions with LGBTQ2S Edmontonians. The Pride Seniors Project will use the study results to promote and advocate for seniors' housing options to meet the needs of LGBTQ2S Edmontonians.

What will we do with the information we gather?

Study results will be shared at a one day symposium in late 2014/early 2015 to discuss housing issues for the LGBTQ2S community. Results will also be available through LGBTQ2S organizations and on the SAGE website. Highlights of the study will be shared through mainstream and social media recommended by the Pride Seniors Project.

Are there any risks to me, in doing this survey?

We do not foresee any risks or costs to your participation, beyond 10-15 minutes of your time.

Who can I contact if I have questions?

If you have any questions about this survey, please contact Eric Storey from the Pride Seniors Project) at eric.r.storey@gmail.com. Please put Pride Seniors Project in the subject line.

Please remember that in order for Fluid Surveys to save your data, you must hit the **Submit** button at the end of the survey.

If you agree to do this survey, **please click in the box below.**

I consent to do this survey.

1. My reasons for making changes to my present housing situation, in my senior years, would most likely be: (Please check all that apply)

- I would prefer to live with other seniors
- I could no longer live independently, without some type of support
- I would feel safer in a different housing arrangement than my present one
- Other, please specify... _____

2. If I were to decide that I wanted to make a change in my housing situation (for whatever reason), I wish to live... (Please rank your top three choices, by dragging the puzzle pieces in the left column to match them with Choice 1 through 3 in the right column.)

	1st Choice	2nd Choice	3rd Choice
In my own home with services (such as home care, other supports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With family or friends who can care for me (children, siblings or other relatives, friends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors-directed co-operative or co-housing with access to services (such as home care, other supports) -- specific to LGBTQ2S seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors-directed co-operative or co-housing with access to services (such as home care, other supports) – <u>NOT</u> specific to LGBTQ2S seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors' assisted/supportive living complex (apartments, condos, townhouses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term care facility or nursing home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2a. There are options, not listed above, that I would prefer...

3. I would like to see these kinds of activities or places near where I would live... (Please rank your top three choices, by dragging the puzzle pieces in the left column to match them with Choice 1 through 3 in the right column.)

1st Choice	2nd Choice	3rd Choice
-----------------------	-----------------------	-----------------------

Parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation facilities (such as for fitness activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts and culture venues (such as galleries, theatres, concert venues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community social events in or near the neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurants/cafés	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus stops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior-specific transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to LGBTQ2S events in the community (such as dances, Pride events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3a. There are kinds of activities or places, not listed above, that I would like to see near where I would live...

4. If I were to decide that I wanted to make a change in my housing situation, and required some type of housing support, how important would each of the following be to me?

	Not important to me	Somewhat important to me	Quite important to me	Very important to me	Not applicable
Others who live or work there do not assume I am straight (heterosexual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others who live or work there do not assume my gender identify is my sex at birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feeling that my relationship status is respected– whether partnered or single	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner is respected as my main caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being allowed to share a suite or room with my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having people respect me and my partner showing affection to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having social activities that make LGBTQ2S residents feel included	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having support groups available for issues specific to LGBTQ2S seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not important to me	Somewhat important to me	Quite important to me	Very important to me	Not applicable
Having staff who have had diversity training that includes working with LGBTQ2S residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having someone on staff to approach if I am feeling excluded or disrespected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The organization has policies against discrimination based on sexual orientation

The organization has policies against discrimination based on gender identity

4a. There are some things not on the list above, that are important to me...

5. Overall, the LGBTQ2S people I know, who have had to move into some type of seniors' housing, have described their treatment as LGBTQ2S residents as:

- Very discriminatory
- Somewhat discriminatory
- Neutral
- Somewhat accepting
- Very accepting
- They do not talk about their experiences of discrimination or acceptance
- I don't know any LGBTQ2S seniors in that situation

6. If I were to decide that I wanted to make a change in my housing situation, and had to move into some type of seniors' housing, my top concerns would be... (Please list up to 3 top concerns.)

7. My present living situation is...

- I live alone
- I live with my spouse/partner
- I live with another family member
- I live with roommates/friend(s)

- Other, please specify... _____

8. In general, I would say my health is...

- Excellent
- Very good
- Good
- Fair
- Poor

8a. I am living with one or more "long-term health conditions" which I expect will last, or which I have already had, for 6 months or more (examples could be heart or lung conditions, cancer, diabetes, arthritis, mental health conditions)

- Yes
- No

9. When I think of my connections with other people (such as family, friends, neighbours), I would say that I am...

- Very connected to other people
- Somewhat connected to other people
- Somewhat isolated from other people
- Very isolated from other people

10. If I were to decide that I wanted to make a change in my housing situation, and required some type of housing support, how important would it be for me to be 'out of the closet'?

- Not at all important
- Somewhat important
- Quite important
- Very important

11. At this time, I am 'out' to the following types of people...

	Yes	No	I don't know	Not applicable
At least some of my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or both of my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more of my children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more of my siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more of my other relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more of the health care professionals I see (such as my doctor, health clinic staff, specialists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more of the social service professionals I see (such as social or support worker or counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more of my co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more of my neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The LGBTQ2S community in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The broader general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. My age is...

- 55-59
- 60-64
- 65-69

- 70-74
- 75-79
- 80-84
- 85-89
- 90-plus
- Prefer not to say

13. I think of myself as... (Please check whichever response most applies to you):

- Lesbian, gay or homosexual
- Straight or heterosexual, that is, not gay or lesbian
- Bisexual
- 2-spirited
- Not listed above. Please specify _____
- Not sure

14. I define my gender as... (Please check whichever response most applies to you)

- Female
- Male
- Other gender. Please specify _____

15. My current gender identity matches my biological sex at birth...

- Yes
- No

16. I have a spouse/partner at this time...

- Yes
- No

17. I have biological, adoptive or step children who are part of my support system...

- Yes
- No

18. I belong to one or more racial or cultural groups on the following list. I am... (Please check all that apply)

- White (Western or Eastern European descent)
- Black (African or Caribbean descent)
- South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)
- West Asian (e.g., Iranian, Afghan)
- Chinese
- Filipino
- Latin American
- Arab
- Korean
- Japanese
- First Nations (North American Indian)
- Métis
- Inuk (Inuit)
- Other, please specify... _____
- Don't Know
- Prefer Not to Answer

19. My annual personal income (from all sources) is...

- Under \$10,000
- \$10,000-\$19,999
- \$20,000-\$39,999
- \$40,000-\$59,999

- \$60,000-\$79,999
- \$80,000 or more
- Prefer not to say

20. My annual household income (from all sources) is...

- Under \$20, 000
- \$20,000-\$39,999
- \$40,000-\$59,999
- \$60,000-\$79,999
- \$80,000-\$99,999
- \$100,000 or more
- Prefer not to say

REMINDER:

If you have any questions about this survey, please contact Eric Storey from the Pride Seniors Project) at eric.r.storey@gmail.com. Please put **Pride Seniors Project**, in the subject line.

If you would like to be on our contact list so that you can receive more information and future updates, please send an email to: PrideSeniorsProject@gmail.com, with the words **Contact List** in the subject line.

Thank you for taking the time to complete this survey.