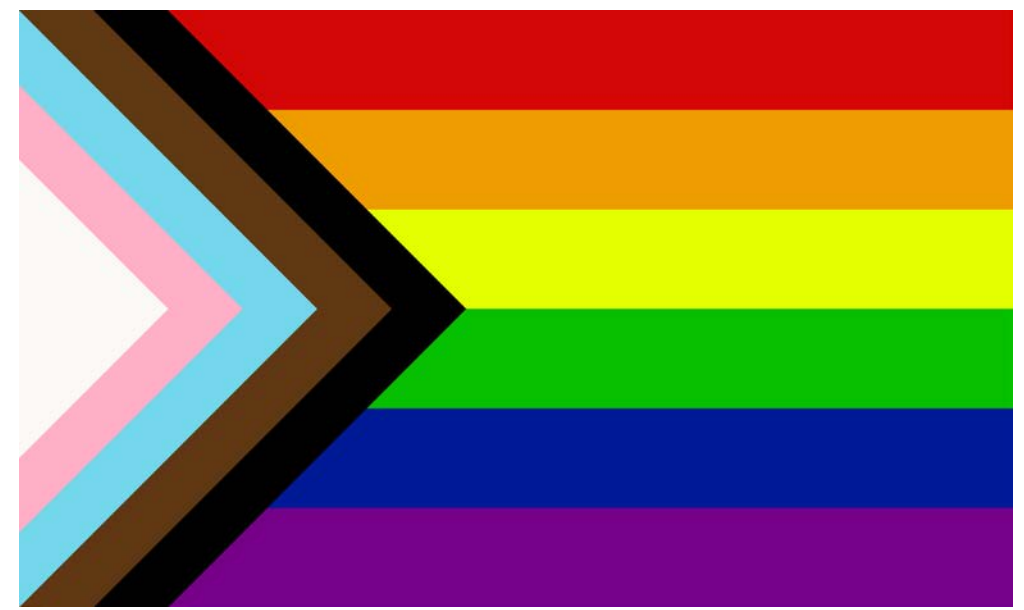


# Examining LGBTQ+ Inclusion in Therapeutic Services for Older Adults

What are therapeutic service providers, and their organizations doing to ensure LGBTQ+ inclusion in their practice?

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## Abstract

Census projections estimate that by 2030, there will be 335,000 LGBTQ+ older adults in Canada (Statistics Canada, 2019). LGBTQ+ older adults can find accessing care intimidating due to fears of experiencing potential discrimination. This study examined the awareness levels of five service providers in therapeutic settings for older adults through semi-structured interviews. It was found that participants had a lack of training regarding the LGBTQ+ community. Furthermore, participants had good awareness levels of the barriers LGBTQ+ clients face. Changes to practice, including ensuring sensitivity in documentation and programming were highlighted as ways toward inclusion and normalization.

## Literature Review

- By 2030, 335,000 older adults in Canada will identify as LGBTQ+ (10)
- Many barriers exist for LGBTQ+ individuals accessing care (3,4,5,6,7)
- Health care is rooted in heteronormativity (1,4,5,8)
- Training is needed to ensure competency toward LGBTQ+ clients (3,4,5,6,9)
- Sensitivity in documentation, policy, and programming reduced barriers to services (1, 2, 5, 7)

## Methods & Participants

- Qualitative, exploratory study
- 5 semi-structured interviews
- 30-40 minutes in person & over phone
- Network & email recruitment
- Purposive, convenience & snowball sampling
- Observations, inferences & field-notes
- Transcripts & descriptive coding
- 4 identified as Female & 1 identified as Male
- Aged 40-61
- 2 identified as LGBTQ+

## Findings

### Theme 1:

Four participants understood barriers LGBTQ+ clients face

#### Stigma

Remy, Quinn, Anne, Jackie

#### Isolation

Remy, Anne, Quinn

#### Prejudice

Quinn, Anne, Jackie

#### Closeting

Anne, Remy, Quinn, Jackie

### Theme 2:

Need for changes to documentation and programming

*"Client documentation... it's dated...society is so quick to box people in, and I think healthcare needs to move away from that."*

Anne, Research participant

*"We are seeing a huge shift in participants...We need to support the skills clients have by not making assumptions about their gender, or the programs they may enjoy."*

Jackie, Research Participant

*"We need to be aware of the language we are using in programming...like battle of the sexes...we need to change the titles of those games."*

Drew, Research Participant

### Theme 3:

Need for more education and understanding

*"If somebody were to come in, and they identify as both (male and female), where are they going to feel comfortable going? We need to look at how to address this, we need to start being aware of, sensitive to, and start the discussions on how we are going to approach this?"*

Drew, Research Participant

## Discussion

- Barriers discussed in the literature were reflected in theme 1 of Findings (3, 4, 5, 6, 7, 9)
- Assessment & Documentation reinforce heteronormative views, as found in theme 2 (1, 4, 5, 8)
- Programs ensuring sensitivity promote inclusion, as found in theme 2 (2, 5, 7)
- Training increased competency, discussed in theme 3 (3, 4, 5, 6, 7, 9)

## Recommendations

- Larger, more diverse sample
- Research LGBTQ+ experiences in care
- Research available training offered to work with LGBTQ+ clients
- Standardize practice to include LGBTQ+ awareness and sensitivity

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