

WHAT WE HEARD REPORT

Helping 2SLGBTQI+ Older Adults to Age in Place



Helping 2SLGBTQI+ older adults to age in place: What we heard report

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- The National Seniors' Council
- The ESDC Employee Pride Network
- The Public Service Pride Network
- Women and Gender Equality Canada (WAGE)
- The 2SLGBTQI+ Secretariat at WAGE
- Statistics Canada
- The Public Affairs and Stakeholder Relations Branch at ESDC

Executive Summary

Context

Employment and Social Development Canada (ESDC) conducted a mixed methods study as part of the Government of Canada's first Federal 2SLGBTQI+ Action Plan. This report summarizes the study's findings from consultations with Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse (2SLGBTQI+) older adults and organizations serving 2SLGBTQI+ and older populations across Canada. It emphasizes the Government of Canada's commitment to protecting the rights of 2SLGBTQI+ individuals and supports the development of aging-in-place policies.

Key considerations for supporting aging in place

Desire to age in place

Most 2SLGBTQI+ older adults consulted in this study expressed a strong desire to age in place, viewing institutional and long-term care negatively. However, few had made concrete plans, including financial arrangements for home care and services.

Common factors for aging in place

The ability of 2SLGBTQI+ older adults to age in place is associated with factors common to the general population, such as:

- housing and financial security
- access to affordable and quality health and care services
- ability to adapt and modify their home as they age
- having and maintaining social relationships

Unique experiences of 2SLGBTQI+ older adults

Research reveals that the experiences of 2SLGBTQI+ people aging in place are based on 4 interconnected pillars: safety, stability, social support and society. These pillars highlight conditions, barriers, and successes that should be considered in policy and program development.

Safety

2SLGBTQI+ older adults lived through a culture of rigid heterosexual and cisgender norms, facing discrimination, bullying and harassment. Participants had learned to seek out safe spaces and people. Most felt safe in their homes and neighbourhoods, which they described as "sanctuaries". This sense of safety was reinforced by access to inclusive and respectful health and care services.



Stability

Stability involves maintaining reliable resources, relationships, and support in areas like employment, finances, housing, community, health care, and services. Some research participants, particularly transgender individuals, experienced workplace discrimination leading to financial instability and inability to adequately save for retirement.

Social support

To age in place, older adults need emotional and physical support to prevent social isolation, maintain a sense of belonging, stay active and receive care. 2SLGBTQI+ older adults, especially those who are unattached, living alone or disconnected from family, are at a higher risk of social isolation. As a result, spouses or partners, chosen family and community play a central role in providing support.

Inclusive society and protection of rights

While individual resilience and strategies help 2SLGBTQI+ older adults feel safe, safety also depends on societal inclusion and recognition of 2SLGBTQI+ rights. Despite legal protections and social progress, some participants still experienced discrimination and expressed concern about rising hate. Many feared that their sexual orientation and/or gender identity might impact the quality of long-term care, leading to anxiety about future care and a preference to age in place.

Strategies shared for helping 2SLGBTQI+ older adults age in place

Improve health and care services

Increase access, availability and affordability, including through more telehealth and home services, reduced wait times and support for 2SLGBTQI+ caregivers.

Set professional standards and require training

Require mandatory, ongoing 2SLGBTQI+ awareness training for service providers and create inclusive administrative forms.

Support inclusive services and organizations

Increase core funding for 2SLGBTQI+ community organizations, hire more 2SLGBTQI+ staff and display welcoming signs.

Support alternative aging and housing models

Promote 2SLGBTQI+ friendly residences and intergenerational co-housing and co-living projects and use naturally occurring retirement communities (NORCs) to help organize services and supports.

Improve data, awareness and visibility

Collect detailed 2SLGBTQI+ data, expand awareness and education and address the unique needs of 2SLGBTQI+ people in rural areas.

Improve financial and housing security

Consider 2SLGBTQI+ experiences over the life course and the impacts on financial security in retirement.

Background and objectives

Employment and Social Development Canada (ESDC) conducted this study as part of the Government of Canada's first Federal 2SLGBTQI+ Action Plan. It aims to strengthen data on Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and additional sexually and gender diverse (2SLGBTQI+) people and contribute to evidence-based policy. To learn more, consult: [Federal 2SLGBTQI+ Action Plan](#). While this research contributes to the Action Plan's objectives, it is important to acknowledge all the research, advocacy and community work done by the 2SLGBTQI+ community, for the 2SLGBTQI+ community.

By 2030, all people in the generation born between 1946 and 1965 will have reached the age of 65. The number of older adults aged 85 and over is predicted to increase from 911,900 in 2024 to between 3.2 and 4.1 million by the year 2074 (Statistics Canada, 2025). This increase will put gradual pressure on health institutions, care providers and pension systems.


The National Institute on Ageing's 2024 report shows that most older adults (80%) wish to age in their own homes, and only 3% would like to live in long-term care. The ability to age in one's own home, neighbourhood and community helps people maintain their:

- independence
- social networks and relationships
- health and safety
- comfort

Aging-in-place policies and programs aim to support older adults in having the option to age at home and in their community and ensure that the services and supports they need are available, accessible and affordable. It is also important to acknowledge that aging in place means choosing to age in a place where a person's needs are met, as opposed to being "stuck" in place for various reasons, such as housing affordability and availability, resources or health constraints (Jakobi, 2022).

Addressing the needs of 2SLGBTQI+ older adults, many of whom have experienced a lifetime of discrimination and exclusion, requires an inclusive approach to aging research and policy that takes into account their needs and realities. For example, it is important to consider the effects of the HIV/AIDS epidemic and other challenges faced by some 2SLGBTQI+ older adults. It is estimated that Canada's current 2SLGBTQI+ population has reached approximately 4.4% or 1.3 million people (Statistics Canada, 2023). However, since population data on 2SLGBTQI+ people is limited, the estimated population may be as high as 10% or even higher (ESDC, 2018). Gaps in data, along with the possibility of people not self-identifying due to fear of stigma, leads to inaccurate estimates of the 2SLGBTQI+ population.

While much research on the 2SLGBTQI+ population tends to focus on challenges and barriers, the aim of this study was to equally highlight the successes of this community, including the very active participation of this generation of 2SLGBTQI+ individuals in advancing rights and fighting discrimination and stigma.



2SLGBTQI+ older adults have unique life experiences that may impact their ability to age in place safely and comfortably. It is also important to recognize the diversity of experiences within the 2SLGBTQI+ community itself.

Policy context

In October 2022, the National Seniors Council (NSC) was mandated by the Government of Canada to serve as an expert panel examining measures to help support Canadians wishing to age in place. In 2024, the NSC published its final report, entitled [Supporting Canadians Aging at Home: Ensuring Quality of Life as We Age](#), containing 20 recommendations and advice for federal consideration. These recommendations are aligned with the Quality of Life Framework for Canada. One of the key considerations in developing them was to ensure that they align with and support the needs of equity-deserving groups.

About the consultation

The purpose of this consultation was to gather information to increase understanding of the experiences of 2SLGBTQI+ older adults aging in place.

In 2024, the Government of Canada engaged with people who were 2SLGBTQI+, aged 55 and over, and living at home across Canada (excludes people living in long-term care or acute care facilities).

The consultation sought ideas and input around 5 key themes:

- housing
- health and care
- services and supports
- financial and legal matters
- social networks

Methods

A national online survey

536 2SLGBTQI+ older adults from across Canada responded to the national online survey. The survey was open from May to July 2024 and included 70 questions. This method enabled 2SLGBTQI+ older adults to have a say and remain anonymous. See Annex A for the online survey questions.

Individual interviews with 2SLGBTQI+ older adults

67 participants from across Canada were interviewed. Participants shared their stories of and opinions and perspectives on aging in place. See Annex B for the interview themes.



Photovoice

41 participants completed a photo activity. Photovoice is a visual-arts-based method often used in qualitative research and community engagement. This method provided participants with a powerful platform for showcasing their experiences of aging in place.

Walking (or go-along) interviews

5 participants led a researcher through their neighbourhood and community. This method allowed the researcher to gain a new understanding of the participant's relationship to both their physical and social environment. Researchers were given the opportunity to observe:

- some of the physical barriers in the built environment for older adults
- interactions with neighbours and community members along the walk
- participants' immediate reactions and attitudes to their surroundings

Focus groups with organizations serving 2SLGBTQI+ people and older adults

5 focus group sessions were held with 25 representatives of community organizations and research and advocacy groups. 1 session was attended by Sandra Hassan, Deputy Minister of Labour and Associate Deputy Minister of ESDC. This method allowed for discussion of the challenges and successes of 2SLGBTQI+ older adults aging in place.

Limitations

The results of this study provide important information thanks to a diverse and complementary methodology that allowed for cross-checking of data from multiple sources. Due to the small sample size and the exploratory objective of the research, the findings cannot be used to represent the general experiences of the wider 2SLGBTQI+ population in Canada.

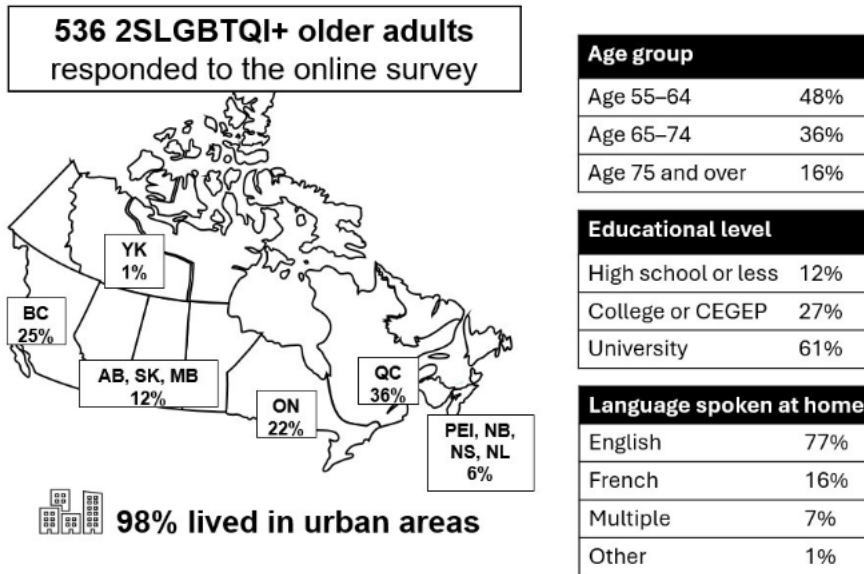
Participants were recruited through a mix of advertising via government social media accounts, the Minister's newsletter, community organizations and snowball sampling. While efforts were made to obtain a diversified sample, recruitment and time limitations reduced the maximum variability and diversity of participants.

There were notable trends in the sample of survey respondents and interview participants. Most were homeowners. They generally had higher levels of education and lived in urban areas. They were predominantly gay men, lesbian women and cisgender. Few received home care. Many were involved in community organizations, in volunteer and advocacy work. Few were racialized and/or identified with or used terms related to other diverse gender identities and sexual orientations.

Future research could aim to address these limitations by focusing on specific subgroups of the 2SLGBTQI+ population in Canada, for example, older transgender people, racialized 2SLGBTQI+ older adults, 2SLGBTQI+ older adults living in rural areas and 2SLGBTQI+ older adults with a disability or chronic or life-threatening illness.

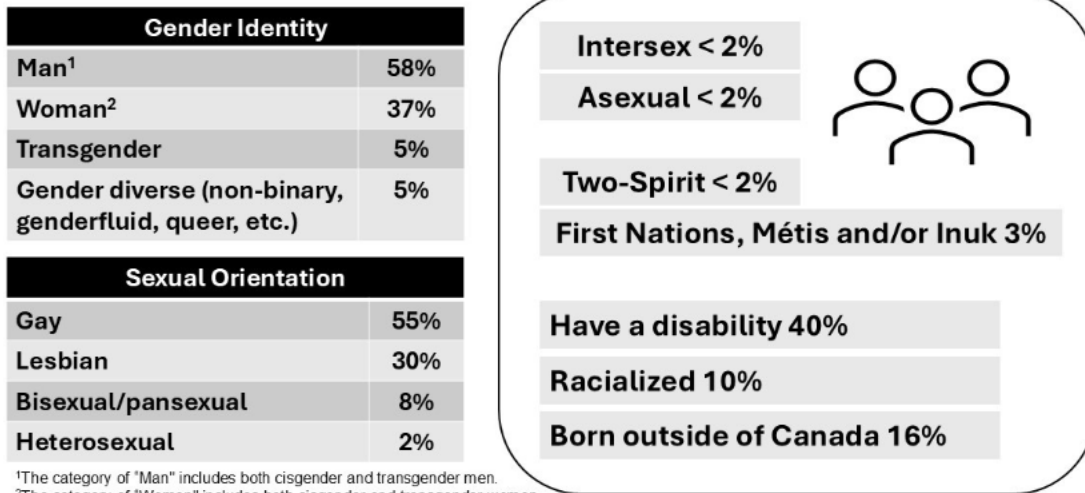
Sociodemographic overview – Online survey respondents

Figure 1: Online survey respondent's location, age group, education level, and language spoken at home.



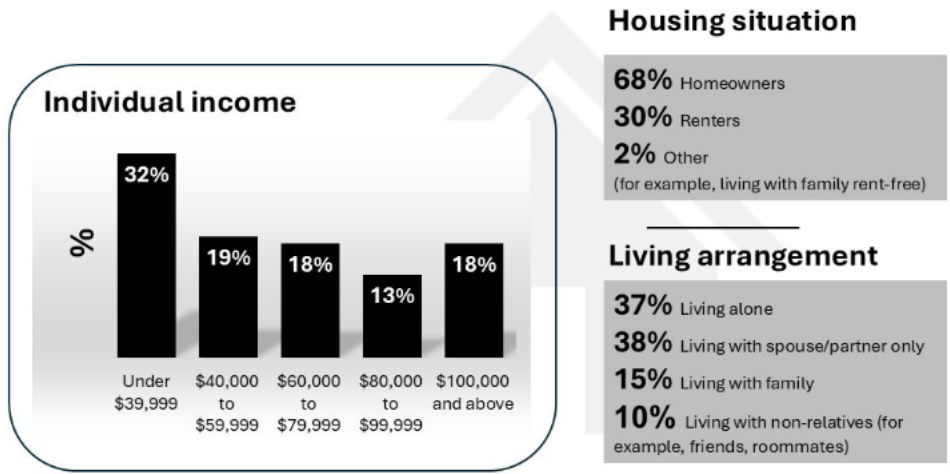
Results have been rounded to the nearest percentage for readability.

Figure 2: Online survey respondent's gender identity, sexual orientation, and other factors.



Results have been rounded to the nearest percentage for readability.
 Percentages may not add up to 100% as some respondents identified with more than one category.

Figure 3: Online survey respondent's individual income, housing situation and living arrangement.



Results have been rounded to the nearest percentage for readability.

See Annex C for the text descriptions of Figures 1-3.

What we heard – Key findings

Introduction

The aim of this study was to investigate and understand the aging-in-place experiences and specific needs of 2SLGBTQI+ older adults. The ability to age in place comfortably, safely and independently requires a holistic approach. 2SLGBTQI+ older adults told us that they generally have the same needs as everyone else, with a focus on issues related to housing, health and care, services and supports, social networks and financial and legal matters.






These needs each require the 4 key policy pillars identified by the National Seniors Council: Availability, Accessibility, Affordability and Accountability.

However, 2SLGBTQI+ older adults face additional barriers and experiences that may impact their ability to age in place. The research team analyzed the data and identified 4 key themes (the 4Ss) to consider in policy and program design for helping 2SLGBTQI+ older adults age in place:

- Safety
- Stability
- Social support
- Society

Each section covers data from all sources to help paint a picture of aging-in-place experiences, needs, and perspectives. Each data source is represented by an icon as listed in the table below.

Table 1: Data source by Icon

Icon	Data source
	Online survey: Data from 536 respondents received via the online survey.
	Lived experiences: Data from interviews with 67 participants.
	Photovoice: Data from photos sent in by 41 participants.
	Walking interviews: Data from the 5 walking interviews, including photos and quotes from discussions that took place during the interviews.
	Focus groups: Data from 25 representatives of organizations serving 2SLGBTQI+ persons and older adults.

See Annex D for definitions of terms and abbreviations used in this report.

This report includes quotes from respondents and participants that may include offensive language and/or outdated terminology. These quotes were kept to accurately reflect what participants expressed in their own words.

Aging in place

The experience of aging is different for everyone. An individual's personal views, life experiences, and decisions inform their outcomes later in life. Equally impactful are their society's cultural beliefs about older adults and the way in which institutions and policies are organized in support of this population.



Online survey

81% of survey respondents wished to age in their current home.

Less than 2% planned to age in a retirement home.

For respondents who did not plan to age in their current home:

- 28% were unsure or did not know where they would age
- 26% preferred a more adapted home
- 20% preferred a smaller home
- 18% preferred community housing

Housing

Aging in place requires housing that is affordable, accessible and available. Housing strategies that research participants used or may use in the future to help them age in place included:

- homeownership to achieve financial stability and control
- modifying and adapting their home to their changing needs
- moving to more affordable or accessible housing (for example, a home with no stairs or at ground level)
- moving in with or closer to friends or family members

However, these strategies are only possible if a person has:

- the ability to find and secure affordable housing
- the financial means and resources to adapt or modify their home
- permission from a landlord to adapt their home
- a strong social network to live near or with



Online survey

76% of survey respondents were somewhat or very confident in their ability to age at home.

Respondents who were not confident in their ability to age in place or cover aging-in-place costs were more likely to be:

- renting
- living in lower income
- living alone
- aged 55 to 64



Photovoice



“Having recently been diagnosed with Parkinson’s, we have started thinking about what that will mean for my ability to age in place. When we renovated a number of years ago, we installed a wider-than-usual front door, which will work well if I’m ever in a wheelchair. The front patio has the space for a ramp to be added if necessary. There will be other changes necessary, but we’re confident we will be able to stay in this home for the foreseeable future.”

Health and care

Aging in place involves health and care strategies at 3 levels: in the community, at home and by the individual. Physical and mental health challenges, as well as barriers to accessing quality health care, can impact the ability to age in place.

Barriers to community care included long wait times, not having a family doctor and/or specialist, and living far from or having difficulties travelling to health care providers.

Barriers to home care included expensive and limited insurance coverage, frequent disconnect from or lack of coordination with public health institutions, and no choice or consistency in providers, which could affect the quality of care.

When home care was used, it was often due to special circumstances, such as post-operative or rehabilitative needs. Participants were often required to find, organize, and pay for home services themselves and when there was a gap in quality and coordination in both home and out-of-home care, some participants were at risk of going into institutional care.



Online survey

40% of survey respondents said they had a disability. 38% of whom said that their disability could impact their ability to age in place. 46% said that they had people who could help them with daily tasks when needed.

7% of respondents received home services. This was more likely for those who had a disability, were aged 75 and older, and were living alone.

27% of respondents had fair, poor or very poor physical health.

22% of respondents had fair, poor or very poor mental health.

23% of respondents provided care to 1 or more people:

- 32% cared for parents
- 29% cared for friends
- 28% cared for spouses or partners
- 15% cared for neighbours and/or community members
- 11% cared for other relatives (such as siblings)
- 10% cared for children or grandchildren
- 2% cared for other people not categorized



Focus groups

Focus group representatives explained that the lack of quality in home care is largely due to funding of institutional models of care by all levels of government.

Service and supports

Aging in place is facilitated by the accessibility, availability and affordability of services and supports found within the community. Services and supports include:

- transportation
- food, groceries, and meal preparation
- home maintenance and repairs
- home cleaning
- gardening and yard maintenance
- technological services and supports (for example, fall alert devices, internet)
- financial services and supports (for example, financial advisors, accounting)

Most participants in this study felt they had access to all the essential services and supports in their community. However, some barriers were mentioned, such as:

- a lack of adapted and accessible public infrastructures
- services being far away or difficult to get to (for example, not accessible by public transport)
- poor winter maintenance (for example, lack of sidewalk clearing)
- services not being offered in participants' official language of choice



Online survey

52% of survey respondents were not very or not at all confident in their ability to cover the costs of services as they aged. Factors associated with lower confidence included having a lower income and being aged 55 to 64.

48% of respondents were not very or not at all confident in their ability to access sufficient services as they aged.

The top 3 factors defining quality service were:

- Good quality (67%)
- Affordability (67%)
- Inclusivity (64%)

Social networks

Aging in place requires strong social networks that provide older adults with support and a sense of belonging in their wider community. A lack of social networks might complicate or negatively impact the experience of aging in place. Participants felt that intergenerational relationships were important sources of social support in later life but were difficult to create and maintain unless found within family.

Having a weak social network poses certain risks to older adults, including social isolation and a lack of support at home. When examining the link between social isolation and aging in place, it is important to recognize the difference between social networks that provide 2 distinct forms of support:

- Social and emotional support, for example:
 - doing leisure activities with the person,
 - checking in and providing moral support
- Practical and physical support, including:
 - helping with daily tasks
 - providing caregiving and/or personal support
 - doing home repairs and maintenance
 - getting groceries or food
 - providing transportation

This distinction between social/emotional support and practical/physical support could help explain the important role that spouses or partners and neighbours have in helping people age in place, given their consistent physical presence and proximity.



Online survey

23% of survey respondents were somewhat or very dissatisfied with their social interactions. Having a disability or poor physical and/or mental health increased the likelihood of dissatisfaction.

When it came to social groups, activities or events, respondents preferred them to be:

- Welcoming and inclusive of all sexual orientations (70%)
- For everyone (63%)
- Welcoming or inclusive of all gender identities and expressions (62%)
- Offered online (60%)
- Specific to anyone within the 2SLGBTQI+ community (49%)
- Specific to their sexual orientation (48%)
- Offered in person (30%)

Financial and legal matters

Aging in place requires the financial resources to do so. Economic barriers over a lifetime may prevent older adults from being able to financially prepare for their retirement, while others might benefit from the stability of employer pensions and savings plans. Legal matters (such as wills and testaments) and end-of-life planning also factor in to aging in place.

Both survey respondents and interview participants raised concerns about their financial security as a potential significant barrier to aging in place. These concerns included:

- rising costs of living (for example, groceries)
- lack of affordable and secure housing (especially for renters)
- carrying of debt and mortgages into retirement
- impact of reduction of income post-retirement or fear of running out of money



Online survey

67% of survey respondents did not have a financial plan to cover the costs of aging in place. Respondents were less likely to have a plan if they were:

- renting
- living in lower income
- aged 75 and over

41% of respondents had trouble paying certain monthly expenses. The expenses most difficult to cover included:

- leisure (27%)
- medical (18%)
- housing (16%)
- food and groceries (14%)
- clothing and personal items (11%)
- transportation (10%)
- utilities (9%)
- other (3%)



Walking Interviews



A naturally occurring retirement community (NORC) built a communal library in their building. This helps residents who have financial limitations on leisure activities.

Most interview participants had a sufficient and stable income from an employer pension plan and public pensions. Other sources of income included inheritance, investments and rental income. Those without an employer pension or with a reduced pension were at higher risk of financial insecurity.

Knowledge and awareness of tax credits and benefits varied among participants. A small number of participants had accessed or were aware of tax credits available for helping them age in place, such as the home renovation and disability tax credits. Some participants described certain barriers to tax credits and benefits, including:

- overly narrow eligibility criteria
- insufficient credit or benefit amounts
- complex application processes
- difficulty finding information

2SLGBTQI+ older adults: The 4Ss

The goal of this study was to investigate and understand how 2SLGBTQI+ older adults experience aging in place. The research team carefully analyzed the data to find out what aging in place means for 2SLGBTQI+ people, including their realities, challenges and needs. From the findings, 4 interconnected pillars were identified: Safety, Stability, Social support and Society.

While many participants said that in most ways, they are just like everyone else and would like to be treated equally, these 4 pillars reflect the specific elements required to help 2SLGBTQI+ older adults age in place.

Safety

A lifetime of facing forced heterosexuality and cisgender norms makes it hard for 2SLGBTQI+ people to live true to themselves and feel safe. Safety was a big concern in various areas of life, especially when it came to how interview participants dealt with unsafe situations, people and places. Their answers often cited external factors and personal strategies that helped them feel safe.

While safety is important for everyone as they age, 2SLGBTQI+ older adults face added challenges related to discrimination and stigma. These added challenges affect how they want to age, including their choice to age in place. Safety impacts their daily lives and decisions; it is hard-earned and can be fragile.

“That’s a big defining feature of my life: fear, risk management.” (Translated from French)



Online survey

Most survey respondents felt safe in their home:

- 59% felt very safe
- 36% felt somewhat safe

Respondents who did not feel safe were more likely to:

- Live alone or with non-relatives (for example, roommates)
- Have a disability, and/or poor physical and/or mental health
- Have a lower income

25% of respondents said they had been mistreated by a service provider.

36% felt like they needed to hide their sexual orientation from service providers.

23% felt like they needed to hide their gender identity from service providers.



Lived experience

Safety to live authentically

2SLGBTQI+ participants preferred to age in place to maintain their ability to live authentically. Many had grown up during a time when it was difficult to be themselves, as sexual and gender diversity had been unaccepted or even illegal. Same-sex relationships had been considered a crime until 1969, and being a transgender person or gay had been seen as a mental illness. Homophobic, transphobic and biphobic language, jokes and bullying had been common. Most interview participants had struggled with being open about their identity. They had faced discrimination, harassment, bullying and even violence, which had threatened their physical and emotional well-being.

A lack of 2SLGBTQI+ role models and visibility when they were younger had impacted participants’ self-acceptance and often delayed their coming out.

Some participants had moved to cities with larger 2SLGBTQI+ communities and more acceptance. Others had distanced themselves from non-accepting families or tried to fit in by hiding their true selves, living in heterosexual relationships or embodying a gender that did not feel right. This had taken a toll on their physical and mental health, causing shame, internalized homophobia or transphobia and mental distress.

“During my adolescence, I had spoken with my mother, but she was completely reticent. Very closed off. For her, everything that was homosexuality or trans identity, or...for her they were mentally ill, it was a mental illness that could be treated ... Then at age 17, I met my partner. Very early on I told her about my gender dysphoria. But at that time, we had very little information. It was at the age of 21 that I finally knew about trans identity and transsexuality and that there were words to define it. I hadn't known the words. Then, when I was 25, I transitioned for the first time. At that time, it was complicated.”

(Translated from French)

For participants, aging in residences or long-term care might mean facing the same people who had discriminated against or hurt them in early life.

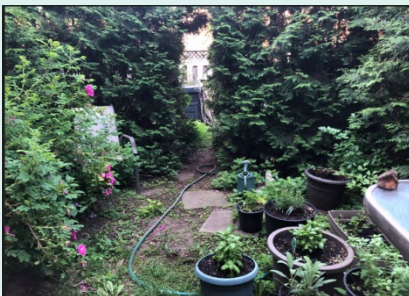
Safety at home and in community

The ability and desire to age in place depends on how safe a person's home is and feels, especially for older adults. Most participants and survey respondents felt safe at home. Participants described why home felt safe for them, highlighting the importance of home for 2SLGBTQI+ older adults. For them, it is a place they can be completely themselves. A place that provides privacy and shelter from negative social reactions. And a place where they can enjoy their daily lives and hobbies, like gardening, reading and entertaining guests.

However, some participants living alone said their home could feel socially isolating or overwhelming due to maintenance and upkeep.



Photovoice



“My home, a paradoxical place. It's comfortable, functional, quiet, secure. A sanctuary where I feel safe, protected, and anonymous. Flip side, I'm alone. In a space that is a lot larger than I need. While I revel in quiet solitude, I yearn for readier, more regular in-person contact with others.”

Most interview participants enjoyed their neighbourhoods and communities. Certain factors helped them feel safe to be out in their community and provided a sense of belonging, including:

- familiarity and attachment (for example, living in one place for a long time)
- friendly and positive daily interactions with neighbours and local businesses
- exchanges or small offerings of help (for example, collection of mail or packages)



Photovoice



“We’ve been asked why we stayed in our community when there have been times where my queer identity and advocacy have not been appreciated, and I felt very isolated here. In 2022, I helped organize the first Pride event ever held in the town we live in. The mayor called this my hometown. I feel like my presence is making a difference here. This flag flies on our home each summer and has garnered positive comments from neighbours.”

“In terms of home management, we have a local home care person, so I no longer have to paint my walls and hang my lights. A couple of years ago we decided that we would pay someone who we trust to do those kinds of maintenance things ... That person’s also a neighbour and a friend, so you know we can trust him to do that. So, if I’ve got something like, I don’t know, my toilet’s overflowed or something, he’ll come in and fix it.”

Not all participants felt a sense of belonging in their community. A few described experiences of hostility and homophobia from neighbours, some noting that these incidents were on the rise. As a result, some participants had moved or wanted to move to areas known to be more 2SLGBTQI+ friendly, often closer to urban centres.

“Being gay has not been easy for us. Even now, we experience homophobia in our community. Some of the neighbours won’t speak to us ... That’s only recent. I’ve never experienced that before ... What’s happening now, it seems to me to be a new development and they’re almost rude to us at times. And so that is hurtful, and it is shocking.”

Safety with service providers

A key part of safety for 2SLGBTQI+ older adults is feeling safe with service providers, including health and care providers. Access to inclusive services helped interview participants feel comfortable and confident about aging in place. Both survey respondents and participants described elements of quality care for 2SLGBTQI+ older adults:

- feeling safe to be open with service providers
- respect for the primary care person (like a spouse, partner or friend)
- active inclusivity (for example, use of inclusive language)
- staff trained on and knowledgeable about gender and sexual diversity
- specialized clinics for 2SLGBTQI+ people and/or clinics with 2SLGBTQI+ staff

Clinics that served 2SLGBTQI+ populations or had staff from the community were perceived as the safest places to get care. When providers were knowledgeable and trained, participants felt they received better care, did not experience mistreatment and did not have to educate providers about their needs.

Unfortunately, some participants experienced mistreatment, stigma, and discrimination from service providers. Experiences of mistreatment included:

- religious groups, who often provide aid to older adults, refusing to serve 2SLGBTQI+ older adults
- newly immigrated health or care workers refusing to care for 2SLGBTQI+ older adults (this could be because they come from places with low or no acceptance or awareness of 2SLGBTQI+ people)
- health and care workers lacking formal 2SLGBTQI+ training, leading to mistreatment or refusal of care due to homophobia or transphobia

“I never raised this with him [doctor]. He sent me for a blood test a while ago, and it was for a couple of things ... And one of them was a syphilis test. And I didn't know why ... I think that he has this maybe stereotype that gay men are really, you know, are really sexually active in an irresponsible way.”

Participants living with HIV or AIDS had particularly difficult experiences when receiving care, with many staff not aware of their specific needs. These participants also noticed a difference in treatment when staff were informed about their condition.



Photovoice



Hospital Admission: what are ARTs?

Photo edited to remove identifying information.

“I also fear the diminishing access to healthcare as someone with chronic illnesses and a lack of understanding, a lack of proactive treatment especially for 2SLGBTQI+ combined with HIV (we age faster). I often feel like I’m my only advocate seeking practitioners for myself—strange when a hospital pharmacy has no comprehension of ARTs (antiretroviral therapies).”

Safety in resiliency

Interview participants showed resiliency in how they achieved physical, emotional and psychological safety. Understanding how 2SLGBTQI+ older adults navigate barriers to safety can help inform the services and supports needed to help them age in place.

Some of these strategies included:

- developing a sense of vigilance (for example, looking for cues in people’s reactions and behaviours)
- performing emotional labour (for example, educating people on 2SLGBTQI+ issues)
- creating and maintaining strong and supportive networks of safe people and places (for example, chosen family)
- distancing themselves or hiding from unsafe people and places
- engaging in activism, advocacy and volunteering

“We are older queer seniors, and we identified the need for creating services for ourselves ... I think that’s what we’re part of and we’re creating that, we’re talking to health authorities about how to create health services and access to long-term care and assisted living, we’re talking to hospice services and palliative care services and trying to get them to understand the nuances of our populations.”

Stability

Stability is the ability to maintain dependable resources, relationships and sources of support to help older adults age in place. Stability also provides a safe environment, adding to general well-being. The process of building and maintaining stability takes time and energy. In focus groups and interviews, we heard that stability for 2SLGBTQI+ older adults often involves having to navigate potential discrimination and using strategies such as hiding, compartmentalizing different areas of their lives or selectively disclosing their sexual orientation or gender identity.

Stability is pivotal in many areas, including employment and finances, retirement planning, home and community, and health and care services.



Online survey

64% of survey respondents had an income that exceeded their basic needs.

72% were somewhat or extremely confident in their ability to cover housing costs as they aged.



Lived experience

Stability in employment and finances

Employment and financial stability are crucial for safety and resilience. Stability throughout their life course enables older adults to secure safe housing and services and supports that facilitate aging in place. However, studies show that 2SLGBTQI+ people are more likely to earn a lower income (Statistics Canada, 2024a) and to experience financial instability throughout their lives due to discrimination (Egale, 2024; Women and Gender Equality Canada, 2024). This insecurity carries into retirement (Egale, 2023). Financial instability creates uncertainty and distress and limits options in retirement.

Interview participants were generally financially stable, despite having lived through some financial and employment discrimination related to their sexual orientation and/or gender identity. Some participants selectively disclosed their sexual orientation or remained in the closet to improve their employment stability and sense of safety at work. Several participants had experienced job losses attributed to discrimination based on their sexual orientation, even after receiving legal protection.

A few participants shared their experience having to fight for recognition of their relationship for health benefit coverage, fair division of assets when separating, claiming of survivor benefits and joint filing of taxes.

Women, including those who identified as cisgender, transgender and/or lesbian, talked about sexism and gendered expectations and the negative impact this had on their work life and financial stability. Transgender participants shared difficult experiences at work after transitioning, including:

- getting fired
- having to find a new job to feel safe to be themselves
- losing professional credibility
- difficulty getting references and work experience recognized



Focus groups

Focus group representatives affirmed that 2SLGBTQI+ people, especially transgender people, are generally paid less over their lifetime. This carries into retirement, where 2SLGBTQI+ older adults are more likely to experience financial instability. Some participants felt that stigma and discrimination led to them being “behind” in life because they were denied promotions or were penalized and started their education, careers and homeownership at an older age than usual.

“I’m cautious and ... I am very careful when I go into some situations. I worked in [specialized health care] for many years and the director took me aside one day and basically told me that I should be careful ... No one wants to know about that part of my life ... I know people like you, but you know, he says these guys, they wouldn’t want you to talk to you about their [disease]. Right. It would be too, too weird for them. So I took that to heart and was very, very closeted for many years in my work.”

Stability and retirement

(In)stability in retirement was also deeply tied to housing tenure and financial (in)stability during working years. Stable employment and finances support stability in retirement, while precarious employment and instances of financial instability during a person’s lifetime negatively impact financial preparedness and retirement planning and result in less financial security in retirement.

Some interview participants had mortgages and continued working into their retirement, which they attributed to employment and financial instability during their careers.



Focus groups

Focus group representatives highlighted that 2SLGBTQI+ people generally have less financial security in retirement. They also said they see many 2SLGBTQI+ older adults being pushed back into the workforce due to a lack of retirement savings and workplace pensions and inability to meet basic needs on public pensions alone.

“A lot of LGBT seniors were in precarious type jobs, like waiting and in the arts and that sort of thing. They have no pensions and now they're finding that trying to live on CPP and OAS is absolutely impossible, and they're still working into their 70s.”

“You know when you're in your 30s and 40s and 50s, even, you know, survival doesn't include [a] retirement plan.”

Some participants retired early or left the workforce due to discrimination, disability or illness. Many older gay men said they had not expected to live into retirement age due to the HIV/AIDS crisis in the 1980s and 1990s, so they had not planned for it.

“Those of us that lived through AIDS never thought we were going to make it past 30 or 35, so it was never a concern for us back then ... If I had known back then that I'd still be alive today, I probably would have taken different actions to secure my future.”

Stability in housing and community

Participants spoke of having to evaluate whether they could safely be their authentic selves in certain places and situations and with certain people. Feeling safe at home often meant developing, over time, strong bonds with neighbours, a sense of safety when walking in their community, and nearby support. Moving meant that they would need to begin the evaluation process and build a sense of safety all over again. Some participants immersed themselves in the 2SLGBTQI+ community, where they could assume they would find acceptance and be able to live authentically.

In addition to financial stability, homeownership provides people with a sense of control over their living arrangements and a safe space that is their own. Some renters shared experiences of discrimination during the rental application process due to their sexual orientation, while other renters needed prior approval to make modifications and adaptations to improve accessibility.

Some 2SLGBTQI+ participants had to choose to move away from their hometowns so they could live authentically. They were also often forced to choose between affordable housing and proximity to their preferred community, where they felt safe and included. 2SLGBTQI+ communities are most vibrant in Toronto, Vancouver and Montreal, all of which are areas with a high cost of living. When 2SLGBTQI+ people earn less over their lifetime and reside in areas with a high cost of living, it can negatively affect their financial well-being, retirement preparedness and ability to age in place.

“There was no guidance for people like me. You had to leave your hometown if you wanted to be out and wanted to be authentic and wanted to live with community. So, was there ever a chance to save for RRSPs? No.”



Photovoice



“Even though we have a well-attended Pride festival, I wouldn’t hold my husband’s hand in public here day-to-day. We plan to relocate for the 4th time in 8 years to a more progressive nearby municipality.”

Moving can be riskier for 2SLGBTQI+ older adults. Changing communities and neighbourhoods requires time and effort to see if it is safe to be oneself. It also means building new relationships and informal supports and finding inclusive services. Changes in one’s community and neighbourhood, such as gentrification or simply people moving in and out, can also leave 2SLGBTQI+ older adults vulnerable. Sources of support may move away, and new neighbours may not be accepting.

“You have to stay active, you have to keep your social networks, it’s important to have either a family or friends, it’s important to build social relationships in the neighborhood around because it’s the people around you who make a difference.” (Translated from French)

Interview participants had mixed thoughts on gentrification. For 2SLGBTQI+ older adults, housing insecurity, eviction, and displacement may prevent them from aging in place. A few participants were being evicted from their homes due to city development or expressed concerns about future evictions. Some participants had been priced out of their preferred neighbourhoods. Many participants thought that if they were forced to move, they would likely end up paying more but getting less.

Participants also expressed concern about communities in economic decline. For example, closing businesses and services resulted in reduced access to essential services. For these reasons, some participants appreciated financial investments in their neighbourhood.

Participants had mixed perspectives on younger people, families and immigrants moving into their neighbourhood. Some participants said it created a greater sense of safety, while other participants said they were uncertain if they could safely be themselves.

“Like many of the older homes in my neighbourhood, in a few months it will be demolished for redevelopment. This kind of redevelopment takes affordable rental housing off the market. In this case, it is forcing me to have to find a new place to live. This is the second time in 3 years that this has happened to me.”

“Pretty hard to age in place when you have to sell your place to survive.”



Walking interviews



On a spontaneous stop during the walking interview, the participant showed the researcher a place he and his husband go often, a local hairdresser. This is a place where they feel safe and a sense of community. The owner was recently evicted from her salon and moved to a new location. It was a welcoming and inviting environment.

“My hairdresser used to be on the corner there, but she was forced out. The people on each side of her wanted to expand, and the landlord wanted to get rid of her. And she’s been there for decades and decades, and she’s a good community person.”

Stability in health and care services

Participants appreciated having ongoing and stable services from safe, inclusive and knowledgeable health and care providers. Continuity of care reduced the time and energy spent by 2SLGBTQI+ participants accessing inclusive services. A retiring family doctor, or having to hire a new service provider, meant having to start over.

Sometimes participants had to educate providers on how to meet their needs. Interview participants described the impacts of having to change providers, including how they were disheartened at needing to start over.

“Well, like a lot of us say, you’re always coming out, it never ends. Every new situation you know, and some people go by stereotypes, so they think they know right away without me saying anything, other people never clue in, so there’s everything out there.”



Focus groups

Focus group representatives emphasized the increased health risks among 2SLGBTQI+ people. They said these risks are linked to mistrust in the health care system due to historical mistreatment by these institutions. This leads to many 2SLGBTQI+ people delaying or avoiding seeking medical treatment. Representatives also highlighted that people fear disclosing their sexual orientation or gender identity due to concerns about discrimination or mistreatment by health and care providers. Health outcomes of 2SLGBTQI+ older adults and the ability to age in place would benefit from continuity of care from trusted, knowledgeable and inclusive health and care providers.

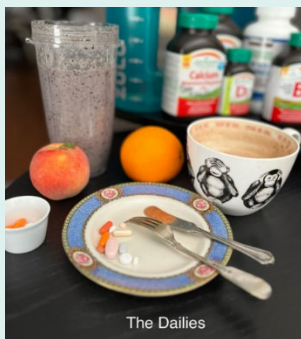
“[It is] the same system that has led them to undergo ‘conversion therapies’, so a bond of trust needs to be re-established. There is a need to rebuild trust here.”

“... within these care environments, many 2SLGBTQI+ people are at risk of experiencing ongoing homophobia, heterosexism, transphobia and sexism and the issues that [another representative] spoke to in terms of outness and intersecting layers of oppression, including those who are racialized and/or experience precarity due to migration and/or their status in Canada. I think it is really important to highlight that these are folks who are least likely to be able to access supports and services that are purportedly made available to those in the community, but they’re even less accessible for those folks that face additional layers of stigma.”



Photovoice

Participants living with HIV/AIDS required consistent routines and careful attention to their health, nutrition and stress levels



“People often ask me what I do every day. I feel like I should have an exciting answer to share, but stigma prevents my whole truth—even after 20+ years. The truth is everyday activities are about maintenance: a strict adherence to medications—that my doctors have drilled into me, an awareness of what’s going on in the world (near to far), seeking and preparing healthy meals, and a desire to want more.”

Social support

Social support plays a pivotal role in helping 2SLGBTQI+ older adults age in place. The quality of their social networks helps increase their physical and mental well-being. To age in place, 2SLGBTQI+ people must have the necessary emotional and physical supports to prevent social isolation, feel a sense of belonging, be active and be cared for. 2SLGBTQI+ older adults, especially those who are unattached or living alone, are at a higher risk of social isolation due to systemic exclusion and stigmatization over their lifetime (Boggs et al., 2017). Many 2SLGBTQI+ individuals are distanced or disconnected from family and/or do not have children, both of which provide care and support to many aging people. As a result, spouse/partners, chosen family and community may come to play a central role for 2SLGBTQI+ older adults. This study revealed how 2SLGBTQI+ older adults navigated social supports for helping them age in place.

These social supports included:

- their chosen family and community (for example, with whom they could feel safe to be themselves and whom they could rely on)
- good neighbours
- social groups and 2SLGBTQI+ spaces
- caregivers within the 2SLGBTQI+ community

The journey to living authentically was often difficult for most participants due to fear, shame, negative reactions and exclusion. Over time, most had found people who accepted, supported and loved them.



Online survey

30% of survey respondents did not have someone who could help them with daily tasks.

For respondents who did have support, they said the following people could help them:

- 73% spouses or partners
- 65% friends
- 33% neighbours
- 22% children

41% were not confident they had the social support needed to help them age in place.

23% of respondents were providing care to someone. Of these respondents, 43% were providing care to someone who was also 2SLGBTQI+.



Lived experience

Chosen family

Having strong and meaningful social connections provided participants with various types of support, including:

- emotional (for example, having someone to call on a bad day)
- physical (for example, having someone to help with physical disabilities)
- practical (for example, having someone offer to pick up medication)
- financial (for example, having someone to help keep track of a budget)

Chosen family and intentional community (a group of people who live together around 1 or more common interests or characteristics) were important to participants. Many relied on their friends, partners/spouses, and neighbours more than their families (for example, children, siblings and relatives) for emotional and physical support as they aged. Pets also played a role in breaking isolation for participants.

“Since my 20s, so this would be in the 70s. We didn’t use this language exactly, but the concept of chosen family has been so prevalent. That’s shaped my life, 50 years of my life with the concept of creating family.”



Photovoice



“We’re able to still do things together. He will do one thing; I will do another. We complement each other. I can’t bend down so much, so if I got something in the oven, I’ll get him to take it out. If I didn’t have him to help with that, that would be a difficult situation. When I had cancer about five years ago, it was bad on me, but it was bad on him in the sense of facing a future where ... because I almost died ... it was clear that he would have difficulties coping, so we’ve tried to find ways to support each other and look after each other.”



Focus groups

Focus group representatives raised the issue of the heightened risk of social isolation experienced by 2SLGBTQI+ older adults, particularly gay men. 2SLGBTQI+ older adults are less likely to have children and/or more likely to have experienced the loss of close friends and family to AIDS.

Often, participants who felt more socially isolated had lost or were estranged from family or friends. Some had also distanced themselves from people and places to avoid negative reactions to their sexual orientation or gender identity.

Researcher: “You have a child. Do you see her often?”

Participant: “She’s married, she’s got 2 small children and then her partner ... He’s a person whose religion doesn’t accept trans identity, doesn’t understand it. This puts her in conflict with her partner. So it’s always a bit difficult when we see each other, because we know in some way that there’s going to be a conflict. She’s with this man, and that’s how it is, the love is there, but there’s this reality there too, so I don’t see her much.” (Translated from French)

Good neighbours

This study showed a link between aging in place and participants’ relationships with their neighbours.

Neighbours were a source of practical support, such as help with daily tasks and small home repairs. This was seen as essential for meeting the needs of aging in place. Having a good relationship with neighbours was also a major contributor to participants’ sense of safety, community and belonging.

Daily micro-interactions with neighbours provided participants with signals of safety. Saying hello, small talk or offers of mutual assistance helped participants feel accepted. A few participants also said they were very attuned to which neighbours were 2SLGBTQI+ and felt a sense of alliance and solidarity in knowing they were not alone in their building or neighbourhood. They could more easily assume safety. As one transgender participant explained, when she moved into a new apartment during her transition, she was afraid of how the neighbours would treat her. It turned out the neighbours upstairs were a lesbian couple, which she said was lucky.

Getting new neighbours or moving to a new neighbourhood often caused participants to worry about their ability to feel safe and their quality of life. Some participants delayed moving to more accessible or affordable housing because of the importance they placed on having developed strong relationships with neighbours.

“If it wasn’t for the great neighbours that we had, I think we would have sold this house a long time ago and moved into something smaller ... In some ways, I think selling this place and moving into a more manageable place would be the sensible thing to do, but I can’t bear to do it because I love my neighbours.”

Social groups and 2SLGBTQI+ spaces

Most participants in this study were involved in social groups for 2SLGBTQI+ people. Participants spoke of having made positive connections with others in a safe space. Shared experiences created a sense of comfort and opportunities to obtain information and resources from member networks.

Participation in social groups was varied, with participants finding groups or activities that fit with their personal story, values and political views. Most were involved in senior 2SLGBTQI+ social groups, as these groups were best suited to their needs and interests.

2SLGBTQI+ spaces had played a central role in the lives of older individuals at a time of great surveillance and persecution. Participants recounted how these spaces had enabled them to live authentically. Gay bars and nightclubs had been particularly popular. However, as 2SLGBTQI+ individuals age, these spaces can become incompatible with their current needs. Multiple participants found it challenging to meet with members of their community without frequenting those venues.

Some participants expressed a need for more physical 2SLGBTQI+ spaces, such as centres or community buildings. Finding a group could also be challenging when living outside city centres. The rarity or non-existence of 2SLGBTQI+ spaces forced some participants to leave their town to socialize or seek support.

“I wish that there were more gay community leagues out there. That you don’t have to go digging like crazy to find out where they are ... to try and find, um, any kind of community, I found that I had to dig a little bit. You know, you go to the Pride Association. Like every city seems to have that, but it’s hard to find and it’s like well, I’m not necessarily comfortable with having to make a phone call to find out more.”

“I’m like the oldest one usually, right? So, in the social activities that go along with it, I don’t fit [in]. Like, sometimes they’ll want to go up to the bars at night and like, I go there ... people are half my age or a quarter my age. And its so-called music that doesn’t suit me and stuff. I don’t really fit [in].”

Gentrification leads to increased housing costs and a potential loss of social networks and 2SLGBTQI+ spaces and services. Neighbourhood changes can leave 2SLGBTQI+ older adults vulnerable to being priced out of their community, and newcomers may not be accepting.



Walking interviews



Participant: “Look at this [points to building]. There were buildings here, there was a path, there were stores, then fires, Covid, renewal ... Then maybe, from what I see, this is what is going to become a condo. There are a few of them. Then you realize as time passes ... I used to say hello every 10 steps to someone. Now, the faces I used to see, they are just vanishing!”

Researcher: “Why is that?”

Participant: “They are moving away, they are dying.”

Caregiving

A few interview participants discussed how their 2SLGBTQI+ identity impacted their experience as a caregiver. One participant described the challenges, including having to quit their job to provide full time care to his partner. They relied on his partner’s public service pension and sold some of their properties. Eventually, they had to use the services of a long-term care facility. All the expenses put them in a difficult financial situation. When his partner passed away, the participant was immediately cut off from his partner’s pension and had to prove their conjugal relationship in order to receive the survivor benefit. The process was burdensome during an already difficult time.

Another participant had cared for his partner living with HIV at a time when no medical treatment was available. He shared how difficult it had been to receive help and allow healthcare workers into their home. He felt ashamed in the face of the caregivers’ discomfort and preferred to take care of his partner alone rather than endure that situation.

The caregiving experience of 2SLGBTQI+ individuals can therefore be impacted by:

- prior and current interactions with health care services
- financial insecurity
- a lack of recognition of their conjugal relationship
- a lack of recognition as a designated caregiver
- a lack of services and support due to fear or prejudice
- social isolation

Society

This section explores different views on social change and other topics talked about by participants in this study. While individual resiliency and the use of strategies help 2SLGBTQI+ older adults feel safe at home and in their communities, safety also depends on the extent to which society includes and accepts 2SLGBTQI+ individuals.

2SLGBTQI+ older adults have lived through key historical events. To create policies and programs that help them age in place, we need to understand what they have experienced. Figure 4 below shows key milestones in Canada, along with the ages of today’s older adults when these milestones occurred (middle columns) and quotes from participants in this study.

Figure 4: Key milestones for 2SLGBTQI+ rights in Canada.

		Born in 1940	Born in 1950	Born in 1960	
1969	Homosexuality is decriminalized.	Age 29	Age 19	Age 9	<p><i>“Being queer was illegal in 1965, and it was considered a mental illness. It was sin in the eyes of the church and an abomination to God and nature. This is how I came to understand what my sexuality meant to the world I was raised in.”</i></p> <p><i>“We’re shaped by the fact that we were not legal. We were pathologized and criminalised. And I come at the tail end of that. So, I got it easy compared to my 82-year-old friend.”</i></p> <p><i>“One of the reasons we got married finally was because we looked at each other and went, if one of us was ill and unresponsive in the hospital and decisions needed to be made, could the other one just show up at the hospital and go well? Yeah, I’m their common law partner. We would still have to produce a marriage certificate. I don’t know. They don’t ask that [of] straight people. But they might ask that of us.”</i></p>
1973	The American Psychiatric Association removes homosexuality from its Diagnostic and Statistical Manual of Mental Disorders; it is no longer considered a mental illness.	Age 33	Age 23	Age 13	
1996	Sexual orientation is added to the Canadian Human Rights Act.	Age 56	Age 46	Age 36	
2005	Federal law grants same-sex couples the legal right to marry.	Age 65	Age 55	Age 45	
2017	Gender identity and gender expression are added to the Canadian Human Rights Act.	Age 77	Age 67	Age 57	
2022	Canada’s first Federal 2SLGBTQI+ Action Plan is launched.	Age 82	Age 72	Age 62	

See Annex C for a text description of Figure 4.



Focus groups

Focus group representatives working with the 2SLGBTQI+ population emphasized that while a person's experiences as an older adult can be shaped by their sexual orientation and/or gender identity, these experiences are also heavily based on how society responds to and treats them. This shows why the Federal 2SLGBTQI+ Action Plan is important, as it aims to advance rights and equality for 2SLGBTQI+ people.

Despite legal protections and social progress, some people in the study still faced discrimination and were worried about increasing hate. This concern is backed by recent data. The Canadian Security Intelligence Service (CSIS) warned that “ideologically motivated violent extremism” aimed at gender identity and 2SLGBTQIA+ people is likely to continue over the next year (CSIS, 2023). In July 2024, Statistics Canada released the police-reported crime statistics for 2023, showing a sharp rise in hate crimes for the third time in 4 years. Hate crimes based on sexual orientation had risen 69% since the previous year (Statistics Canada, 2024b).



Online survey

80% of survey respondents had experienced some form of discrimination:

- 58% based on their sexual orientation
- 44% based on their age
- 26% based on their gender identity or gender expression



Lived experience

Ageism

Ageism remains a common experience and concern for older adults. Negative stereotypes about older adults can affect their physical, emotional, and mental wellbeing. Initiatives that help older adults age in place need to take into account ageist assumptions and biases.

In the study, some participants said they had experienced ageism, which can affect all older adults. Ageism includes inappropriate responses and solutions from medical providers, social interactions that make people feel invisible or devalued, and discrimination in the workplace based on age.

In the 2SLGBTQI+ community, ageism can also take the form of exclusionary practices, even if unintentional. 2SLGBTQI+ spaces and groups might not be adapted to the needs or interests of their older members, as mentioned earlier. This can lead some participants to join seniors' groups instead.

However, efforts have been made to promote and maintain intergenerational networks by having 2SLGBTQI+ older adults mentor or share their stories with younger people. Other 2SLGBTQI+ older adults find support and connection in social groups that are open to all ages.

Overall, many participants saw the benefits of exchange between generations, whether within the family, in the community, in activities or in housing initiatives.

“The choir is a big deal. And I love [that] it’s multi-generational and so that’s been really useful. Having connections for queer people who don’t necessarily have the best biological family relationships. Having opportunities to know people across generations. It is priceless.”

“One of the things we’re trying to develop [group for older gay individuals] is a mentoring kind of thing, where we can find a way to transmit gay history or lesbian history because there isn’t a way to do that in the schools. And ... if we don’t do that, then the community will lose and I’m worried that people like me, who have lots of knowledge and background and so on, won’t [transmit it] enough, then [it] will be lost.”

2SLGBTQI+ experiences in rural areas

The specific challenges in rural areas were highlighted by some participants in the interviews and the open-ended questions in the online survey. Most comments concerned the challenges of living in a rural setting or small town. Some participants said there was less social progress in rural areas than in urban areas. However, many positive aspects were also mentioned, such as more mutual support from community members.

“People would go on Facebook groups and say, hey, I’m going to Costco. I will shop for you ... What do you need? Because at that time, lineups ... were 200 people deep, right? And I think that’s the beauty of the small town. It’s not just friendship. I feel very well supported.”

The main challenges associated with living in a rural area or far from urban centres were:

- higher risk of social isolation
- limited access to health care, services and support
- limited access to inclusive services, including 2SLGBTQI+ organizations
- conservatism and the strong presence of churches in certain rural towns, which made some participants feel unsafe as 2SLGBTQI+ people

More specifically, some participants said that they felt isolated from their neighbours or social networks because of their geographical distance. This made them travel long distances to take part in social activities or limited their chances of meeting other 2SLGBTQI+ people.

“I don’t connect much. We live an hour away from like a bigger city, so ... where we are now is extremely isolated. It’s a very small community ... But it’s very isolating. Like I go days with just seeing my partner. That’s about it. Because you have to drive everywhere and to get places.”



Photovoice

Rural participants described some mobility challenges and worries about the inability to get around due to reliance on a car and living remotely.



“It’s a big hill to climb in the winter. Thank goodness for my snow plow.” (Translated from French)



Focus groups

Focus group representatives said that serving large service areas and rural areas was a challenge. Challenges in meeting the demand for services also included a lack of transportation services, physical spaces for activities, and resources for Francophone communities. Some organizations offer waiting lists; however, not everyone can access the services they need. The patchwork of offerings also negatively impacts awareness of the programs and services that are available. These impacts are especially concerning because consistency and inclusion support trust and a sense of safety, which are particularly important for 2SLGBTQI+ older adults who have heightened safety concerns.

“It [peer support group for gay, bisexual and transgender men] has been active for over a year, but it takes people almost that much time to trust. Like, is this a reliable program? Like we’ve had people who just joined a few months ago and they said, yeah, I knew about this, but I wanted to see if you were taking this seriously.”

Long-term care

Despite legal protection, many interview participants feared that their sexual orientation or gender identity could impact the quality of care they would receive, leading to anxiety about future care and a preference to age in place. Concerns were particularly present in the discussion of long-term care, where participants felt they would be more vulnerable and unsafe. Similarly, some interview participants expressed concerns that being in long-term care would force them to be around peers that had bullied them when they were younger.

Concerns about mistreatment were particularly acute for transgender participants, who may face additional challenges related to their gender identity. One transgender participant expressed fear that cognitive decline, such as dementia, might one day prevent her from asserting her identity.

“Seeing other people age, you know, you see what they go through. And my mother was in a long-term care [facility], so I’m aware of all the issues. And then I saw in long-term care what happened during the pandemic and so many people died.”

“Things I fear about not aging at home: Having to hide myself and not be true to who I am because of homophobia. Not being in control of my time and my care, being bored, and being abused and misunderstood. These things are what I experienced in the hospital and the rehab connected to a care home. I saw other residents being ignored and not supported. I was only as independent as a call button and the willingness of folks to respond.”

The most frequent concerns raised by participants about long-term care were as follows:

- having to hide their true selves and going back into the closet
- being separated from their partners
- negative attitudes and discriminatory behaviours from staff or other residents
- mistreatment and neglect due to their sexual orientation or gender identity
- unmet needs, especially for transgender participants who may need hormones or have unique health concerns

“When you are with your, with your peers, they’re still, you know, people that back when thought it was not OK to be gay and then some of them haven’t changed and we don’t even know how many people are queer in our long-term facilities because nobody counts them.”



Focus groups

Focus group representatives reiterated the concerns of some 2SLGBTQI+ older adults who fear discrimination in long-term care. Representatives said that the prominent model of providing care is institutional. They called for increased funding for quality and public services for people at home.

Medical assistance in dying

In this study, 6 interview participants and 2 survey respondents expressed that they would choose medical assistance in dying (MAID) instead of moving into long-term care or an assisted living facility, or if they felt their life “wasn’t worth living”. This unexpected insight reflects the importance of ensuring 2SLGBTQI+ older adults have a choice in where and how they age in place.

Some participants expressed relief in simply knowing MAID was an option. One interview participant spoke about MAID during the AIDS crisis, when it was not legal and there was no AIDS treatment. The participant said that the gay community had organized to help people die when they were declining due to AIDS.

“... living with HIV for 36 years and shifting to long-term care is frightening for me. I'm looking forward to MAID changing to accommodate my request to die rather than suffer at a care home.”

“I’m in my 50s and I’m already ill and disabled. When I look ahead to aging and most likely not being able to stay in my home, I think of MAID. I don’t believe that the Government of Canada will help me.”

Sexual orientation, gender identity and other socio-demographic markers, such as income, are not recorded on MAID requests and outcomes. In 2021, MAID data collection was expanded to “help determine the presence of individual or systemic inequity or disadvantage in the context of the delivery of MAID” (Health Canada, 2024). Currently, age, sex, race, Indigenous identity and disability are recorded.

There is no way to know the usage rates of MAID among 2SLGBTQI+ people. However, this study and other data show us that 2SLGBTQI+ people disproportionately belong to groups about which advocates raise concerns. For example, 2SLGBTQI+ people have higher rates of mental illness (Fehling, 2024; Statistics Canada, 2024) and are more likely to live in lower income brackets (Waite, 2020; Burczykca, 2021). Advocates for MAID safeguards, which ensure equity and prevent abuse of power, have raised concerns about people who experience systemic suffering, including people with disabilities, people who experience discrimination when seeking medical assistance and people living in poverty (Tang, 2024; Brief of Bill C7, 2020; Inclusion Canada, 2020). Some social service providers have noticed a demand for services at the nexus of MAID and 2SLGBTQI+ identities (Dying with Dignity Canada, 2023).

Social progress

In general, interview participants felt that Canada had made a lot of progress in terms of enacting inclusive laws and policies for 2SLGBTQI+ people. For example, they highlighted the importance of legal protections, such as the decriminalization of homosexuality in 1969 and the nationwide legalization of same-sex marriage in 2005. However, it was also noted that public opinions and prejudices have been slower to evolve. Legal changes alone were perceived as insufficient to positively influence beliefs about and behaviours towards 2SLGBTQI+ people.

Despite the social progress made in recent years, participants were still experiencing discrimination, including discrimination due to divisions within the 2SLGBTQI+ umbrella. Discrimination, internal disagreements and preferences complicate how to best serve 2SLGBTQI+ older individuals. A few survey respondents are not affiliated with, do not support or do not advocate for specific sexual orientations and gender identities. This can lead to conflicts over resource allocation, funding and feelings of safety within the community. Other forms of discrimination, such as racism, ageism and ableism, can also negatively impact the overall experience of aging for 2SLGBTQI+ participants over their life course.

“I am afraid of recent activities within Canada that demean or diminish the civil rights of those who are 2SLGBTQI+.”



Focus groups

Focus group representatives raised concerns that 2SLGBTQI+ programs and services are underfunded. They attributed this to the 2SLGBTQI+ population being underestimated due to gaps in the collection of 2SLGBTQI+ data.

“The mistrust of government is reflected in the census data. Census Canada says that we’re 4%, I think 4.4% of the population, which is just ridiculous, and that gets reflected in funding and service provision too.”

Representatives also said that project-based funding models prevent them from retaining staff and force them to continually apply for funding, increasing the precariousness of 2SLGBTQI+ organizations and compromising their ability to support the people who receive their services.

Some participants also commented on the generational progress made in accepting and understanding 2SLGBTQI+ issues over time. They expressed hope that younger generations will move towards more inclusivity and acceptance of 2SLGBTQI+ people.

Participants described the factors that signalled social progress and helped increase their sense of belonging and safety, including:

- protective laws and policies (for example, inclusive gender options on census and legal documents)
- promotion of and engagement in Pride events and advocacy by governments at all levels
- positive 2SLGBTQI+ representation in the media
- more engagement and openness among younger generations
- visual markers (for example, Pride flags, inclusive advertising, pins)



Walking interviews



Passing by a bank with Pride flags inspired a discussion on the value of inclusive visual markers.

“I think it used to matter to me more. It matters much less now. I just think being gay has become so common and so accepted. We don’t need all that special treatment that we needed once upon a time. I mean, I appreciate businesses showing their support, but it isn’t something that I go out of my way for, like, ‘Oh, that’s a gay-friendly place, I’ll go there versus somewhere without a flag.’”



Photovoice

Other participants had noticed a rise of 2SLGBTQI+ hate in recent years, fearing that social progress may be regressing, even among younger generations.



“After a lifetime of anxiety, fear, and hypervigilance about being queer in a Northern Ontario town, events like the one depicted in this image trigger the PTSD once more. In summer of this year (2024) the new progress flag crosswalk was vandalized with white paint (I think the colour was intentional). Is this what aging in my town will look like moving forward? Will I have to continue to the end of my life in constant anxiety about having to counter protest anti-Queer vigilantism? How safe am I as I age and become frailer? These are questions that plague the anxious thoughts and sleepless nights of, I assume, most Queer people, but especially me.”

A culture of inclusivity often translates into programs and policies that take into account and respect the people that use them. It would also better equip public institutions, such as health care, education and long-term care, to serve this population, reducing the risk of discrimination stigma, and mistreatment.



Focus groups

Focus group representatives noted progress in some organizations that are acknowledging the diversity of their service users and the need for 2SLGBTQI+ training. However, they reiterated the need for more education and awareness.

Representatives also highlighted the importance of considering the diverse needs of service users. They spoke about acknowledging different holidays, offering services in multiple languages and considering the needs of Black and racialized people, people who are not out to their family, and people with disabilities and neurodiverse people.

In their words

Online survey respondents and interview participants shared priorities and strategies for helping 2SLGBTQI+ older adults age in place. The responses are based on data from online survey respondents' answers to an open-ended question, participants' stories, and representatives of organizations serving 2SLGBTQI+ populations and older adults.

The shared strategies are ranked by frequency of mention, with the most frequently mentioned listed first. Some strategies would benefit the general aging population, while others are more specific to 2SLGBTQI+ individuals.

Improve access, availability and affordability of health and care services

1. Fund programs that promote telehealth and home services
2. Reduce wait times
3. Offer services in users' official language of choice
4. Address concerns about the privatization of health and care services
5. Provide better support for 2SLGBTQI+ caregivers

Set professional standards and require 2SLGBTQI+ awareness training

1. Require comprehensive, mandatory and ongoing training on 2SLGBTQI+ awareness and needs
2. Create standard professional guidelines for working with diverse older adults
3. Require health and care providers and institutions to offer inclusive administrative forms

Support and fund more 2SLGBTQI+ inclusive services and organizations

1. Increase support and core funding for community organizations serving 2SLGBTQI+ populations
2. Create a central information resource (for older adults and inclusive services)
3. Hire more 2SLGBTQI+ staff
4. Display signs welcoming 2SLGBTQI+ persons

Support alternative aging and housing models

Support alternative aging models in contrast with traditional housing, long-term care and retirement homes:

1. 2SLGBTQI+ friendly or 2SLGBTQI+ specific residences or long-term care facilities
2. Intergenerational co-housing, cooperatives, homes and other initiatives
3. Co-living projects or initiatives
4. Use of naturally occurring retirement communities (NORCs) to help organize services and supports



Improve data, awareness and visibility

1. Improve the collection of 2SLGBTQI+ data and disaggregated and intersectional data for better representation of the 2SLGBTQI+ population.
2. Expand and continue 2SLGBTQI+ awareness, visibility and education initiatives. For example, promote diversity and cultural competency workshops in schools.
3. Address the unique needs of rural 2SLGBTQI+ residents:
 - Improve public transport and access to services
 - Support rural initiatives and outreach by 2SLGBTQI+ social groups and organizations

Improve financial and housing security

1. Ensure secure housing, especially for older renters
2. Increase income supports for older adults:
 - Re-evaluate social assistance and pension programs in line with current inflation rates and the cost of living in each province
3. Consider 2SLGBTQI+ experiences over the life course and impacts on financial security in retirement (for example, early retirement due to workplace harassment/stress, job loss, etc.)
4. Provide accessible information about tax credits and eligibility criteria. Some individuals do not have access to internet, have low computer literacy levels or live in underserved areas.

Conclusion

In 2024, ESDC launched a mixed-methods research project to better understand the experiences of 2SLGBTQI+ older adults living at home. A total of 536 people responded to the online survey, and 67 people took part in individual interviews and other research activities (photovoice and walking interviews). A total of 25 representatives of organizations serving the 2SLGBTQI+ population and older adults also participated in focus groups.

The findings of the research showed that most of the experiences associated with aging in place overlap with those of the general population. However, 2SLGBTQI+ older adults have unique life experiences that may impact their ability to age in place safely and comfortably. The results of this project show that 4 pillars are important for a successful experience of aging in place for 2SLGBTQI+ older adults: safety, stability, social support and an inclusive society.

The study is part of ESDC's commitment to the first Federal 2SLGBTQI+ Action Plan. It underscores the critical need for tailored policies and programs to support 2SLGBTQI+ older adults in aging in place. The data will help inform aging-in-place policies and programs. To address the needs of 2SLGBTQI+ older adults, research participants and focus group representatives discussed several strategies, such as improving health and care services, setting professional standards and training, supporting inclusive services and organizations, promoting alternative aging and housing models, enhancing data collection and awareness and improving financial housing security. By implementing these strategies, the Government of Canada can ensure that 2SLGBTQI+ older adults have the resources and support necessary to age with dignity, safety and stability in their chosen environments. This commitment to inclusivity and protection of rights is essential for fostering a society where all individuals, regardless of their gender identity or sexual orientation, can thrive as they age.

Annex A: Online survey questionnaire

Screening questions

- Q01 Are you Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, or use other terms related to gender and sexual diversity?
- Q02 Are you 55 years old or older?
- Q03 Do you currently live in Canada?
- Q04 Are you currently living at home?

Section 1: Housing


- Q05 Which of the following best describes your current housing situation?
- Q06 Do you plan to stay in your current home as long as possible?
- Q07 Overall, how confident are you that your home will meet your needs, in terms of both your physical and mental well-being, as you age?
- Q08 If you don't plan to stay in your current home, where do you plan to go? Select all that apply.
- Q09 Overall, how confident are you in your ability to age in housing that meets your needs, in terms of your physical and mental well-being?
- Q10 Overall, how confident are you in your ability to cover your monthly or annual housing costs as you age (such as rent, mortgage payments, property taxes)?
- Q11 Overall, how confident are you in your ability to cover home maintenance costs as you age (such as renovations and repairs)?
- Q12 Overall, how confident are you in your ability to cover the costs of adapting your home as you age (such as installing ramps, grab-bars, mobility-friendly washrooms, smart technology)?
- Q13 Overall, how safe do you feel in your current home (such as for your physical and mental safety)?

Section 2: Health and care

- Q14 Overall, how would you describe your current physical health?
- Q15 Overall, how would you describe your current mental health?
- Q16 Do you have a disability?
- Q17 Could your disability prevent you from staying in your home as you age?
- Q18 If you ever needed help with daily tasks, are there people in your life who could help you (such as spouse or partner(s), friend(s), community member(s))?
- Q19 If yes, could any of the following people help you? Select all that apply.
- Q20 Do you currently provide care for someone in your life (such as help them with daily tasks, personal care or transportation)?
- Q21 Who do you care for? If you care for more than one person, select all that apply.
- Q22 Do you provide care for someone (or multiple people) in the 2SLGBTQI+ community?

Section 3: Services and supports

- Q23 Do you currently receive services and supports that help you stay at home as you age (such as in-home nursing, personal care, grocery or meal delivery service, transportation services)?
- Q24 Which of the following services and supports do you receive? Select all that apply.



Q25 Does someone in your life provide you with any of these services and supports for free (such as a spouse or partner(s), child, friend or community member)?

Q26 On average, how much do you spend per month on these services and supports in total?

Q27 Overall, how confident are you in your ability to access sufficient services and supports to meet your needs as you age?

Q28 Overall, how confident are you in your ability to cover the costs of services and supports you need or may need to help you stay in your home as you age?

Q29 When accessing services and supports, which of the following factors are the most important to you? Select up to five factors.

Q30 Do you use or intend to use any of the following technology tools, devices or systems to help you stay in your home as long as possible as you age? Select all that apply.

Q31 How can service providers better support and be more inclusive of 2SLGBTQI+ older adults? Select all that apply.

Q32 Do you ever feel like you need to hide your sexual orientation from your service and support providers?

Q33 Do you ever feel like you need to hide your gender identity or expression from your service and support providers?

Q34 Have you ever been mistreated by a service or support provider (such as experienced physical, mental or financial mistreatment or neglect)?

Section 4: Social networks

Q35 Which statement(s) best describes your current living arrangement? Select all that apply.

Q36 When it comes to participating in social groups, activities or events, which do you prefer? Select all that apply.

Q37 In the past year, how often have you socialized with people other than those in your household?

Q38 Overall, how satisfied are you with your social interactions (such as the quality and frequency of social interactions)?

Q39 How confident are you that you will have the social support you need as you age?

Q40 Have you ever faced discrimination based on any of the following? Select all that apply.

Section 5: Finance and legal

Q41 How would you describe your household's ability to cover basic living expenses (such as housing, utility bills, food, transportation)?

Q42 In the past 12 months, have you had a hard time paying for any of the following? Select all that apply.

Q43 Do you have a financial plan to cover the costs of aging at home (such as cost of services and supports, housing modifications)?

Q44 Do you have a health and/or drug insurance plan(s) to help cover medical and/or drug expenses (with an employer or privately)?

Q45 Have you made any of the following arrangements? Select all that apply.

Q46 If you could no longer make legal, financial and health decisions, do you have someone who would make decisions for you?

Q47 How confident are you that this person (or these people) will respect your wishes?

- Q48 Have you ever used any of the following federal tax credits? Select all that apply.
- Q49 Have you ever used any provincial tax credits that helped you to stay in your home?
- Q50 Have you ever used any municipal tax credits that helped you to stay in your home?

Section 6: Socio-demographic

- Q51 Which of the following age categories do you belong to?
- Q52 What are the first three characters of your postal code?
- Q53 What is your gender?
- Q54 What was your classification of sex at birth?
- Q55 What is your sexual orientation?
- Q56 Were you born with a variation of sex characteristics (otherwise known as an intersex variation)?
- Q57 What is the highest level of formal education that you have completed?
- Q58 What language do you speak most often at home? Select all that apply.
- Q59 What is your marital status?
- Q60 Which of the following best describes your total individual income last year, before taxes, from all sources?
- Q61 Which of the following best describes your total household income last year, before taxes, from all sources for all household members?
- Q62 Which of the following categories best describes your current employment status?
- Q63 Were you born in Canada?
- Q64 What year did you first immigrate to Canada?
- Q65 What is your current immigration status in Canada?
- Q66 Are you First Nations, Métis, or Inuk (Inuit)? Note: First Nations (North American Indian) includes status and non- status Indians.
- Q67 If yes, select all that apply. (First Nations, Métis, Inuk/Inuit)
- Q68 Are you Two-Spirit?
- Q69 With which ethnicity do you identify? Select all that apply.

Open question

- Q70 Is there anything you would like the Government of Canada to know to better understand the needs of 2SLGBTQI+ older adults and how to support them in aging at home safely and comfortably? If not, please leave blank.

Annex B: Interview themes

In-depth semi-structured interviews were conducted online via Microsoft Teams or in-person. Interviews lasted up to 2 hours and were audio and/or video recorded for analysis purposes. The interview guide contained 42 questions and covered the following themes:

- Getting to know the participant
- Home and neighbourhood
- Aging in place
- Home services and support
- Health and medical care
- Financial situation
- Final questions: reflection and advice

Annex C: Text descriptions of figures

Text description of Figure 1: Online survey respondent's location, age group, education level, and language spoken at home.

Results have been rounded to the nearest percentage for readability.

Category	Subcategory	Percentage/Count
Respondents	Total	536
	Lived in Urban Areas	98%
Region	British Columbia (BC)	25%
	Alberta, Saskatchewan, Manitoba (AB, SK, MB)	12%
	Ontario (ON)	22%
	Quebec (QC)	36%
	Atlantic Canada (PEI, NB, NS, NL)	6%
	Yukon (YK)	Less than 1%
Age group	55–64	48%
	65–74	36%
	75 and over	16%
Educational level	High School or Less	12%
	College or CEGEP	27%
	University	61%
Language spoken at home	English	77%
	French	16%
	Multiple	7%



	Other	1%
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Text description of figure 2: Online survey respondent's gender identity, sexual orientation, and other factors.

Results have been rounded to the nearest percentage for readability. Percentages may not add up to 100% as some respondents identified with more than one category.

Under Gender Identity: The category of "Man" includes both cisgender and transgender men. The category of "Woman" includes both cisgender and transgender women.

Category	Subcategory	Percentage
Gender Identity	Man	58%
	Woman	37%
	Transgender	5%
	Gender diverse (non-binary, gender fluid, queer)	5%
Sexual Orientation	Gay	55%
	Lesbian	30%
	Bisexual/pansexual	8%
	Heterosexual	2%
Other factors	Intersex	Less than 2%
	Asexual	Less than 2%
	Two-Spirit	Less than 2%
	First Nations, Métis, and/or Inuk	3%
	Have a disability	40%
	Racialized communities	10%
	Born outside of Canada	16%

Text description of figure 3: Online survey respondent's individual income, housing situation and living arrangement.

Results have been rounded to the nearest percentage for readability.

Category	Subcategory	Percentage
Individual Income	Under \$39,999	32%
	\$40,000 to \$59,999	19%
	\$60,000 to \$79,999	18%
	\$80,000 to \$99,999	13%
	\$100,000 and above	18%
Housing Situation	Homeowners	68%
	Renters	30%
	Other (for example, living with family rent-free)	2%
Living Arrangement	Living Alone	37%
	Living with spouse/partner only	38%
	Living with family	15%
	Living with non-relatives (for example, friend or roommate)	10%

Text description of figure 4: Key milestones for 2SLGBTQI+ rights in Canada.

Year	Milestone	Age (Born 1940)	Age (Born 1950)	Age (Born 1960)
1969	Decriminalization of homosexuality	29	19	9
1973	Homosexuality removed from DSM	33	23	13
1996	Sexual orientation added to Canadian Human Rights Act	56	46	36
2005	Same-sex marriage legalized federally	65	55	45
2017	Gender identity/expression added to Canadian Human Rights Act	77	67	57
2022	Canada's first Federal 2SLGBTQI+ Action Plan launched	82	72	62

Annex D: Definitions and abbreviations

2SLGBTQI+

The abbreviation used by the Government of Canada to refer to the Canadian sexual and gender diverse community.

This abbreviation stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer, and intersex. The plus (+) is inclusive of people who identify as part of sexual and gender diverse communities and use additional terms.

The term “Two-Spirit” is used here to reflect all gender and sexually diverse members of Indigenous communities, with the understanding that this term is not inclusive of or used in all Indigenous languages and communities.

2SLGBTQI+ terminology is continuously evolving. While some terms referencing sexual and/or gender diversity have fallen out of favour or are no longer in common use, new terms have been created or even reclaimed to be more inclusive and reflect today’s broader 2SLGBTQI+ community. Learn more about the [common terms and abbreviations used by the Government of Canada](#).

Ageism

Prejudice and discrimination based on a person’s age.

Aging in place

The ability to age in one’s home and community. Many policy makers, researchers and advocates also use the terms “aging at home” or “aging in the right place.”

CPP/QPP

Consult [Canada Pension Plan](#)

Consult [Quebec Pension Plan](#)

GIS

Consult [Guaranteed Income Supplement](#)

Health and care

Health and care are provided by health care professionals, personal care workers (un-regulated workers, also known as personal support workers), volunteers, friends and family caregivers. Health and care may include medical services for physical and/or mental health and personal care services. It may include medical services and care received in an institutional setting (such as a hospital or clinic) or home care.

Homophobia/biphobia/transphobia

Negative attitudes that can lead to rejection of and direct or indirect discrimination against homosexual, bisexual and transgender people or people perceived as such, or against anyone who does not conform to mainstream gender and sexual norms and conventions. Can lead to acts of violence, including hostility and intimidation, and therefore cause psychological, physical or sexual harm.



Heteronormativity

The belief or assumption that heterosexual relationships are normal or the only acceptable or natural form of relationships, and that men and women have distinct, inherent roles based on their gender.

Home care

According to the National Seniors Council, home care includes services provided by trained professionals (nurses, physiotherapists, doctors, etc.). Home care can also include help with medical equipment and supplies (such as wheelchairs), rehabilitation and palliative care.

Long-term care facility

A facility that offers care and services to older adults who cannot live independently or require assistance with daily tasks.

Naturally occurring retirement community (NORC)

A geographic area or location where a large portion of the population is aged 55 and over.

OAS

Consult [Old Age Security](#)

Older adults

This report uses the term “older adults” instead of “seniors”. The terms “older adults” or “older persons” help counter stereotypes around aging and avoid ageist representations. These terms are promoted by organizations and advocates for older persons.

Services and supports

Services and supports that help meet daily needs, including transportation, food and groceries, home maintenance and repairs, home cleaning, gardening and yard maintenance, as well as technical and financial assistance.

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