

WHERE'S THE OLD DYKES' HOME?
A Needs Assessment of Older Lesbians Using Participatory Action Research

by

EMILIE KIRKPATRICK ADIN

B.A., The University of British Columbia, 1995

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

School of Community and Regional Planning

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

September 2000

© Emilie Kirpatrick Adin, 2000

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Community & Regional Planning

The University of British Columbia
Vancouver, Canada

Date Oct. 4, 2000

ABSTRACT

The study of older lesbians has largely been lacking in the field of elder care planning. There is a gap in knowledge among planners about the needs of this population. A concerted effort to learn more about the situation of older lesbians was initiated by the Vancouver lesbian community.

In cooperation with a community steering committee, a research study was conducted to determine the needs of lesbians aged 50 years and over. The needs assessment focused on the areas of health care, housing and community support services. The scope of the survey was the greater Vancouver area, British Columbia. The needs assessment was conducted using a comprehensive self-selected survey of 85 women, as well as six in-depth interviews of survey participants.

The study found that the greatest areas of concern for older lesbians were invisibility, financial and physical accessibility, safety and isolation. Particularly significant were survey results, which showed that participants in the study had a lower rate of home ownership and a higher rate of reported chronic health problems than the general population of older women. The study found that there is an opportunity for the lesbian community to use its internal social capital to support elder community members who prefer to age in place.

TABLE OF CONTENTS

Abstract.....	ii
List of Tables.....	v
List of Figures.....	vi
Acknowledgements.....	vii
CHAPTER I Introduction.....	1
1.1 Research Assumptions.....	2
1.2 Why This Research is Important.....	4
1.3 Theoretical Inquiries.....	6
1.4 Conclusions for Chapter I.....	11
CHAPTER II Methodology.....	12
2.1 My Feelings on Methodology.....	12
2.2 Participatory Action Research.....	13
2.3 The Needs Assessment Steering Committee.....	14
2.4 The Needs Assessment Survey.....	16
2.5 The Needs Assessment Interviews.....	19
2.6 The Action Plan.....	20
2.7 Limitations of the Methodologies Used.....	20
2.8 Conclusions for Chapter II.....	21
CHAPTER III Profile of Participants.....	23
3.1 Place of Residence.....	23
3.2 Age.....	23
3.3 Sexual/Romantic Orientation.....	24
3.4 Race and Ethnic Origin.....	25
3.5 Class Background.....	26
3.6 Educational Background.....	26
3.7 Work Profile.....	29
3.8 Income.....	31
3.9 Conclusions for Chapter III.....	32
CHAPTER IV Survey Results.....	34
4.1 A Rating of Issues.....	34
4.2 Current Housing Situation.....	41
4.3 Housing Options for the Future.....	51
4.4 Health and Health Care.....	60
4.5 Resources for Seniors.....	71
4.6 Final Comments by Participants.....	81
4.7 Conclusions for Chapter IV.....	85

CHAPTER V	Analysis of Findings.....	87
5.1	Invisibility.....	87
5.2	Accessibility.....	90
5.3	Isolation.....	94
5.4	Conclusions for Chapter V.....	95
CHAPTER VI	Implications of Findings and Conclusion.....	96
6.1	Challenges in Planning.....	96
6.2	Health Care.....	99
6.3	Housing.....	101
6.4	Community Support Services.....	111
6.5	Recommendations.....	114
6.6	Further Research Needed.....	115
6.7	Reflections on Learning.....	118
6.8	Concluding Comments.....	123
	Bibliography.....	126
	Appendix A Needs Assessment Survey.....	133
	Appendix B Explanatory Letter Accompanying Surveys.....	144
	Appendix C List of Organizations That Received Surveys.....	145
	Appendix D Article in <i>Kinesis</i>	146
	Appendix E Article in <i>The Long Haul</i>	147
	Appendix F Article in <i>X-tra West</i>	148
	Appendix G Articles in <i>Gazebo Connection Newsletter</i>	149
	Appendix H Interview Guide.....	151

LIST OF TABLES

Table 4.1:	Reported Health Problems.....	61
Table 4.2:	Mobility of Survey Participants.....	63
Table 4.3:	Support Options in the Case of Sickness or Disability.....	63
Table 4.4:	Social Support Networks.....	69
Table 4.5:	Use of Seniors' Groups and Services.....	73

LIST OF FIGURES

Figure 3.1:	Ages of Survey Participants.....	24
Figure 3.2:	Self-identified Class Background.....	26
Figure 3.3:	Participants' Level of Formal Education.....	28
Figure 3.4:	A Comparison of Education Backgrounds: BC Women (Statistics Canada 1996) and Survey Participants.....	29
Figure 3.5:	Types of Paid Work Reported.....	30
Figure 3.6:	Personal Incomes of Participants.....	32
Figure 3.7:	A Comparison of Personal Incomes: BC Women (Statistics Canada 1996) and Survey Participants.....	33
Figure 3.8:	Household Incomes of Participants.....	33
Figure 4.1:	Rating of Issues by Participants.....	35
Figure 4.2:	Types of Housing.....	42
Figure 4.3:	Rates of Home Ownership.....	43
Figure 4.4:	Living Arrangements of Participants.....	45
Figure 4.5:	Reasons for Home-sharing.....	46
Figure 4.6:	Reasons for Difficulties in Affording Home.....	47
Figure 4.7:	Reasons for Difficulties in Maintaining Home.....	48
Figure 4.8:	Reasons Why Home is Inappropriate.....	49
Figure 4.9:	Preferred Location of Residence.....	50
Figure 4.10:	Why Participants Prefer To Move.....	51
Figure 4.11:	Length of Stay in Current Home.....	53
Figure 4.12:	Participants Who Have Considered Seniors' Housing.....	54
Figure 4.13:	Responses re. Education of Seniors' Housing Officials/Managers.....	54
Figure 4.14:	Responses Re. Separate Seniors' Housing Programs.....	57
Figure 4.15:	Preferred Seniors' Housing Options for the Lesbian Community.....	59
Figure 4.16:	Health Care Providers' Responses to Disclosure of Sexual Orientation..	65
Figure 4.17:	Additional Support Needed by Participants?.....	69
Figure 4.18:	Attendance at Seniors' Centre/Programs.....	72
Figure 4.19:	Responses Re. Need for Separate Seniors' Services/Programs.....	77
Figure 4.20:	Whether Participants Feel the Need to "Pass".....	80

ACKNOWLEDGEMENTS

I am thankful to the many people who have assisted me in conducting the needs assessment and completing this thesis. In particular, I am very grateful to all of the women who participated in the study, who shared with me their thoughts, feelings and experiences as older lesbians in this society.

Thanks to my thesis supervisor Penny Gurstein for her valuable advice and supervision. Thanks also to Lorraine Cameron, of Status of Women Canada, for her helpful support on my academic advisory committee; and to Leonora Angeles for her participation as external examiner.

I am grateful to all of the women who served on the community steering committee for this project: Hinda Avery, Suzanne Bastedo, JonLeah Hopkins, Greta Hurst, Judy Lynne and Jeanne St-Pierre. Particular thanks to Hinda, who first inspired me to do research on women and the built environment, and to Suzanne, for her editing genius.

Thanks to the Margaret Mitchell Fund for Women, the BC/Yukon branch of Status of Women Canada, participants at our Lezzy Bingo fundraiser, and to members of MOB and CHARIS for your generous financial support of this project.

I am very appreciative of the support I received from family, friends and colleagues. Thanks to Ali Grant, Jacqueline Leavitt, Teresa Lingafelter, Barbara Montgomery and Carla Randall for their help in developing the theory behind the thesis. Thanks also to Maria Coulombe, Yung Duong, Caroline Embling, Chad Ford, Mo Gaffney, Maggie Julian, Liz Skillings and Peter Trozstmer for their unwavering support; and to Lycrecia for her eternal wit and wisdom.

Our difference is our strength.

Audre Lorde

CHAPTER I - INTRODUCTION

This is the story of my involvement in a participatory action research project in which I worked with a community steering committee to conduct a needs assessment of older lesbians in the greater Vancouver area. The committee focused research efforts in the areas of health care, housing and community support services. I let my identity as a feminist and as a lesbian shape my experience of this project, and I conceived of myself – in political terms – as an ally to older lesbians in their journey to determine and meet their own needs.

The needs assessment was conducted using a comprehensive survey of 85 lesbians who were 50 years and over. The survey results were further enriched by six in-depth interviews.

On a practical level, the committee wanted to find out what the lesbian community could do to support older lesbians as they aged. This translated also, for me, into a theoretical question: how can the social capital within marginalized groups be used to promote aging in place? The reason I wished to pursue this theoretical question, as well as the practical inquiries, was so that the results from this research could be used to enable other marginalized groups to empower themselves.

What we found from the needs assessment was that, on the whole, the areas of concern for older lesbians are primarily the same as those of the aging population as a whole – namely isolation, health, finances and accessibility. However, the invisibility and discrimination faced by older lesbians makes their experiences of health care, housing and community support systems unique.

There was a great deal of enthusiasm in the lesbian community for this research process. Many lesbians, even younger ones, would speak with intensity about their thoughts on aging as lesbians. Often a woman would say to me, “You know, I’ve always wondered to myself, ‘Where’s the old dykes’ home?’” This thesis is a direct result of the enthusiasm that exists in the lesbian community to plan together for the future.

In this chapter, I will discuss some of my assumptions in this research process. This will be followed by my argument as to why there is a need for research into the needs of older lesbians.

Next, I will explore some of my theoretical inquiries into the concepts of “a politics of difference,” aging in place and social capital, and place these theories into the context of the current study. I will finish Chapter I with a summary and a brief explanation of the content of succeeding chapters.

1.1 Research assumptions

Although the community steering committee has been involved in every step of the research process, it is with my own words, now, that I tell the tale of my involvement with this project. Therefore, I believe it essential to acknowledge my partiality and assumptions in relation to the study, as they directly relate to the way that I have read and interpreted the results of the needs assessment.

1. A recognition of privilege/oppression in social structures

As a feminist, I have undertaken a political discourse that recognizes oppression as a central category in analyzing and evaluating social structures. Racism, sexism, homophobia, ageism and classism are just a few distinct forms of oppression. Each structure of oppression carries its own dynamics, but each has at least one thing in common: one group of people has been socially and economically privileged above others. My assumption on this point directly counteracts our society's pervasive belief in “equality of opportunity” – a notion that succeeds largely in masking the power relations that exist in Canada's stratified society (Frazer & Lacey 1993).

2. A commitment to the pursuit of social justice

I believe that social and economic inequalities must be acknowledged and challenged, and I have committed myself to taking an active part in efforts to promote social justice, which I define as the fair distribution of society's resources (Franklin 1998). In my opinion, efforts to empower marginalized groups in our society must be an expression of this pursuit of justice, rather than an exercise in charity.

3. An acceptance that “community” is a useful category of analysis

I use the term “community” with hesitation. I recognize that the term has often been used to describe idealized portraits of harmonious social relations in a way that has masked the

diversity of perspectives and experiences, and imposed a superficial homogeneity (Jenson 2000; Valentine 1995). The "myth of community" has been used to legitimize racist and classist behaviour and policy (Sennett 1974). And many marginalized "communities" have been defined by dominant power structures, not from within (Lee 1993).

In a similar vein, the "lesbian community" is an elusive concept. Who counts as a member of the lesbian community? Is the lesbian community centred on lesbian/gay institutions, around lesbian-positive neighbourhoods, or around individual lesbian friendship networks? Does the lesbian community include women who live "lesbian" lives but don't identify as lesbians? There is no commonly accepted understanding of a lesbian community's boundaries (Elwood 2000; Valentine 1995).

And yet, although the "lesbian community" may be an imagined community (Rose 1990) in the sense that there is no clear definition of who is included/excluded by the term, I believe that the category of "community" is politically relevant so long as it is imagined to exist.

4. A recognition of lesbian identity

A difficulty with my use of the term "lesbian" to describe a certain population of women is that I use it as a "shortcut" identity to describe all women whose primary relationships are with other women, even if they self-identify as "gay," "two-spirited," "queer," etc. – or don't self-identify at all. This shortcut is in part for the sake of expediency, and in part due to a personal preference for woman-centred self-identities such as "lesbian" and "dyke." Therefore I tend to use the term "lesbian" in such a way that it is ascribed, rather than the result of self-identity, and I apologize for any confusion or disrespect this might convey.

The term "lesbian" can also be problematic in that it tends to mask differences among lesbians that stem from socially constructed characteristics such as race, ability and class. Group differences can cut across individual lives in a multiplicity of ways that can entail privilege and oppression for the same person in different respects. Furthermore, all social identities (racial, class, gender, etc.) play a role in shaping life experiences and the meanings attached to these experiences. Thus, for some women, their self-identity as a lesbian is not necessarily of great importance, compared to their other identities and roles within society.

The concept of a lesbian identity that is not simply reducible to a set of lesbian practices is a relatively new historical development (Ferguson 1990). Even so, the lesbian identity continues to be in flux. In other words, the lesbian identity is a constructed identity, and can change over time or from one place to the next.

The lesbian identity can best be described as a "resistance identity" (Castells 1998; Ferguson 1990). A resistance identity is constructed by marginalized groups to be used in "building trenches of resistance and survival on the basis of principles different from, or opposed to, those permeating the society" (Castells 1998: 8). Yet as a resistance identity – as an identity reclaimed from the margins – the lesbian identity is very real in that it is an identity around which many lesbians seek empowerment and solidarity. Group identity and pride will continue to matter to oppressed groups as long as group oppression exists.

1.2 Why this research is important

For planners to be responsive to all members of our communities, we need to address the specific needs and issues of diverse groups. Planning for an undifferentiated public creates many problems for the ever-increasing numbers of people who do not fit into the assumed life patterns.

The British Columbia Women's Health Bureau reports that "several populations of women experience unemployment, violence, poverty, lower education, barriers to the health care system and a lower quality of life than others. They include... senior women... and lesbians" (2000: 33). And yet, lesbians are not currently identified in any provincial health data sets.

Peterson (1996) has estimated that from 3% to 10% of the Canadian elderly population are gay or lesbian, and notes that these estimates are probably low, due to many gay and lesbian seniors' fears of disclosure. Despite the fact that they are a significant minority, older lesbians have quite consistently been overlooked in the planning of housing and health care policies. In fact, knowledge concerning aging lesbians has been marginalized generally within the field of gerontology (Auger 1990; Berger & Kelly 1996; Hubbard 1993; Kirby 1999; Lee 1987; Slusher et al 1996).

It is important to remember that today's cohorts of elderly lesbians grew up during a historical period characterized by significant hostility towards homosexuality (Fullmer 1995). Many of today's older lesbians felt pressured to keep their sexual orientation and relationships secret in order to avoid discriminatory treatment by their families, their employers, their landlords and their neighbours (D'Augelli and Hart 1987). In spite of the decriminalization of homosexuality in 1969, and the inception of the gay liberation movement in that same year, older lesbians spent their youth and most of their adult lives living within a social environment of discrimination against lesbians. Acts of discrimination included police raids, beatings and political witch hunts (Gallagher 1996). Many women were "psychiatrized" and sent to mental hospitals due to their lesbianism (Healey 1994). Lesbians from this era faced daily fears of losing their employment, their children, and their housing. In her survey of 78 older lesbians, Deevey (1990) reported that 80% of her participants had experienced discrimination including arrest, physical and verbal abuse, blackmail and family disapproval.

Aging lesbians are in triple jeopardy of having low access to opportunities and resources, since they have been marginalized within three power structures in North American society: age, gender and sexual orientation. Thus, they lose status in society due to advanced age (Cowgill 1974), they don't enjoy the gender privilege that men – even gay men – tend to have, and they don't receive the social and economic rewards derived from heterosexuality. Many older lesbians are also oppressed within our society's race, class and ability power structures. The concept of multiple jeopardy reminds gerontologists that occupying several disadvantaged positions simultaneously compounds the risk of accumulated disadvantage in old age (Hooyman & Kiyak 1999).

Women in Canada earn, on average, 64 cents for every dollar earned by a man (Statistics Canada 1998). In her research of gay and lesbian neighbourhoods in Vancouver, Bouthillette (1997) has characterized lesbians as having "statistically low-average income." Furthermore, women have obtained access to housing largely on the basis of marital relations with men (Novac 1995), and older women who live with a man present have much lower poverty rates than women in households without men (Gee & Kimball 1987). Add to this the fact that many lesbians have not had the financial advantage of a husband's earnings, pensions and major purchases such as a house, land, cars, etc. (Gallagher 1996), and the pattern of increased risk among older lesbians becomes clear.

The Vancouver/Richmond Health Board strongly supports the belief that “safe, secure and appropriate housing is a critical determinant of health” (Thomas 2000: 7). In fact, the adequacy of housing, along with related socio-economic status, is one of the most powerful factors affecting a person’s quality of health. Furthermore, in her study of lesbians within the British Columbia health care system, Hudspith (1999) found that systemic discrimination against lesbians is an important determinant of their access to health care. Thus, older lesbians are in jeopardy – not just in relation to their access to housing and overall level of health – but in relation to their access to the health care system.

When speaking of a marginalized group in society, there is always a danger of overstating the effects of marginalization and discrimination. While there is evidence to show that older lesbians have suffered from invisibility and outright discrimination in health care and housing policies and practices, there are many ways in which a lesbian identity can be a source of empowerment in the aging process. Studies of older lesbians in Canada have found that most lesbians have adapted well to aging (Adelman 1988; Auger 1990). Lesbians may age more positively due to their more flexible gender roles, their extensive friendship networks and the adaptive skills they have developed in coping with societal homophobia (Friend 1990; Hooyman & Kiyak 1999; Quam & Whitford 1992).

Thus, in conducting the needs assessment, we were cognizant of understanding not only the needs of older lesbians, but also the innovative ways in which older lesbians were involved in ensuring that their needs were being met.

1.3 Theoretical inquiries

The concepts of a politics of difference, aging in place and social capital all inform my analysis of the needs assessment results, and will therefore be explored below. I realize that by linking this research to larger theories about social relations, I may be in danger of oversimplifying what is essentially complex. Theories, by their nature, are abstracted from particular circumstances of time and space. Many proponents of theoretical inquiry make the mistake of pursuing “grand theories” of life; post-structuralist critiques have gone a fair ways in challenging academic latitude in making generalities. Nonetheless, I believe that the use of theories can be an important way of analyzing systems, in comparing cases and circumstances, and most importantly – in this case – in exposing society’s power structures.

A politics of difference

"In a society where the good is defined in terms of profit rather than in terms of human need, there must always be some group of people who, through systematized oppression, can be made to feel surplus, to occupy the place of the dehumanized inferior... We have no patterns for relating across our human differences as equals." (Lorde 1990: 217-218) This quotation demonstrates the need to address, as a society, the political dynamics of exclusion, even within those movements (e.g., feminism) that seek to address social injustice.

The second wave of the feminist movement has been instrumental in challenging the gender system, which I define as society's norms about how a woman should look, who is "attractive," who is "useful," and what is "womanly" behaviour. And yet, the myths about the "ugly crone" and the "miserable old dyke" prevail (Kehoe 1989). Ageism has been used in conjunction with homophobia to create a situation in which older lesbians have been made invisible within the women's movement and even within the lesbian community. Auger (1990) and Kirby (1999) note that, if efforts aren't made to reinforce the alternative image of the older lesbian as powerful, sexual, attractive, useful and an integral part of the woman-loving world, then feminist efforts towards female empowerment will not have succeeded.

Young (1990) explains that to pursue a "politics of difference" is to approach governance as a tool in creating equality among differentiated groups, rather than as a means to eliminate or even transcend group difference. Proponents of a politics of difference have the capacity to engage the public in making room for the neglected voices of "the other." The voices of marginalized groups, such as older lesbians, may then be heard sharing their experiences of exclusion, invisibility or stereotyping.

In fact, in order to reduce actual or potential oppression of marginalized groups, Young argues that it is important for society to acknowledge group differences and plan inclusively. A community that has adopted a politics of difference will show a commitment to adapting to the changing needs of community members – changing needs based on an aging population, changing identities, or changing demographics.

The politics of difference are most apparent in what has been dubbed "a balanced community" by social planners. Nozick states that "a balanced community... knows how to appreciate the differences among people rather than denying, changing, or suppressing them" (1992: 152). A

balanced community is not static. Planners must be aware of the need for permeability – the capacity for openness, and the willingness to celebrate difference (Jenson 2000).

Nozick (1992) also talks about her preference for planning each community as “a community of communities.” She has found that group differences can be a source of strength and can contribute to the richness and knowledge base of the broad society.

The concept of aging in place is critical to the success of efforts to achieve a politics of difference. North American mainstream society has tended to geographically and socially compartmentalize people based upon their age and family status. The re-integration of seniors – and in this case, marginalized seniors – into broader communities is an example of a policy goal which supports a politics of difference.

Aging in Place

The vast majority of older people in North America wants to age in place; that is, remain in their homes and communities instead of having to relocate in order to have their needs met (Pynoos & Regnier 1987). Furthermore, studies have found that premature institutionalization can lead to a rapid degeneration in seniors' ability to function independently, and a decline in overall health (Hooyman & Kiyak 1999). With the support of community-based options, seniors' roles and connections with the community – as well as their general health – can be better maintained.

Health care and housing analysts are beginning to meet the challenge of changing household dynamics, and addressing the needs of older residents. By planning community-based housing and supports for seniors, planners can support the concept of aging in place and thereby counteract the high expectation for upheaval and mobility placed on North Americans throughout their life course.

There is a growing recognition that governments and community agencies need to emphasize the provision of supports for older people to age in place within their communities, rather than the provision of segregated, institutionalized options. Social capital (i.e., social “caring” networks) is one resource that may be tapped so that older members of marginalized groups – such as older lesbians – may age in place.

Social Capital

A community's "social caring capacity" is reflected by its networks of social capital (Roseland 1999). Social capital is present wherever there is an active community network of formal and informal groups that promote face-to-face interaction among community members. Community groups, whether organized or loose, facilitate the identification and discussion of new issues, and allow community members the opportunity to develop mutual trust. In fact, strong interpersonal ties (like intimate friendships) are less important than weak ties (like acquaintanceship) in sustaining collective action, because weak ties cut across social cleavages and nourish a wider cooperation; the denser the networks, the more likely cooperation for mutual benefits will occur (Putnam 1993).

Dense networks of horizontal (i.e., egalitarian) social capital have been associated directly with efforts of cooperation, pooling, sharing and mutual aid (Carr 1996). Therefore, by participating in collective "caring" networks, a person will increase their access to community resources. Furthermore, social capital has been linked to improved community life, more satisfying relationships, greater self-esteem and improved social infrastructures (Woollard & Rees 1999). This is significant, because if this is the case, social capital can sometimes serve as a substitute to other forms of capital. Thus, a community's wealth doesn't have to be measured simply by its stock of financial and manufactured resources.

At the heart of social capital is the interdependence and overlapping nature of social networks. Because any analysis of social capital is essentially a network analysis, I suggest that the recognition and employment of social capital is possible not only in geographically bounded communities but also within communities marginalized due to age, sexual orientation, ability, race, gender, etc. Spitler and Newcomer (1986) have found that spatial proximity is not particularly important in the makeup of self-help networks. Ethnic communities, for example, have been found to possess high internal social capital (Gittell & Thompson 1999; Sklar 1996).

In her research on a lesbian community in New York City, Tamar Rothenberg (1995) has described a highly successful system of "lesbian social networking." Other research too has found that many older lesbians maintain closer contacts with lesbian friendship networks than with families of origin (Adelman et al 1993; Auger 1990). Older lesbians also tend to have stronger social networks than do older heterosexual women (Quam & Whitford 1992). My

theory is that the lesbian community has strong deposits of social capital, and that these can be used to promote aging in place.

Unlike financial or manufactured capital, social capital is a public good, and not the private property of those who benefit from it. This means that social capital can be a shared resource, not limited by material scarcity. Social capital builds – rather than wears out – upon being used, and used again.

The flip side of this is that social capital becomes depleted if it is not regularly used (Sampson 1999). Social relationships die out if not maintained; expectations and obligations wither over time; and norms depend on regular communication (Lingafelter 1999). This raises some interesting questions about lesbians: What if the lesbian community has a high stock of social capital but this capital is being under-utilized? How do we know if a community's reserve of social capital is being fully tapped? How can the lesbian community's social capital be used to support older lesbians in their efforts to age in place? These are some of the questions this thesis seeks to address.

1.4 Conclusions for Chapter I

Planning for a differentiated public has been discussed in planning theory since the 1960s, however very few efforts have been made to include marginalized and stigmatized communities such as older lesbians in community planning efforts. Based on my assumption that social power structures must be acknowledged and challenged, and my decision to recognize the lesbian community as an important category of analysis, I will be exploring the needs of older lesbians in the context of health care, housing and community support services. Furthermore, it is my aim to link this research to broader theoretical inquiries about the potential interaction between a "politics of difference," aging in place and the use of social capital within marginalized communities.

In the next segment of this thesis, Chapter II, I will describe the methodology that was followed in conducting the needs assessment of older lesbians within the greater Vancouver area. Chapter III will proceed with a profile of survey participants and Chapter IV describes survey results. An analysis of findings from the survey and interviews can be found in Chapter V. Chapter VI will carry my concluding comments, including my recommendations for action, my thoughts on further research that is needed, and my reflections on what I have learned from this research process.

CHAPTER II – METHODOLOGY

In this chapter, I will explore the methodological theories and approaches that characterize this Vancouver study of older lesbians. I will begin by discussing my feelings about the methodology I chose, then introduce the methodological process of participatory action research. Next will appear an explanation of the role of the needs assessment steering committee. I will follow with a discussion of the committee's methods in conducting the survey and interviews, and some of the committee's potential plans for action. Finally, I will discuss some of the challenges the committee and I faced in pursuing these methodological approaches, and then give a brief summary of Chapter II.

2.1 My feelings on methodology

As a graduate student pursuing a master's degree, I consciously sought out a mutually beneficial arrangement by which I could accomplish my thesis while assisting in a community-based research project already envisioned or underway. I wanted to be involved in a project which directly and immediately linked the theoretical to the practical. Furthermore, I sought to be involved in research generated by a marginalized community which had – as a group – been under-represented in mainstream research efforts.

In particular, I had noted that while many planning professionals and academics were making efforts to recognize diversity and plan for a differentiated community, few planning academics – with some exceptions, such as Avery (1995) and Sandercock (1998 & 1999) – had explicitly recognized difference and marginality in relation to sexual orientation. I wanted to address that gap.

My acknowledgement of my feelings about this research is not new or unique. There is a growing recognition that any piece of research represents deeply personal – not objective – values and understandings. These values are a manifestation of situated knowledges shaped by many dimensions of identity and difference (Rocheleau et al 1996). In other words, we see what we are. What a human being sees of the world has been filtered through lenses of their own creation, or – more aptly – through lenses created from their experience of the world; in fact, it is with some effort that humans can recognize the existence of these lenses at all. I believe that all research, even “scientific” research, highlights certain aspects of a situation at the expense of other aspects. The questions asked in the research project, the methods used,

and the way research results are studied all reflect the researcher's own views and experiences of the world, and the social and cultural context of their lives.

Why does this matter? Because marginalized groups have very limited influence or access to the governmental or academic institutions that prioritize research projects in this country: what is funded, what is studied, what is published. Even when marginalized groups' issues fall under the microscope of research, they often have little say about which research questions or methodologies will be used: they are objects of research, not participants. With these issues in mind, I became committed to participatory action research.

2.2 Participatory Action Research

Participatory action research (PAR) emphasizes both community participation in the research process and research for the purpose of making change. PAR is transformative research, which is actively and explicitly political in nature. This research process has been used to unite and empower marginalized communities by gathering information they can use in standing up for their rights. As a process rather than a specific methodology, PAR can incorporate a variety of methods, depending on the needs and priorities of the community involved in the research. In other words, adherents to PAR are committed to community participation and political action, not to any specific methods of gathering information.

Since its inception, PAR has questioned the purposes of research – who should benefit and what is the primary goal. Ralph (1988) asserts that the process of participating in the research educates and empowers a community, thus increasing the level of political awareness and commitment to social justice among this group. Therefore, both the process and the results of research are of immediate and direct benefit to the community (Green et al 1995).

In part, PAR evolved out of the Latin American popular education movement, which was pioneered by Brazilian educator Paulo Freire. Freire developed methods to engage the poor in critically analyzing the causes of their powerlessness and impoverishment (Hall 1981).

PAR also derives from feminist research methodologies (Barnsley 1992). Feminist researchers have long argued that research can be an aid to action and a tool for empowerment, not an end in itself. Furthermore, qualitative research methods – i.e., descriptive rather than statistical data

collection – are important in feminist research (Kirby 1989) as well as in PAR. Qualitative research can be used to describe situations and communities, and to base research results on people's perceptions of real life experience rather than on theories or assumptions.

2.3 The needs assessment steering committee

In pursuing a participatory action research project, I began making inquiries with several organizations, stating that I was in a position to offer my time, energy and (limited) financial resources for work on a community research issue.

At about the time I was searching for a community research process in which to get involved, a fundraiser was being organized by the Vancouver lesbian and gay community – Unison '99, a concert held on April 10, 1999. The organizations hosting the event had sought out activist lesbian and/or gay seniors groups within the Vancouver area as fundraising recipients but, finding none, they chose the Victoria Lesbian Seniors' Care Society as the beneficiary of profits from the event. At the event itself, there was a list set out upon which men and women interested in working on gay/lesbian seniors' housing choices were encouraged to register themselves. I signed that list.

It is interesting to note that, although the event was quite evenly attended by women and by men, the vast proportion of those who signed the seniors' housing interest list were women.

A few days later, I was invited to a brunch at which women from the Victoria Lesbian Seniors' Care Society, and the defunct Vancouver-based group Lesbians on the Edge of Time, shared their insights and strategies with women from the fundraiser interest list. It was suggested several times by those present that a needs assessment could be one of the first steps to take in addressing the issues of older lesbians in Vancouver. (The Victoria group had already completed a needs assessment.) I articulated my willingness, as a younger lesbian ally, to work from within the academic system to further the older lesbian community's research goals.

At that meeting, a decision was made to formulate a new Vancouver-based group to address the needs of aging lesbians. This group has since evolved into a community organization known as CHARIS – In Support of Older Lesbians. At the same time, a research steering committee was formed to guide me in doing a needs assessment of older lesbians. This

steering committee has acted in some ways as a parallel group to CHARIS, and in some ways as a sub-committee reporting to CHARIS.

The needs assessment steering committee started meeting in the spring of 1999. The committee was comprised of myself and six older lesbians with whom I had connected through M.O.B. (Menopausal Old Bitches), the National Action Committee on the Status of Women and the Canadian Research Institute on the Advancement of Women. The women in the group were Hinda Avery, Suzanne Bastedo, Jon Leah Hopkins, Greta Hurst, Judy Lynne and Jeanne St. Pierre.

When we first came together, we shared with each other why we wanted to get involved in this research, and what we hoped to achieve. I shared with other committee members the set of research principles that I had written out for myself, upon which I had hoped to rely during the research process. These were:

- Community ownership and control of the research are essential;
- Research should lead to action;
- Theory and analysis will be built from people's actual experience;
- The research process will be transparent and accessible;
- Researchers' assumptions will be declared; and
- Full confidentiality will be a firm commitment of the project.

Upon discussion of these research principles, we decided to adopt them as a committee.

Another thing we worked on at the beginning of our process was a set of agreements about how we would work together as a group. We came up with the following seven guidelines:

- We will work as a committee using a consensus decision-making process;
- We will strive to keep to the agenda, and start/finish meetings on time, except in cases where changes to the agenda are made by consensus;
- We will be dedicated and committed to the group and to our responsibilities within the group;
- We will be honest to ourselves and others about our limits;
- We will strive to remain engaged during the meetings;
- We will be open and up-front with each other and fully discuss any disagreements that may arise between us; and
- We will strive for open-mindedness, flexibility and patience in working as a group.

As previously noted, we decided to collect our data using a needs assessment. We hoped to get information that could help us as activists in the lesbian community in developing effective strategies for action. The needs assessment has long been a preferred tool for feminist research. Reinharz, in her book *Feminist Methods in Social Research*, says it thus: “needs assessment research mobilizes people... to respond to the needs that have been identified, measured and redefined” (1992: 188). In this way, the use of a needs assessment corresponds very well to the goals of participatory action research.

Over the course of several months, the committee decided on the scope of the research and the themes and questions that would be addressed in the needs assessment survey. We decided to pursue what has been dubbed “triangulation” – that is, a multiple methods approach to the research. We wanted to combine quantitative data derived from multiple-choice questions on the survey with the qualitative data we’d gathered from open-ended questions on the survey, as well as from some in-depth interviews. By using this multiple methods approach, we hoped we would achieve what Reinharz described as “a richer and far more accurate interpretation” of reality (1992: 213).

2.4 The needs assessment survey

The themes the committee decided to address in the needs assessment survey were – most specifically – health and housing, but we also wanted to learn about the many ways the lesbian community and other community networks provide supports to older lesbians in the Vancouver area.

We have used the broadest definitions possible of both “health” and “housing.” We defined health as “a positive concept emphasizing social and personal resources, as well as physical capabilities” (World Health Organization 1986). The term “good health” connotes the satisfaction of physical, emotional, cultural and spiritual needs, not just an absence of disease. Therefore, health is intricately related to the social, political and economic context of women’s lives.

We also looked at housing from a broad perspective, within the context of physical and social community infrastructures. By physical and social infrastructures, I mean community support services, social and recreational community spaces, social caring networks, etc. rather than

simply the residential units themselves. Housing refers therefore not just to the private spaces that humans call "home," but to the totality of human living environments.

Because the steering committee was concerned that there would be few other opportunities to conduct broad-based research of older lesbians in the greater Vancouver area, they wanted to produce a very comprehensive survey. The result was a nine-page questionnaire divided into seven sections: "A rating of issues" (such as housing, health care, social support/companionship, etc.), "Current housing situation," "Housing options for the future," "Health and health care," "Resources for seniors," "Background information" and "Final comments by participants." The survey is attached as Appendix A.

The committee recognized several difficulties in getting a representative response to the survey. Sexual orientation is not recognized by Statistics Canada in its census data; the parameters of the lesbian community are unknown. Therefore, obtaining a statistical random sampling for study is impossible. Even with the upcoming recognition of sexual orientation in the next Canadian census, the prevalence and legacy of homophobia and heterosexism are so strong – especially among older lesbians (Deevey 1990; Gallagher 1996; Martin & Lyon 1992) – that the true number of older lesbians would undoubtedly be underreported and misrepresented.

In other studies of older lesbians, it has been found that samples are largely composed of white, middle-class, educated women with average or above-average incomes, who self-identity as lesbian (Brotman et al 2000a). Those within such samples also tend to be healthier than those who do not participate, as well as more active in the gay/lesbian community (Kirby 1999). In effect, no researcher has succeeded in reaching the cross-section of the population who is "unwilling to come out and be scrutinized" (Hurst 1999: 4). The committee feared that only the most empowered and visible older lesbians would participate in the survey. Our strategy for addressing that challenge was to make particular efforts to do outreach to groups that might help us access the full diversity of older lesbians within the greater Vancouver area. However, it is important to remember that the survey sample was still self-selected and therefore not representative of the older lesbian population at large.

The committee sent blank surveys, as well as an accompanying letter explaining the research project (attached as Appendix B), to 11 women's centres within the Vancouver metropolitan area, as well as to many other organizations and self-help groups with lesbian membership or with connections to the lesbian/gay community. A list of the groups who were sent these packages is attached as Appendix C.

We accompanied these efforts by ensuring that articles about the needs assessment were written in the feminist newspaper *Kinesis* (Appendix D) published by Vancouver Status of Women, in the anti-poverty newspaper *The Long Haul* (Appendix E) published by End Legislated Poverty, and in the gay/lesbian newspaper *Xtra West* (Appendix F) published by Pink Triangle Press. Articles about the needs assessment also appeared in the newsletters of lesbian groups such as *Gazebo Connection* (Appendix G) and Surrey's *In the Company of Womyn*. Jon Leah Hopkins, Judy Lynne and I also appeared on the April 27, 2000 episode of *The Lesbian Show*, which appears weekly on CFRO, People's Co-op Radio of Vancouver.

We obtained an extension on *Xtra West's* free community listings phone line, and also paid for the capacity to receive voicemail messages from our callers. In this way, a number of surveys were sent out not only to community organizations but to individuals who contacted us and requested to have a survey mailed to them.

We also hoped to contact older lesbians who had become – or had always been – isolated from the lesbian community by contacting them through elder care services. We made a number of outreach attempts to health care professionals, including the British Columbia Nurse's Union – to no avail. At one point we were told, "There aren't any older lesbians in our facilities."

Through reliance on the above-mentioned methods and also through word of mouth, we ended up with a return of 85 surveys. We had sent out 550 surveys, so this was a response rate of about 15%. The majority of the surveys were sent to community organizations that, we hoped, would pass the surveys on to potential participants. However, many of these organizations did not – and in some cases, as they told us, could not – pass the surveys on. Since most questionnaires were not distributed to specific individuals, and there is no way to discount the surveys that weren't passed on to individuals by the organizations that received them, it is impossible to establish an accurate return rate on the surveys. Given these difficulties in accessing individual participants, I found the return rate satisfactory.

2.5 The needs assessment interviews

In the committee's original conception of the project, we planned to conduct 10 in-depth interviews. These interviews would follow the survey, and build on what we had learned from the survey results. We decided that the older lesbians on the steering committee would conduct the in-depth interviews. Our theory was that the peer interviewing process would be more empowering, and more comfortable, for the women being interviewed.

The idea to conduct the interviews in this way came from the work of Doyle (1994), who directed a participatory action research project, *It's My Turn Now: the choice of older women to live alone*, and discovered that most older women lived alone out of preference. She found that peer research and interviewing were useful as strategies to increase information sharing within the peer group, and to create articulate advocates among the senior women's community.

Not all the members of the steering committee were available and/or interested in conducting the interviews. Three women stepped forward, but they were also very limited for time. It was decided that each of these three steering committee members would conduct two interviews. This would result in a total of six interviews, rather than ten, but we were comfortable with that. As Ralph (1988) has pointed out, participatory action research requires an emphasis on flexibility and practicality rather than rigour. This is because, as previously stated, community participation in the research process is at least as important as the research results.

Unfortunately, as the time for doing the interviews approached, one of the three interviewers had to undergo major surgery, and was no longer available. At this point, I stepped in to do two interviews myself, and the principle of doing only peer interviews had to be abandoned.

All the steering committee members were sent a compilation of survey results, and a list of questions to consider: What stands out for you in the results? What questions arise? What surprises you? What brings you to ask "why"? What might be the most important findings of this research? Afterwards, we met on several occasions to discuss the themes that had arisen in our readings of the survey results. We decided that three main themes emerged from the survey results: invisibility, accessibility and isolation. Accessibility was further broken down into three areas: financial, physical and safety concerns.

The interview guide was laid out along the three themes (or five, including sub-themes). Under each theme, we decided to summarize initial survey findings, then ask participants for their thoughts and opinions on the survey results and request their ideas for making change. The interview guide is attached as Appendix H.

We also brought in a lesbian feminist researcher, Ali Grant, with extensive experience in conducting interviews, so that she could provide training to the steering committee. She gave some background information on the theory of successful interviewing, within a feminist context, and then shared tips on how to best succeed in an interview setting.

2.6 The action plan

The final step in the research project is the action component, which will take place after the completion of this thesis. First, either this paper or a summary report will be distributed to community groups, government bodies, elder care agencies and lesbian-serving organizations. Then, one plan is that CHARIS will hold a workshop at which representatives from these disparate, but invested, groups will work to design an "action plan" for meeting the needs of older lesbians in the Vancouver region. This action plan would be based on the results of the needs assessment, as well as from the workshop participants' own experiential knowledge. If possible, the action plan that results from this gathering of practitioners and policy-makers will be published and made available for distribution.

2.7 Limitations of the methodologies used

As previously mentioned, some of the challenges the committee faced included the difficulty in ensuring a large, reliable sample, and the need to be able to "go with the flow" and allow for changes in methodology, depending on the needs of the group.

One of the greatest limitations the committee faced was the lack of financial resources. We did receive some in-kind support from Status of Women Canada and members of M.O.B. and CHARIS donated some money to the cause out of their own pockets. Despite several attempts to raise other funds (we approached at least 20 groups), our only success was in getting a

(much-appreciated) grant from the Margaret Mitchell Fund for Women to support the action component of the research.

Because I had committed myself to doing participatory action research, I took on a much larger project than I otherwise had to do to fulfill the demands of my program. On the other hand, because at least part of the PAR project meant getting data that I could then apply to my thesis, the entire project was considered by many funders to be outside their funding criteria.

Upon reflection, I've realized that this disqualification by funders had some merit. By following a PAR research process my work was more responsive and accountable to the community than it might otherwise have been. In fact, there was value attached to the process, not just the results, of the research. In addition, I had succeeded to some degree in bringing multiple perspectives into the research process.

But in a sense, this project – at least the first phase – could never be “pure” participatory action research. My involvement – located as it was within traditional academic structures – had become central to the process. I had priorities for my research that may have lain outside of the priorities for the community: for example, my theoretical inquiries into social capital. I had a master's thesis to complete and defend, and I had a timeline that did not always mesh with the flow of a community-based research process.

2.8 Conclusions for Chapter II

I believe that it is important to recognize my subjectivity as a researcher, rather than to see myself as a detached observer. PAR fits well with this recognition of embedded values in the research process. In using a PAR approach, community members are credited as experts on their own experiences, and leaders in their own empowerment.

In particular, the needs assessment steering committee was closely involved in setting up the research methodology and conducting the survey and interviews for this needs assessment. The study was conducted, in part, under the auspices of a community organization (CHARIS), which intends to use the knowledge gained from this project as a basis for future action.

Nonetheless, challenges arose due to the methodologies pursued. Most notably, the steering committee faced financial constraints and discovered differences in timelines and goals due to conflicting academic and community goals.

In Chapter III, I will give a profile of participants to this needs assessment project.

CHAPTER III – PROFILE OF PARTICIPANTS

This chapter intends to profile the 85 lesbians who participated in the survey. The survey asked questions relating to background and self-identity, as well as to participants' experiences with health care, housing, and community support services. The purpose of building a profile based on characteristics such as socio-economic position, self-identity, etc., was not to depict the general population of lesbians 50 years and over in the Vancouver region, since the survey sample is not statistically representative of this diverse group. Rather, this profile serves to describe survey participants using some of the characteristics that have been rendered important markers of privilege and, conversely, of disempowerment within Canada's social structures.

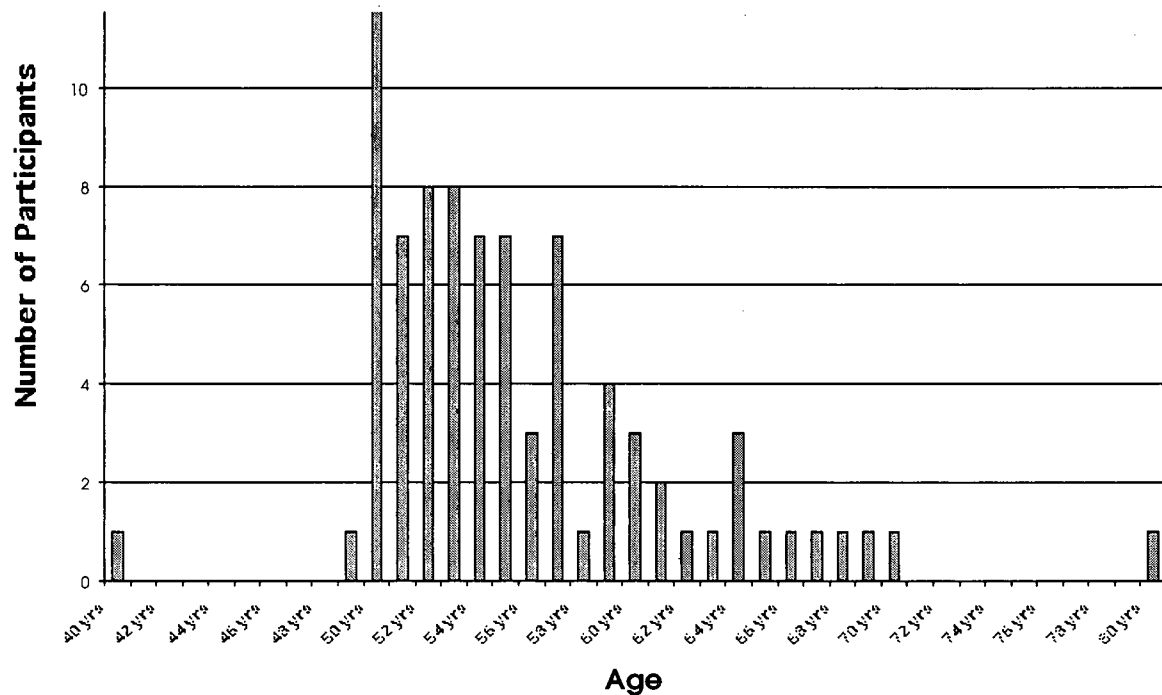
3.1 Place of residence

Of the 85 participants in the survey, 66% of them lived within the city of Vancouver and 31% lived in the surrounding region (GVRD and the Fraser Valley). Three participants (4%) resided in Kamloops.

Among those from Vancouver, there was highest representation from the neighbourhoods of Grandview-Woodlands (21%) and from the West End (8%). All other city-defined neighbourhoods had representations of 6% or less.

3.2 Age

Although the survey addressed itself to lesbians 50 years and over, participants ranged in age from 40 to 80 years old. The vast majority of the study participants were in their fifties and sixties. The average age of the participant was 55 years old, and the median age was 54. The ages of survey participants are shown in Figure 3.1 below.

Figure 3.1: Ages of Survey Participants

3.3 Sexual/romantic orientation

A full 85% of the participants self-identified as “lesbian.” Some participants who self-identified as lesbian also used other words to identify themselves. For example, 4% of self-identified lesbians also identified as “butch” or “femme,” 5% identified as “woman-oriented” and another 6% as “queer” or “dyke.”

Of those 15% of participants who did not use the word “lesbian” to self-identify, 1% identified as “queer,” 4% as “woman-oriented,” 1% as “gay,” 1% as “bisexual,” 2% preferred not to label themselves, and 4% didn’t answer the question. Furthermore, one of the participants identified as “differently gendered.”

It is interesting to note that in self-identifying their sexual/romantic orientation, many participants (10% of those who answered this question) chose also to identify whether they were partnered or single (for example, “lesbian with partner” or “lesbian, currently single”). Two of the participants also specified that they were “long-term” or “lifetime” lesbians.

Ninety-three percent of participants 40 – 60 years old used the word “lesbian” in identifying themselves, compared to 67% of those 60 – 80 years old. Those who used the words “queer,” “dyke” or “bisexual” in their self-identifications were 50 – 53 years of age. The participant who identified as a “gay female” was 73 and also stated that she disliked other words that were used to describe her sexuality. The women who self-identified as “women-oriented” rather than “lesbian” ranged in age from 57 to 68. The two women who stated they preferred not to label themselves in terms of sexual/romantic orientation were 59 and 67. This profile is consistent with findings that elderly lesbians do not appear to identify themselves in the same terms as younger lesbians (Brotman et al 2000a).

These differences are more than a matter of using different labels to describe essentially the same identity. Some older women will not identify as gay or lesbian because they do not perceive themselves to be “deviant.” They see their relationships with other women to be a “special circumstance” and not a reflection of their self-identity. As Almvig describes, “They don’t call themselves lesbians... They think it’s just really unusual that they found a very special woman in their life. They’re in love with each other and it has nothing to do with being gay” (cited in Martin & Lyon 1992: 114). Such women – although facing the same sorts of discrimination and limitations as other older lesbians – would probably not have picked up and filled out one of the surveys.

3.4 Race and ethnic origin

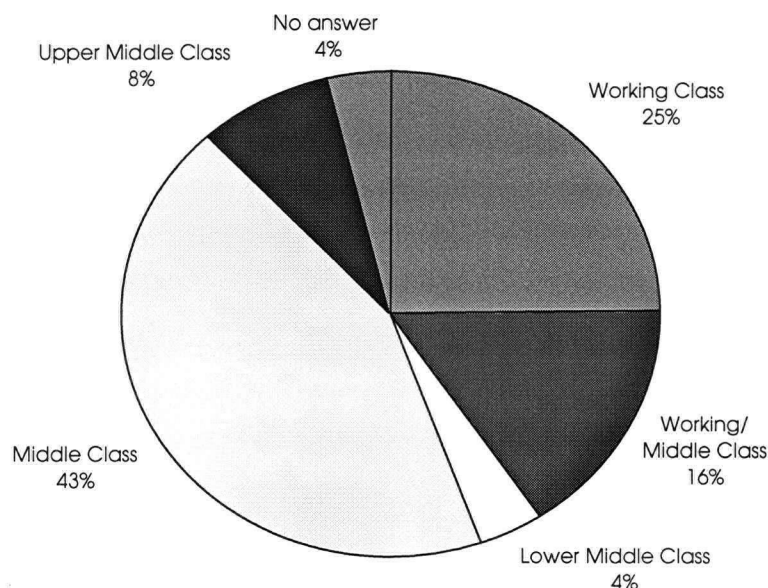
Most of the survey participants (80%) could be characterized as European, European-Canadian or European-American (80%). Participants frequently described themselves as “WASP” or “Caucasian.” Participants also frequently named a European ethnic group such as “Ukrainian,” “Norwegian,” “Scottish,” etc. In the remaining 20%, two of the participants described themselves as women of colour (“Japanese-Canadian” and “Afrikan-Canadian”), one as Metis, three as women with mixed white/native ethnicity and five as Jewish. The remaining six participants either did not answer the question (e.g., one stated “I don’t like this question”) or simply said that they were Canadian.

3.5 Class background

When survey participants were asked how they would describe their class backgrounds, 25% self-identified as “working class,” 4% as “lower middle class,” 43% as “middle class” and 8% as

“upper middle class.” Fourteen of the participants (16%) described some sort of movement between working class and middle class, or else a varied class background. Four percent did not answer the question. This breakdown of answers is further illustrated in Figure 3.2 below.

Figure 3.2: Self-identified Class Background



Some of the participants described their class backgrounds in detail, and accompanied their descriptions with some analysis. For example, one survey participant described her background this way: “Working class parents with middle class dreams for their children – education has enabled me to live at a lower middle class level – always on the brink of losing it. I do recognize that because I am partnered (20 years) I have some privilege [that] I did not have as a single [person].” Another woman said: “[I was] raised poor and lived poor most of my adult life except when I was married.”

3.6 Educational background

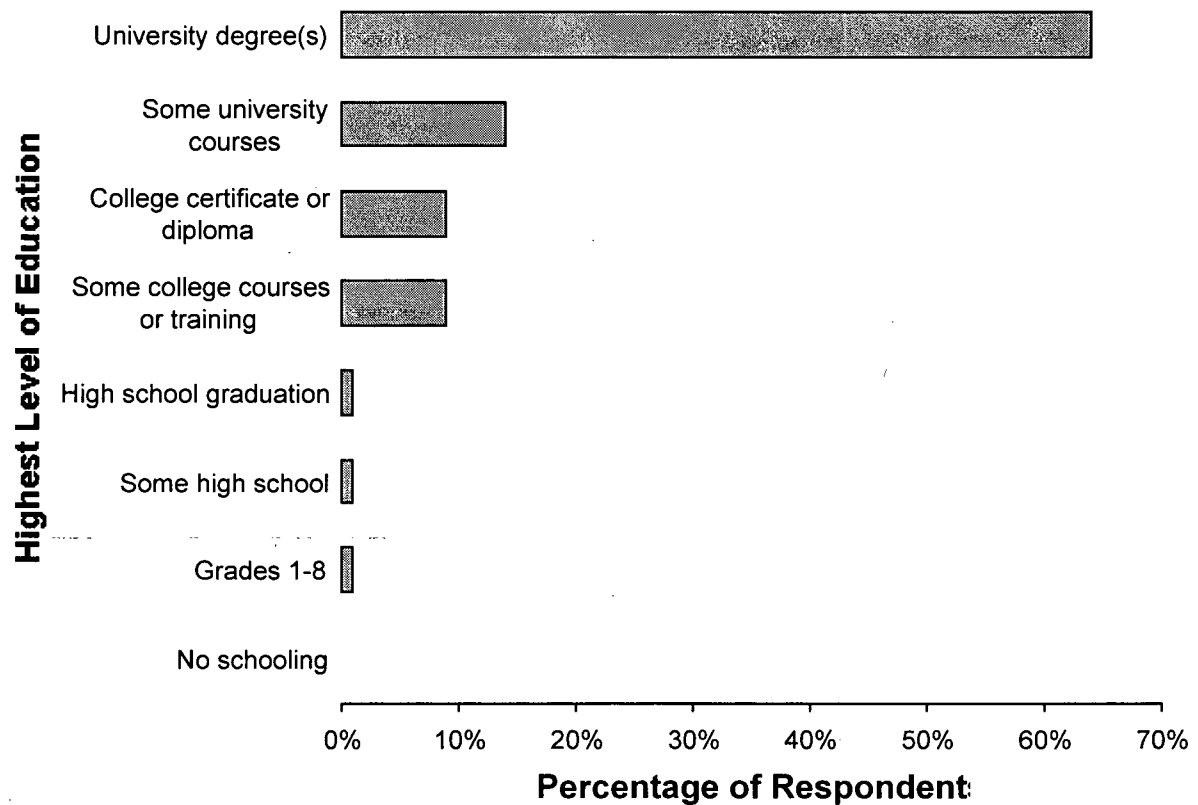
In profiling the educational background of participants, I decided to follow the Statistics Canada model of recording the “highest” level of education, so that I could compare the profile of the survey participants to the profile of older women in British Columbia.

For many people, and especially for women, the education process is not so linear, nor can this measurement account for self-education and alternative means of education. For example, one survey participant said that she had left school at 14 years old and described herself as “self-educated”; she took the high school equivalency exam while in her forties and passed. Although she never went any higher in her formal education, she has co-authored a book. Is it therefore accurate to describe her as poorly educated?

Survey results

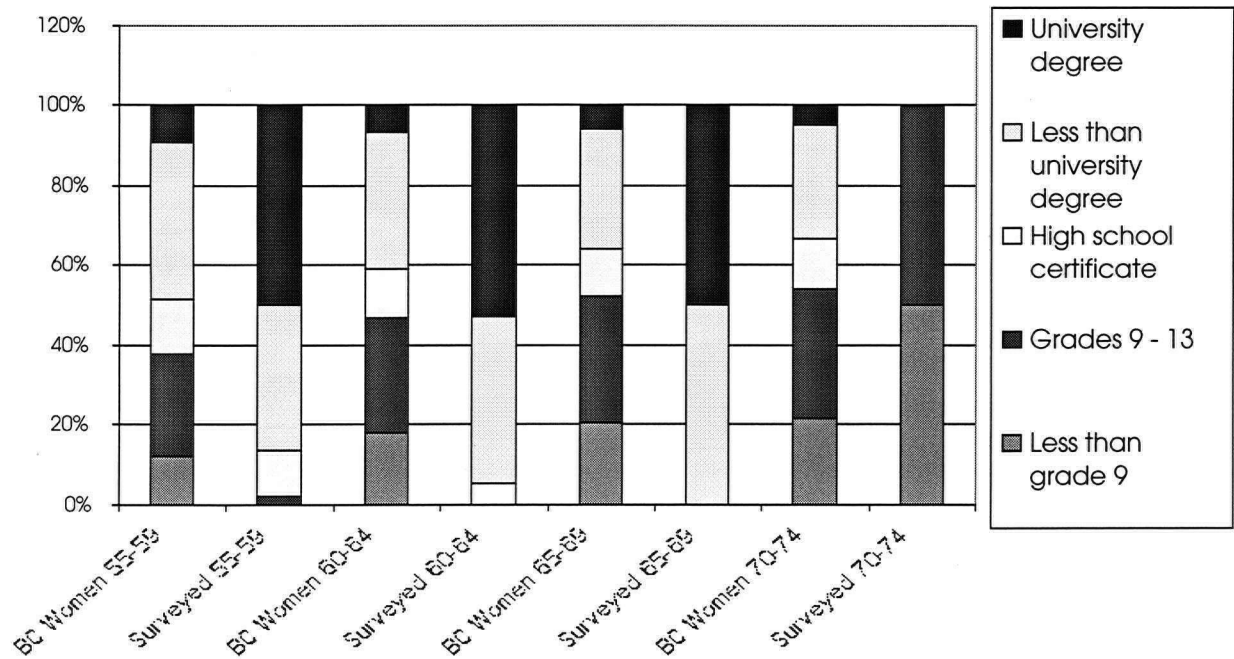
As shown in Figure 3.3 below, 64% of survey participants had one or more university degrees, 14% had taken some university courses, 9% had a college certificate or diploma, 9% had some college courses or training, one had graduated from high school, one had some high school, and one had gone no higher than Grade 8 in her formal education.

The ratio of participants who have completed university degrees is quite high, especially compared to Statistics Canada data on other older women in British Columbia. At the same time, it is important to note that many of these women have been educated in fields where women’s work has traditionally been undervalued and underpaid: “teacher training,” “registered nurse,” “spiritual training,” “art school,” etc.

Figure 3.3: Participants' Level of Formal Education*Comparison of survey results to Statistics Canada data*

In order to compare the educational profile of survey participants of the 1996 Canada census statistics, it is only possible to look at those participants who are 55 years and over. As Figure 3.4 below shows, it is evident that the participants have significantly more education than other older women do in British Columbia. One reason for this disparity may be that the survey sample was not random, and highly educated women were over-represented. Another explanation could be that lesbians tend to be more highly educated than are heterosexual women.

Figure 3.4: A Comparison of Education Backgrounds: BC Women (Statistics Canada 1996) and Survey Participants



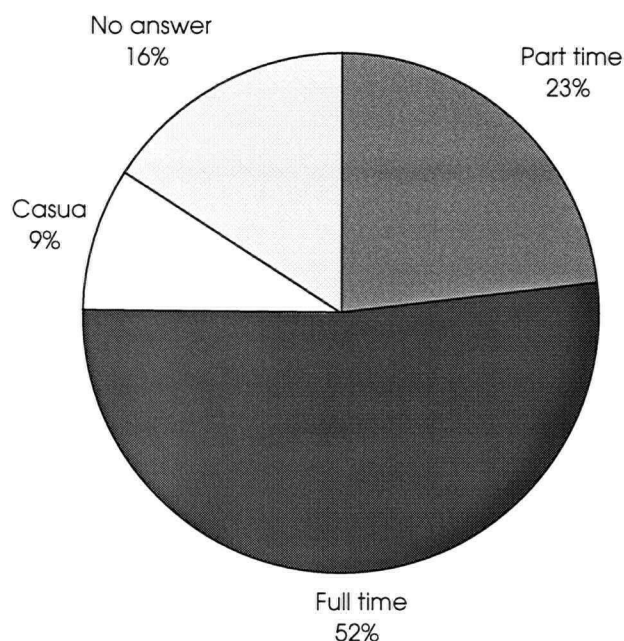
3.7 Work profile

The survey also asked about both paid and unpaid work experiences in the past year.

Paid work

Eighty percent of the participants stated they had done paid work in the past year, 21% had not done paid work, and one woman did not answer this question.

As shown by Figure 3.5, of the 68 women who answered "yes" to having done paid work in the past year, 23% stated they were working part time, 52% were working full time, 9% were working casually and 16% of participants did not answer.

Figure 3.5: Types of Paid Work Reported

Furthermore, 18% of participants identified as “retired” and 5% as “partially retired.” Not one responded in the positive to “never had paid work.” There were also four participants who were not employed and not looking for paid work. Several of the participants specified that they were retired or unemployed due to the effects of ill health, and mentioned disability pensions. One participant was unemployed and seeking paid employment.

Unpaid work

When survey participants were asked about whether they had done unpaid work in the past year, 54% answered “yes,” 34% answered “no,” three were unsure and seven didn’t respond. Of the 46 participants who answered “yes,” 37% worked part time, 11% worked full time, 33% had casual work positions, and 20% didn’t answer that part of the question.

Women perform much of the unrecognized work that maintains the social economy, which in turn is the foundation of the market economy. The committee wanted to recognize and honour the unpaid work that older lesbians do in Canadian society. However, I believe that the term

“paid work” was insufficiently defined in the survey and resulted in the under-representation of the unpaid work being done by older lesbians. Many of the women who responded “no” to having done unpaid work in the past year also mentioned in other parts of the survey that they administered care to ailing parents or actively mothered children still at home. Yet another participant, in her final comments at the end of the survey, stated: “You didn’t mention volunteering. Senior women do many such hours.”

3.8 Income

The survey asked questions about both personal and household income.

Personal income

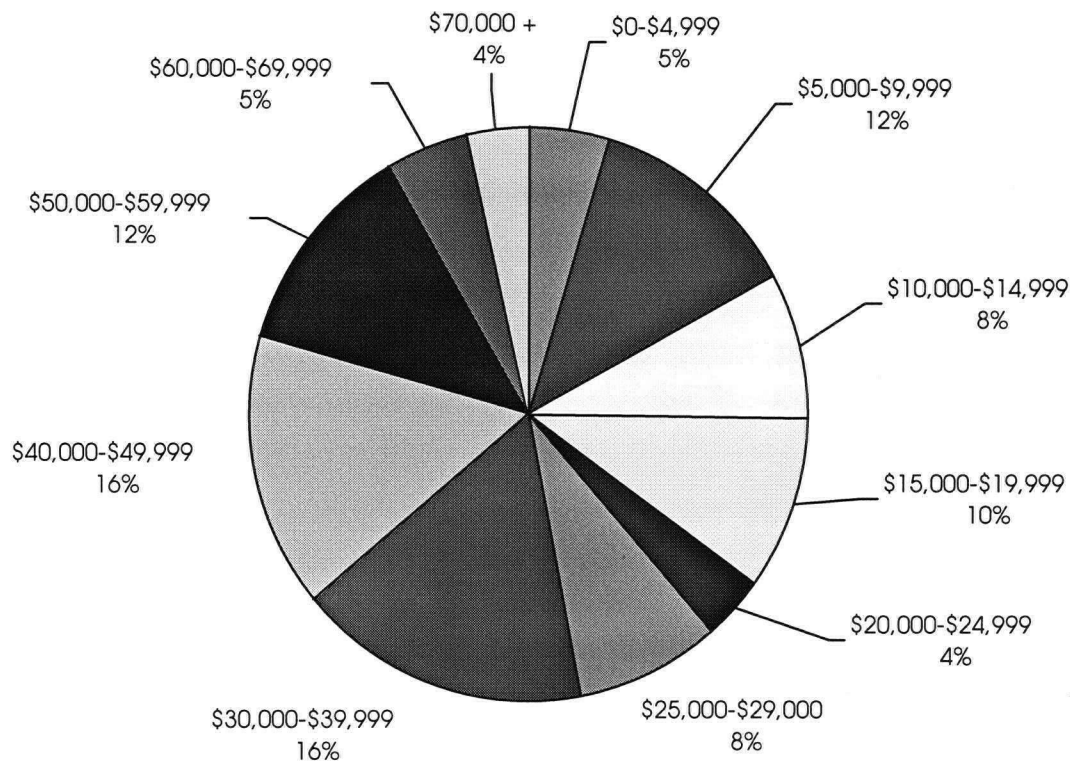
Participants were asked to circle the income category that best represented their personal income. As Figure 3.6 shows, the median income seems to be in the low \$30,000 - \$39,999 range. Thirty-five percent of the participants had incomes below \$20,000. One woman did not respond to this question.

In order to compare these results to women 55 years and over within British Columbia (the age categories adopted by Statistics Canada), I had to look at increments of \$10,000. From these comparisons, it appears that survey participants have marginally higher personal incomes than B.C. women do at large, as shown in Figure 3.7.

Household income

The survey results from the question on household income are depicted below in Figure 3.8. Among some participants (typically those with younger partners), household income is quite a bit higher than personal income. Over a quarter of the households have incomes below \$20,000 a year.

Statistics Canada (1996) reports that 20.9% of women in British Columbia are living in poverty. It is difficult to compare the rate of poverty among survey participants of B.C. women as a whole because the survey failed to assess how many people were dependent on each household's

Figure 3.6: Personal Incomes of Participants

income. In cases where there were several financially dependent family members (children, parents, etc.), a household's income would be spread more thinly to meet everyone's needs.

3.9 Conclusions for Chapter III

There are some difficulties with profiling the "average" survey participant because this tactic tends to mask the diversity inherent in this group. However, this profile might be of use to anyone who wishes to know the main characteristics of this survey sample.

The average survey participant, therefore, lives in Vancouver – probably in the neighbourhood of Grandview-Woodlands. She's in her mid-50s. She identifies as a lesbian and as middle class. She is European-Canadian, and has a university degree. Her personal income is between \$30,000 and \$35,000, while her household income is between \$40,000 and \$45,000.

Figure 3.7: A Comparison of Personal Incomes: BC Women (Statistics Canada 1996) and Survey Participants

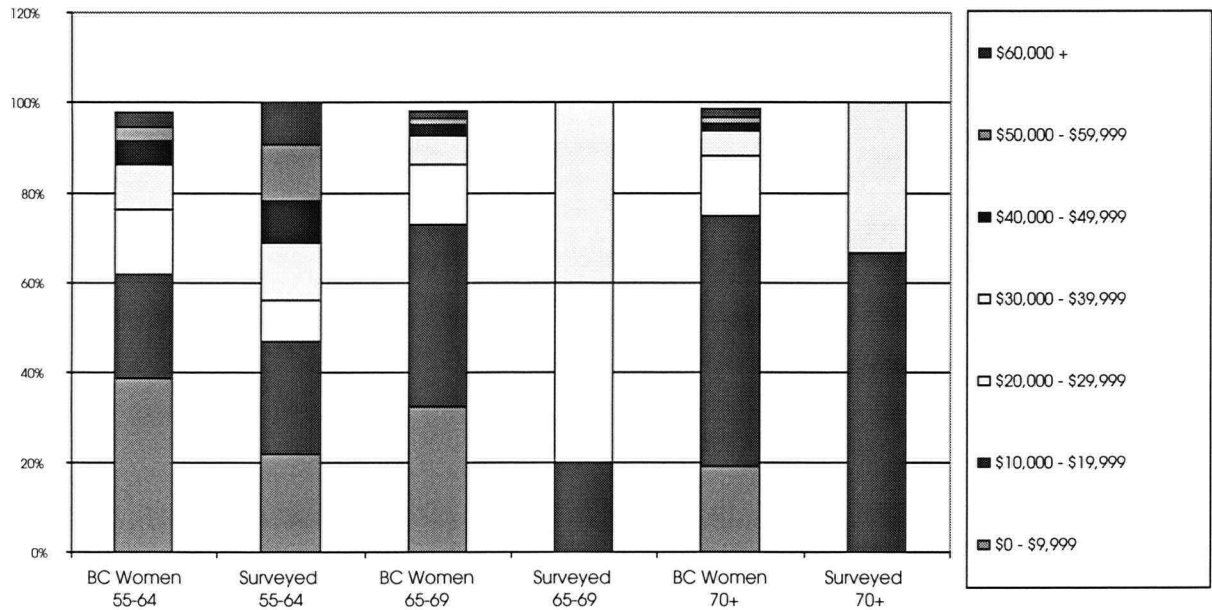
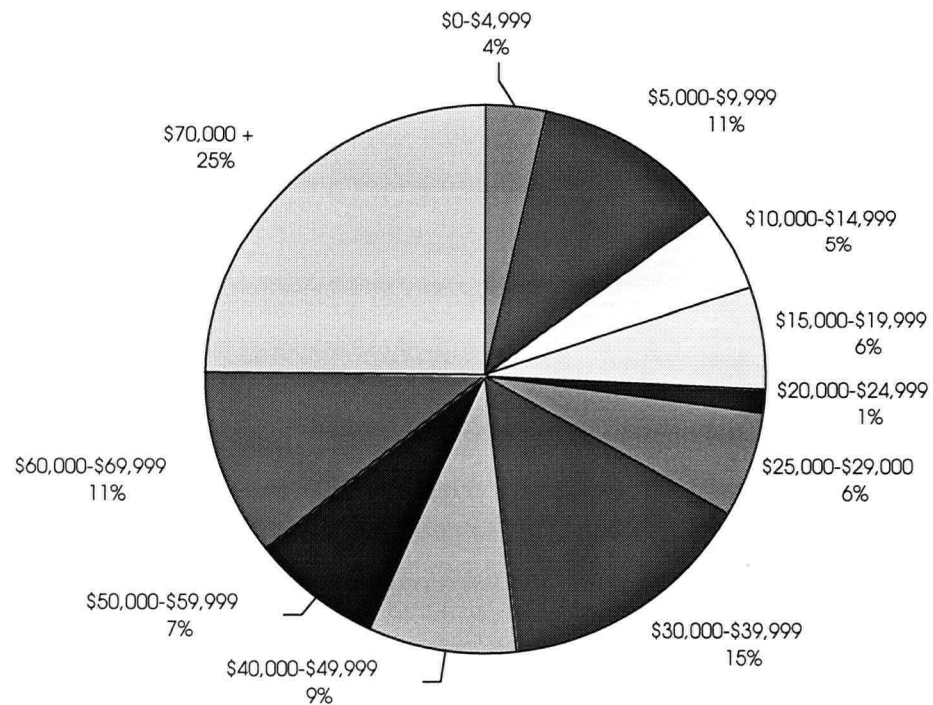


Figure 3.8: Household Incomes of Participants



CHAPTER IV – SURVEY RESULTS

The purpose of this chapter is to summarize and present the survey results, not to analyze them or (as yet) make any conclusions or recommendations.

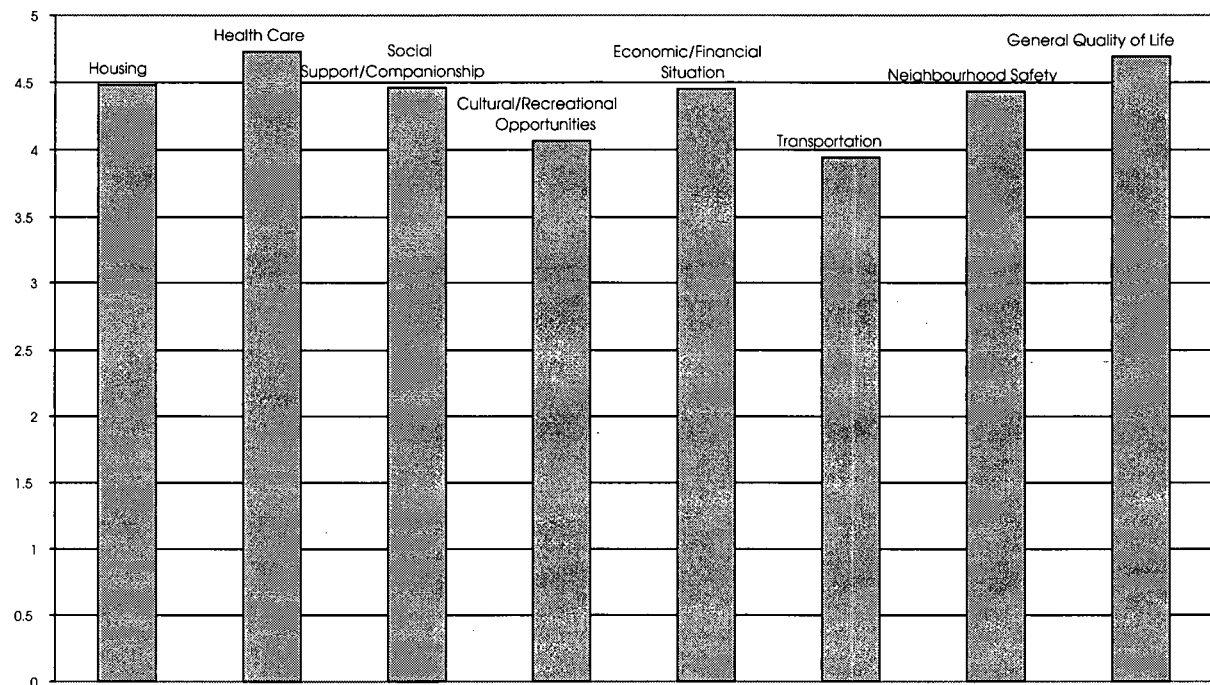
The survey was divided into seven sections: “A rating of issues,” “Current housing situation,” “Housing options for the future,” “Health and health care,” “Resources for seniors,” “Background information” and “Final comments by participants.” “Background information” was covered by Chapter III – Profile of Participants. This chapter will therefore be divided into the six remaining sections, and concluding statements, and will describe responses to each of the questions asked in the survey. The complete survey is attached as Appendix A.

4.1 A Rating of Issues

Out of a scale of one to five, where one represented “not important at all” and five represented “very important to you,” participants were asked how important several issues were in their lives. By adding up all the responses, and dividing that number by the number of participants in each category, a general rating out of five was achieved for each issue. The results are shown in Figure 4.1 below.

Issues were rated by participants in the following way (from highest to lowest rating): Health Care (4.73), General Quality of Life (4.69), Housing (4.48), Social Support/Companionship (4.46), Economic/Financial Situation (4.45), Neighbourhood Safety (4.43), Cultural/Recreational Opportunities (4.07) and Transportation (3.94).

Participants were also asked to comment about whether or not their feelings on each issue were affected by their sexual orientation. Most participants felt that their sexual orientation had some bearing on their experiences of these issues, except on the issue of transportation.

Figure 4.1: Rating of Issues by Participants

1. Health Care

Several participants expressed dismay about the marginalization and invisibility of lesbians within the health care system. "As a lesbian I feel marginalized and not celebrated," said one participant. "[I] can't stand assumptions that I'm straight," said another.

Some participants talked about the effect that discrimination against lesbians had on their quality of care. Three women talked about the fact that their partners would not always be recognized by health care institutions. For example, one woman said: "[I'm] always nervous that my partner won't be considered next of kin." Participants were also worried about the "limited information on 'lesbian' health issues" and the possible effect that not coming out (i.e., giving limited background information to their physicians) would have on their quality of care. As one woman put it: "Fear keeps the honesty out of informing your physician of who you really are."

In fact, other research has shown that having to put energy into staying in the closet with health care and housing providers has meant that lesbians have had less energy to spend on healing, social development, etc. (Hudspith 1999).

Two of the survey participants made a point of stating that they only felt comfortable with female health practitioners and also wanted to ensure these women would "be sensitive to lesbian issues."

Several survey participants also discussed their "fears of [the] dismantling [of] the health care system." This was of course directly linked to concerns about the affordability of health care. One participant put it this way: "As women our resources in a changing health care context will be constrained by our, generally, lower incomes." Already, as one participant stated, "certain medical costs [i.e., glasses, dental and denture costs, hearing aids, canes] are no longer free" when on CPP/OAP. Inexpensive dental work at the Vancouver Community College and University of British Columbia dental training schools has been cancelled, she said. This participant also stated that less expensive options (such as the Sources of Caring Clinic on West 7th and Arbutus) is little known. Standard medical practitioners don't tell their patients who are living in poverty about these options.

2. General Quality Of Life

Quality of life has been defined in research as "the sum of all things which people purchase collectively (e.g., the health care system, public education, policing) or things not purchased at all (e.g., air quality). Economic security is important, but quality of life can also be obtained through other means" (Roseland 1998: 11). However, definitions of quality of life would probably vary among survey participants.

Several survey participants talked of the things that contribute to their sense of quality of life, such as volunteer work, walking their dogs, gardening, going to the library, theater and museums, etc. Quiet moments were important to some. As one woman said: "I like to be able to go out into the garden and [be] near the birds. I need to watch the seasons change." Another woman saw how quality of life was related to a sense of political accomplishment: "It will be good to see as we age that our work to change the world means a better life for the lesbians of younger generations."

One participant felt that in order for her to continue having quality of life, "Health and money need to hold out." Not everyone saw it this way. One woman observed: "My aging will change many factors, however, I do not want my quality of enjoyment to decrease. It may change and

be different but not lessen." Another commented that good health came from quality of life, not the other way around.

3. *Housing*

Housing was very important to most of the women who answered the survey. As one participant stated, "Control over [one's] environment [is] important for quality of life." Another said: "While all eight categories [of issues] are of the utmost importance to me, housing remains my priority."

Participants stressed the need for safety, affordability, independence, accessibility and security in their housing situations. "Home is a place I want to feel completely safe," said one participant. There is a need for "affordable safe accessible housing," said another (emphasis in original).

Most comments were related to participants' "concern of isolation" from the lesbian and/or lesbian/gay community in their later years. "I'm in a gay neighbourhood and I'd like to be able to stay here when I retire," said one survey participant. "My preference is to live in community with lesbians – especially as I age," said another. As one woman explained: "Those who are discriminated against always need a safe haven."

Other participants stressed that their living environments should be – at the very least – gay-positive. As one woman said: "As a lesbian I want at least pro-gay if not gay neighbours in my neighbourhood." Another commented: "I want to live in a place where my orientation is accepted and respected." Yet another woman explained: "I know and am comfortable with people of varied sexual orientation and would prefer to continue to live in an accepting mixed environment" (emphasis in original).

Several participants were most worried about a time in their lives when their mobility, health and/or independence were severely limited. They saw a particular need for care facilities to be "gay positive" or ideally housing "other lesbian (and gay) folks."

4. *Social support/Companionship*

Several of the participants stressed that they “prefer[red] the company of lesbians” and one participant called the lesbian community: “my own community.” As one woman stated: “I wish it were otherwise but lesbians are still discriminated against – more by ignorance [than anything else] – so our community matters” (emphasis in original). However, one participant stated that for her, “community is both gay/lesbian and straight, family, etc.”

One participant made an interesting reference to social support/companionship in regards to the physical spaces in which this support might take place. “There are few community places to feel comfortable,” she stated.

Participants emphasized that social support was more important to them when living alone, when single, or when living with illness or disability. “Until my illness my life was full of people – as I age and am increasingly ill, I have become more isolated,” said one woman. Another participant stated: “I am single and feel/believe this [i.e., social support/companionship] is my life line.” One woman made a very general statement about the plight of lesbians as they age: “Socialization is difficult for any aging person – lesbians are even higher risk of isolation and loneliness.”

One participant stressed that she did not want companionship to such a degree as it would affect her ability to be independent or cause her to be reliant on others.

5. *Economic/Financial Situation*

Survey participants talked about the incidence of poverty and financial barriers, and how the risk of being poor was related to age, gender and sexual orientation. “Quality of life depends on financial security in older ages,” said one participant. Added another: “I feel that the gap between the haves and have nots is widening, and that older people on low incomes will be hit the hardest, including me.” “Women earn less,” and “old women are invisible and poor,” said others. Still others stressed the difficulty of “progress[ing] in the mainstream” for lesbians, thus the higher risk of financial limitations in later life. One woman said: “Old lesbians are, generally, not considered in planning and until now, we have had constraints in pensions, etc.”

Others discussed the issue of financial status by sharing their own stories about their current and future financial prospects. Several said they either would have to live on – or already live

on – very limited pensions. The link between health care and financial resources was emphasized by one woman, who stated: “I have lived in poverty several times in my life and the only resource I have for my old age is some equity in my home. I am afraid that I will lose my ability to access the alternative care that I need.” Another said: “As I live, and will continue to live, on a very limited income and considering that very little may be available to a gay person, the future looks frightening and very uncertain.” Not all participants were in dire financial straits. Said this woman: “[I’m] on [a] minimal income but [it’s] adequate and [I] have most of what I need covered in savings and [a] pension.”

6. Neighbourhood Safety

“[I] need to feel safe and connected to others,” said one participant. Most of the participants talked about their fears, their vulnerabilities, and their hopes about neighbourhood’s livability as they aged. “[I] would like to be able to walk alone at night,” said one participant. Another stated: “[I] feel vulnerable as an older woman on my own.”

Some participants talked about the incidence of break-ins, purse-snatchings, etc. in their neighbourhoods. However, most of the concerns were not about property crimes but about the incidence of violence against women and violence against seniors. “The elderly are at risk [of violence] – lesbians are even more at risk,” said one woman. Another stated: “Seniors are more vulnerable than others – everyone should be entitled to be outdoors or at home and feel safe.”

Two cautionary notes were added to the comments, however. One participant reminded us that “most violence against women happens indoors/at home, by family/acquaintances.” Another stated that she doesn’t want a risk-free environment “at the expense of [an] interesting environment.”

7. Cultural/Recreational Opportunities

Several participants talked about the kinds of cultural and recreational activities they enjoyed, such as music events, artistic events, sports, walking, camping, etc. One woman said that she "would prefer input into what [activities are] offered... in Vancouver and B.C."

Some participants stated that they "enjoy[ed] women's events." As one woman put it: "I have a wide range of interests and am primarily women centred in my choices."

Other participants said they "most often attend gay/lesbian events." One survey participant said that she "will want to avoid heterocentric environments [in old age] and prefer[s] lesbian/gay [environments]." One participant said she hoped for "appropriate lesbian only activities."

8. Transportation

Transportation was ranked lowest among the eight issues. Nonetheless, as one participant noted: "When one has transportation, one is not so likely to be isolated from friends, community and the outside world." Because much of the development of neighbourhoods has been planned around the automobile, rather than on a "human scale," elderly women often become virtual prisoners in their homes, reliant upon friends, relatives or neighbours to drive them in order to access basic services.

To participants whose mobility and physical abilities are not impaired, and who own their own cars, transportation was not a priority issue. However, for those who rely on public transportation to get around, the issue ranked much higher. As one woman stated: "I am too poor to own a car and sometimes too sick to take the bus." "I am not able to get out much," said another woman, who either takes the bus on her own or depends on her partner to drive her.

Although some participants mentioned the link between concern over transportation and age, no one mentioned any issues that directly link their concerns about transportation to their sexual orientation. The elderly, said some participants, tend to be less independent and therefore need to rely on public transportation. "For seniors [public transportation] is a lifeline – for shopping, health centres and socializing," said one woman. Transportation, stated another, "will become important if age is related to ability to drive." Some spoke of the need for increased efficiency in Vancouver's public transportation system.

Conclusions regarding rankings

In rating these issues, study participants commented on their fears of invisibility, limited accessibility and isolation as lesbians. Participants seemed to rank highest the issues (i.e., health care, quality of life, housing, social support/companionship and economic/financial situation) that they feared would be most affected by their identity as lesbians. Participants felt that their experiences of the three lowest ranking issues (i.e., neighbourhood safety, cultural/recreational opportunities and transportation) would least likely be affected by their status as older lesbians.

4.2 Current housing situation

Place of residence

As previously mentioned (in the participant profile in Chapter III), 66% of the women who responded to the survey resided within the city of Vancouver, 31% lived in the surrounding region (GVRD and the Fraser Valley), and three participants (4%) resided in Kamloops.

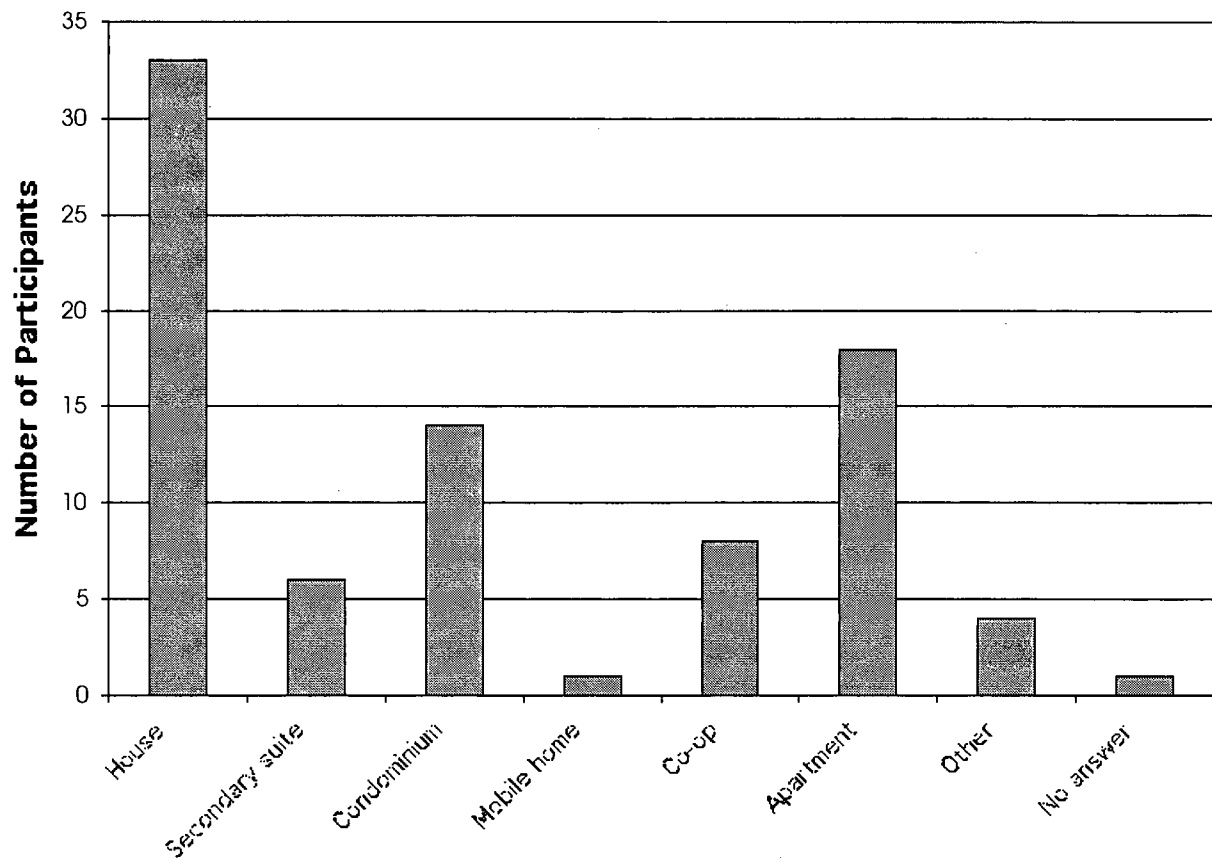
Twenty-one percent of all participants lived in the neighbourhood of Grandview-Woodlands, well known as a lesbian and counter-cultural neighbourhood (Bouthillette 1997; Healy & Lo 2000). What is interesting about this ratio is that there is a statistically low ratio of seniors in Grandview-Woodlands. This community has the third lowest percentage of seniors (at 11%) of all the city's 23 communities (City of Vancouver 1999).

Types of housing

As Figure 4.2 below shows, over a third (40%) of the participants said that they lived in a house. A similar number (37%) said that they lived in a condominium (16%) or an apartment (21%). The category of co-operative was not one of the options offered by the survey, but was added to survey results because a significant number of women (9%) wrote "co-operative" in the blank space beside "other." The number of participants living in secondary suites might be underreported, because the meaning of "secondary suite" (a portion of a house rented out by the owner) did not seem to be clear to at least one of the participants. She had checked off

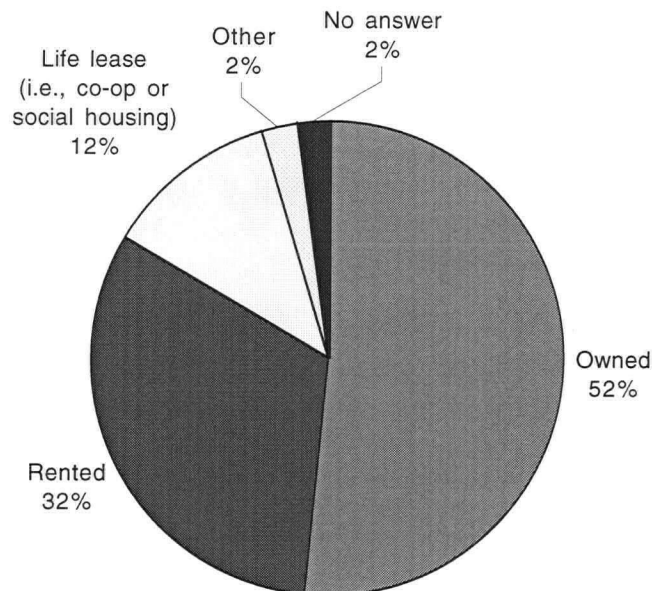
“house” rather than “secondary suite” but had stated, at another point in the survey: “[I] rent upstairs suite in house, landlord lives on groundfloor.” No participants checked off other options such as “Rooming house,” “Room & Board,” “Personal care home” or “Seniors complex with on-site services.”

Figure 4.2: Types of housing



Home ownership

Fifty-two percent of respondents reported that they owned their homes, 32% rented, and 12% had a life lease (with a corresponding assurance of tenure). Two participants described some other arrangement, and two did not answer, as illustrated in Figure 4.3.

Figure 4.3: Rates of Home Ownership

Statistics taken from the 1996 census show that within the Vancouver metropolitan area there is an ownership rate of 73% among “female-headed” households in which the “female head” is 45 to 64 years old, and an ownership rate of 71% among “female-headed” households in which the “female head” is 65 years and over (Statistics Canada 1996). Therefore, the home ownership rate among survey participants seems to be rather low, even in comparison to other “female-headed” households.

A number of the participants described shared living arrangements, such as co-ownership arrangements with friends, partners and ex-partners. For example, one woman commented: “Co-own with friend[,] separate spaces but shared decisions[,] etc. [-] some support.”

Several participants made a point of stating that even though they owned their homes, they carried large mortgages.

Proportion of participants in "seniors" housing

Ironically, the only woman who checked off "yes" when asked if she was a resident of "seniors" housing was the 40-year-old participant. Eighty participants (94%) stated that they did not live in "seniors" housing, and four women (5%) were unsure or didn't answer the question. One of the survey participants stated she was "living in mixed women's housing – older people, handicapped and mothers with children."

Living arrangements

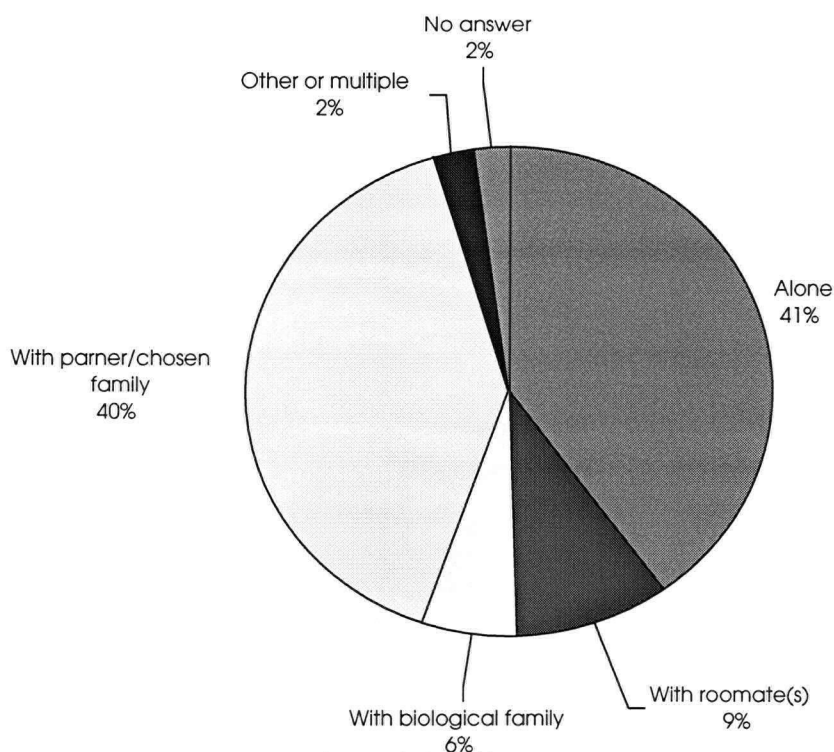
As Figure 4.4 shows, 41% of the survey participants said that they lived alone. This compares with Kehoe's (1989) finding that 57% of her survey participants (60 years and over) were living alone.

Of those participants who lived with others, the vast majority (69%) lived with their partners. Eight participants (16%) lived with roommate(s), five (10%) with biological family (mostly their children, who range in age from 7 to 23), and two participants (4%) with a combination of people: "with partner and 2 roommates," said one, and "four women share house, 1 lesbian couple, 1 single lesbian, 1 heterosexual female," said another. Three women made explicit mention of their pets, even though this was not a category of response that had been offered them. Two women did not respond to the question.

Reasons for residing with others (for those not living alone)

Survey participants who were not living alone were asked why they were living with others, and they could check off or list as many reasons as were applicable.

As Figure 4.5 below shows, of the 41 survey participants who were living with others and answered this question, the most frequently reported reason for home-sharing was "for companionship" (68%), followed (in order of importance) by "for financial reasons" (59%), preference (41%), and "for safety" (37%). Five women (12% of participants) made a point of saying that they lived with their partners because it was expected of them. (It is interesting to

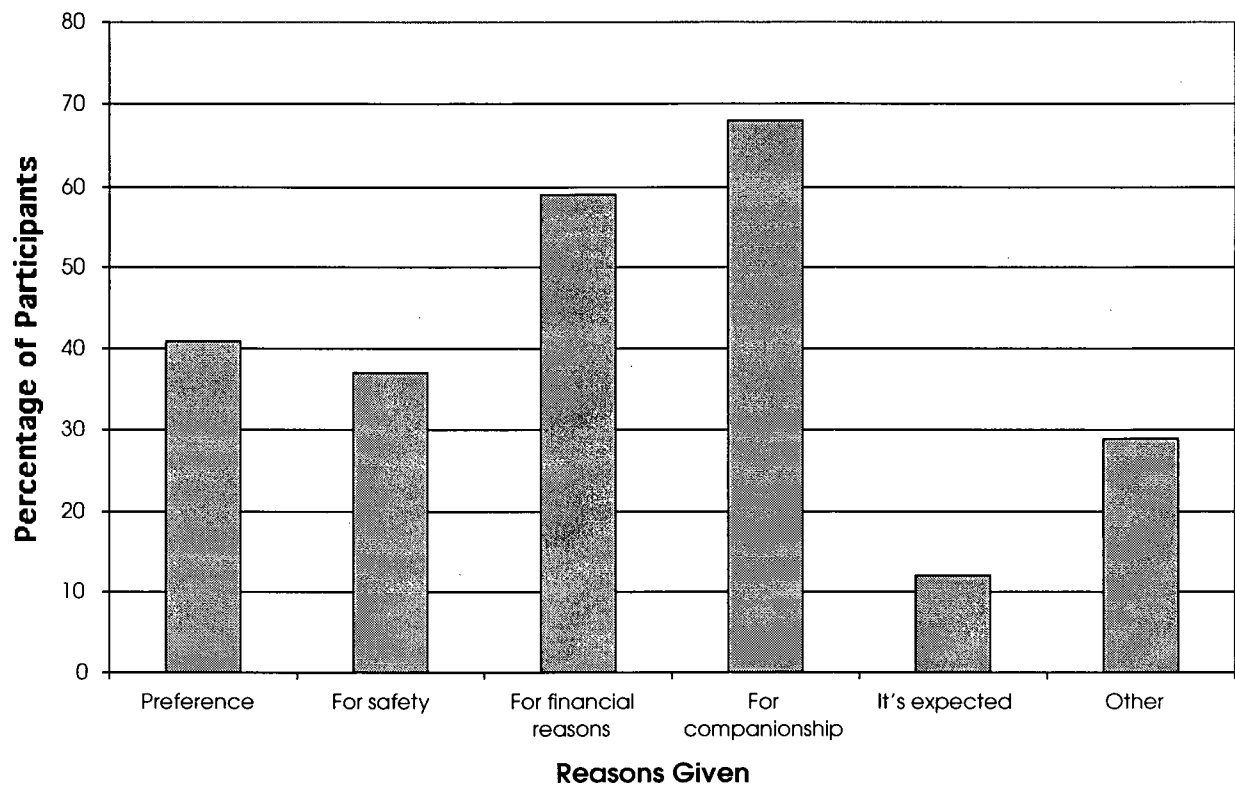
Figure 4.4: Living Arrangements of Participants

note, however, that at least 6 of the total 85 survey participants (i.e., 7%) had partners with whom they did not live.) Twelve other reasons were given as to why the participants were living with others, including motherhood, love, affection, and as one woman eloquently put it, “because I finally found the woman I can spend the rest of my life with.”

Affordability of home

Sixty-two percent of participants agreed to the statement “I am paying less than 30% of my income on shelter,” compared to the 32% who were paying more than 30% and the 7% who did not answer. At the same time, 67% of participants agreed with, “I can afford to live in my current home” compared to 27% who agreed to, “I have difficulty being able to afford my home.” Again, 7% did not answer the question.

Of the 23 women who checked off “I have difficulty being able to afford my home,” 13% of participants said they had difficulties in making mortgage payments, 49% had problems with

Figure 4.5: Reasons for Home-sharing

affordability due to the cost of rent, 18% spoke of maintenance costs, 7% of the cost of remodeling, and 13% listed assorted other reasons.

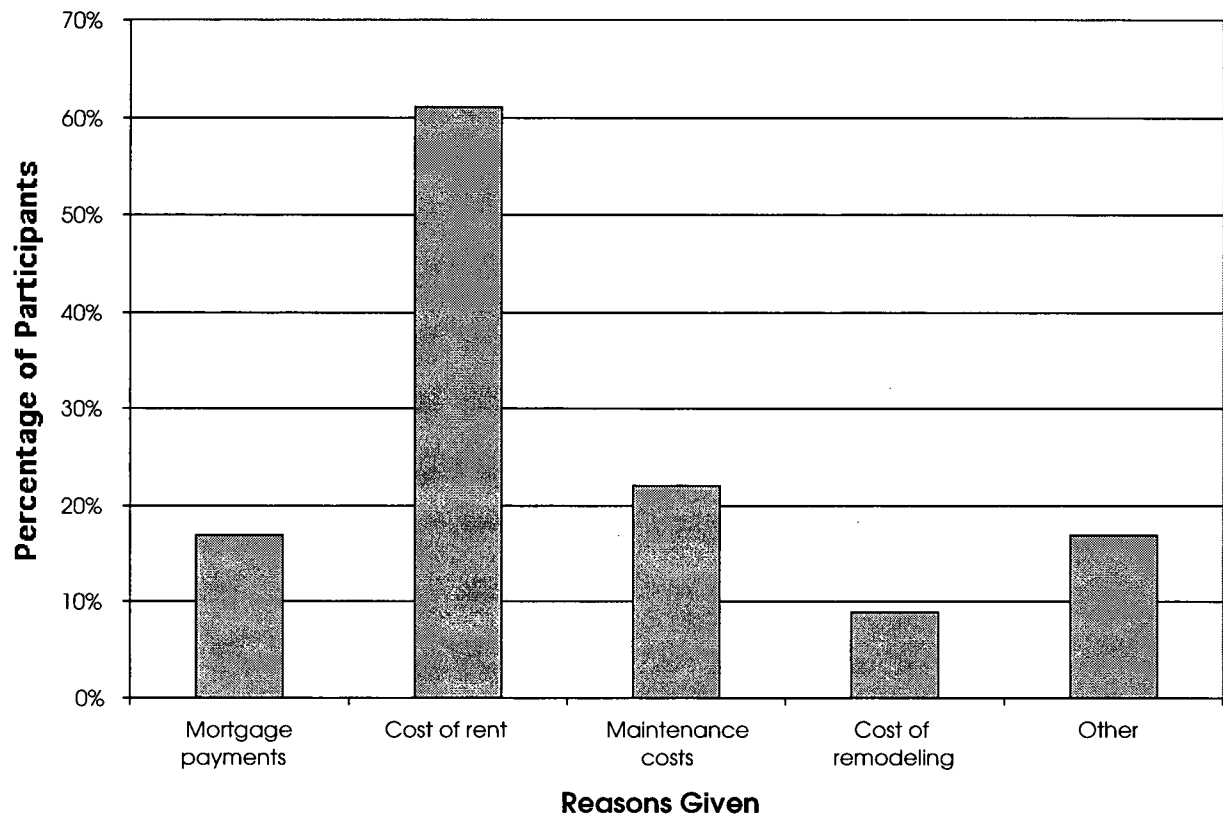
Other reasons given as to why participants had difficulties in affording their homes included, "don't qualify for lowest mortgage," "fluctuating income," and "spiraling prices of stuff like Hydro, telephone, cable, insurance, taxes, [compared to] income that doesn't spiral."

Home maintenance

Sixty-seven percent of survey participants agreed with the statement, "repairs and maintenance of my home have been kept up." Fifteen percent reported that repairs and maintenance had not been kept up, and 18% did not answer this question.

Of the 13 women who checked off "I am not able to keep up on repairs and maintenance of my home," 22% of these participants spoke of high costs, 13% of lack of know-how, 18% of

Figure 4.6: Reasons for Difficulties in Affording Home



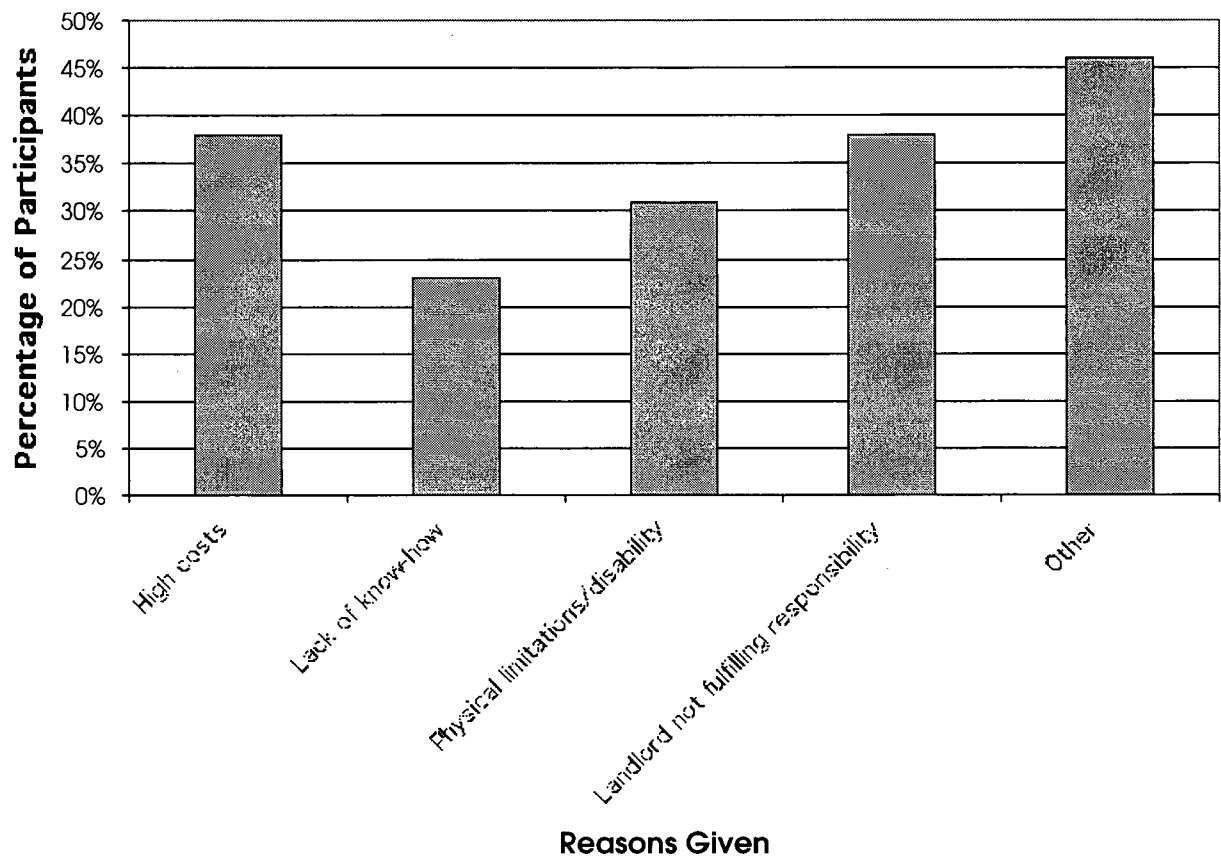
physical limitations/disability, 22% of the landlord not fulfilling his/her responsibility, and 25% of other assorted reasons.

Some of the other reasons given by survey participants for not being able to keep up with home maintenance were: "lack of time," "difficulty of working and [getting] estimates," and "unpredictability of repair needs." A couple of women discussed the problem of living in a "leaky condo" and a "deteriorating leaky co-op."

Appropriateness of home

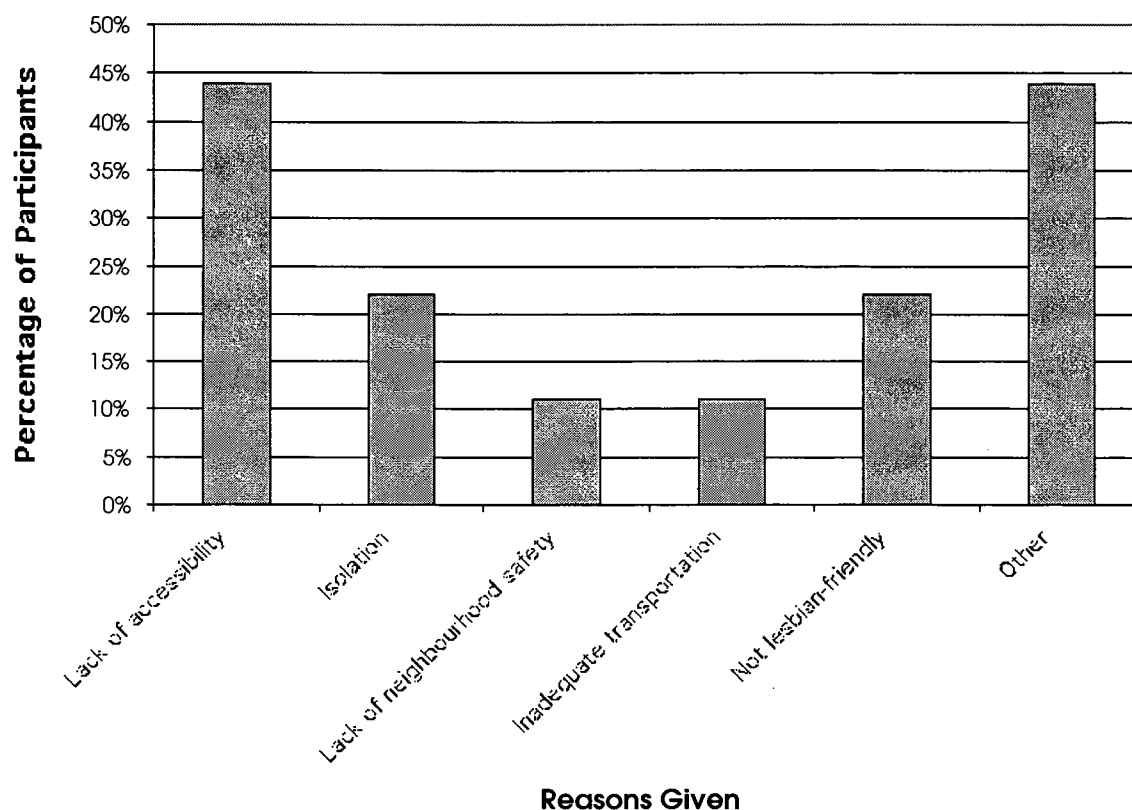
Seventy-six percent of participants agreed with, "my home is appropriate for my needs." Twenty-two percent found that their home was not appropriate, and 2% did not answer.

Figure 4.7: Reasons for Difficulties in Maintaining Home



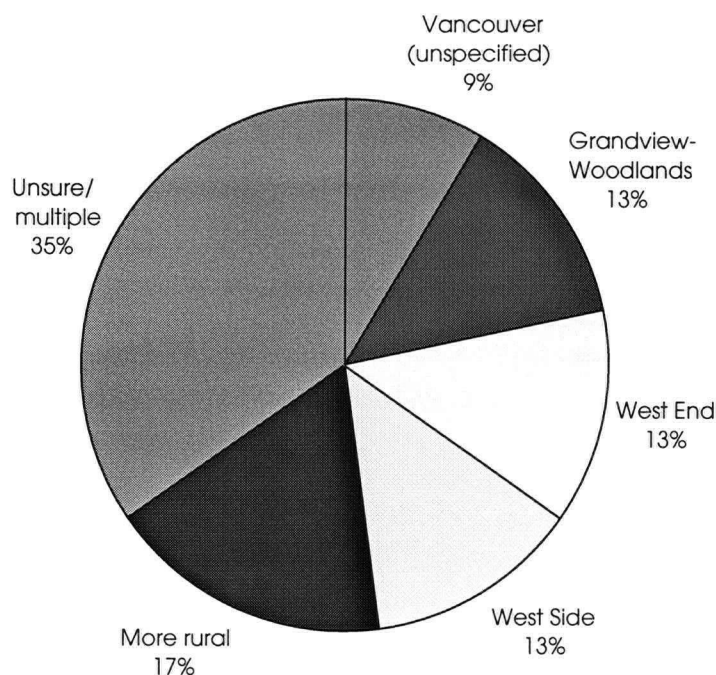
As illustrated by Figure 4.8, of the 18 women who checked off “my home is not appropriate for me,” 44% said their homes needed to be more accessible, 22% felt too isolated, 11% didn’t feel safe in their neighbourhoods, 11% found that transportation was inadequate, 22% that the building and/or neighbourhood was not lesbian-friendly, while 44% listed other reasons.

Some of the other reasons given by participants regarding why their homes were inappropriate included small size of their rooms/apartments, the age of the building, building management, high costs, noise, pollution, unsafe neighbourhoods and their own poor health.

Figure 4.8: Reasons Why Home is Inappropriate*Preference: location of residence*

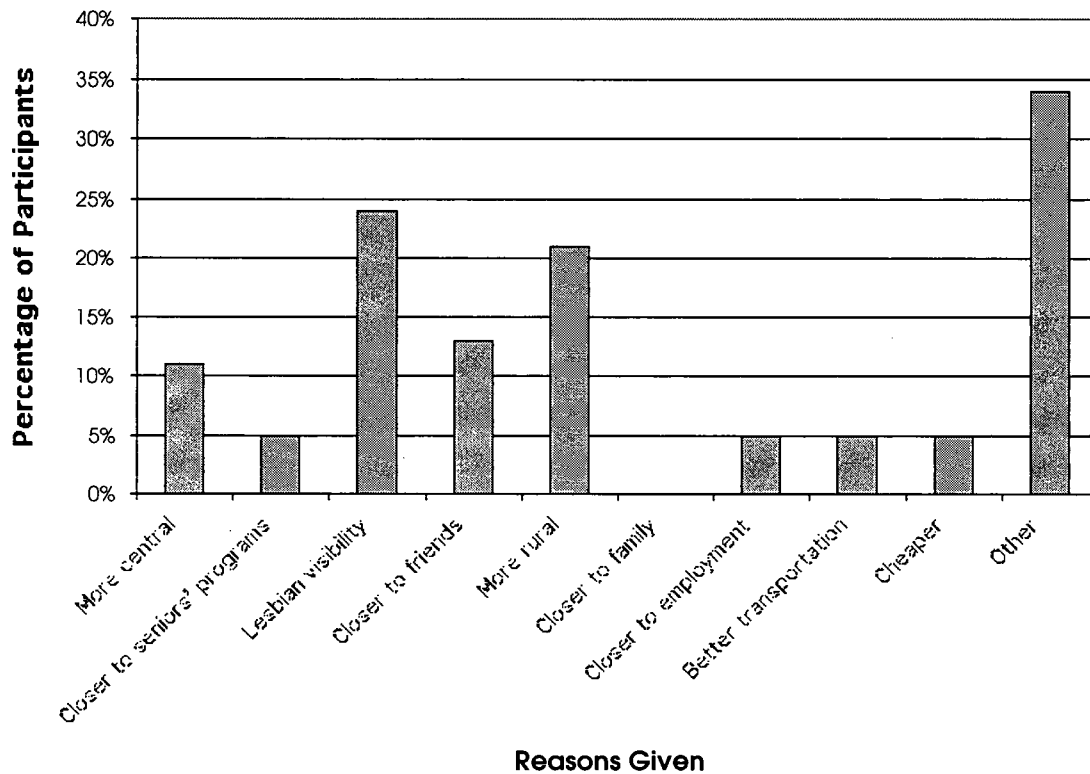
Sixty-two percent of survey participants agreed with, "I prefer to live where I am," whereas 38% would prefer to live elsewhere. One woman did not respond to the question. Several women expressed mixed feelings, or placed a time limitation on how long they could afford to live where they were (for example, until they retired). One woman agreed with the statement, "I prefer to live where I am" but then added: "But I have to sell and move to a rented place."

As shown in Figure 4.9 below, of the 38 women who said they would prefer to move, 5% preferred Vancouver (unspecified neighbourhood), 8% preferred Grandview-Woodlands, 8% preferred the West End, 8% the West Side, 11% preferred a more rural location, and 21% of participants were unsure or listed multiple preferences.

Figure 4.9: Preferred Location of Residence

Most of the women who were unsure of their preferred location tended to mention two or three very central areas on the West Side or the West End, or conversely rural areas such as Galiano Island. One woman stated she wanted to live “anywhere safer” and then added, “Is anywhere safe in the Lower Mainland?”

When asked why they would prefer to live elsewhere, 11% of those who responded to this question said they wanted to be “more central,” 5% wanted to be closer to seniors’ programs and services, 24% wanted the lesbian community to be more visible, 13% wanted to be closer to friends/support network, 21% wanted to be “more rural,” 5% wanted to be closer to employment, 5% sought better transportation, 5% wanted a cheaper neighbourhood and 34% of participants gave assorted other reasons. No participants wanted to move in order to be “closer to family.” These results are demonstrated in Figure 4.10 below.

Figure 4.10: Why Participants Prefer To Move

It is interesting to note that the most frequently mentioned reason for living elsewhere was that the “lesbian community [would be] more visible.” Other reasons for wanting to move location of residence included cost of living/affordability, environmental pollution, noise/traffic frustrations, and neighbourhood safety. Many women talked about the positive characteristics of their preferred neighbourhood rather than the negative characteristics of their present location. Proximity to parks, trees, beaches, ocean, restaurants, shops and library were all mentioned.

4.3 Housing options for the future

Length of stay in current home

As Figure 4.11 shows below, when participants were asked how long they could stay in their current home, a large proportion (43%) were unsure or stated reasons why this would depend on circumstances. Of the remaining responses, 9% thought they could stay less than a year in their current home, 5% believed they could stay one to five years, 9% five to ten years, 12% ten

to twenty years and 8% twenty to thirty years. Five participants (6%) stated they would be able to stay in their homes until their retirement, and another 6% stated they thought they could live in their homes their whole lives. Two women didn't answer the question.

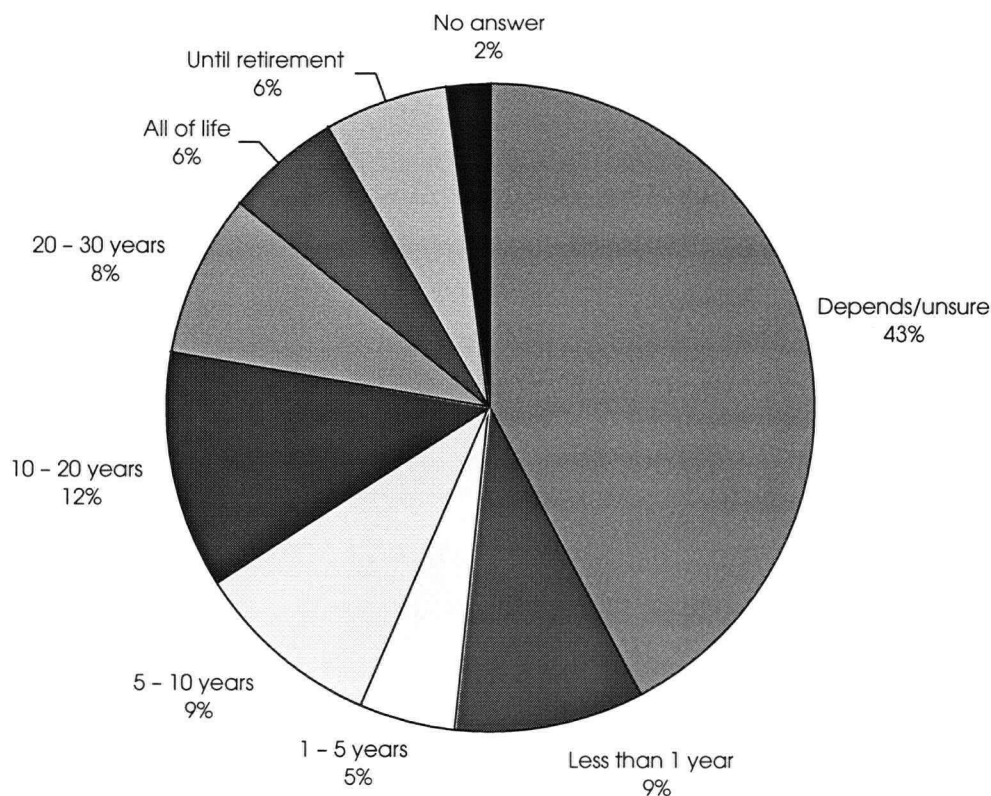
The participants who were unsure of the length of time they could stay in their present homes named physical health, mental health, mobility/ability, uncertainty as a tenant and finances as important variables. How long they would stay in their homes also depended on a wide variety of circumstances, such as: "until my kids are really gone," "as long as I have a partner" and "until school is finished."

Survey participants were also asked what would make it easier to remain in their own homes. The most common responses to this question were good health or health care support (15%), improved financial security (43%) and improved accessibility (23%). In regards to accessibility, women mentioned that having "no stairs" or "less stairs" would help them in staying in their present homes, having an elevator, having ensuite laundry and/or having a walk-in shower. Women also talked of limitations of public transit (2%), physical isolation (2%), difficulties with maintenance/repairs (12%), and safety/security concerns (2%). One woman responded that she was unsure what was needed.

Possibility of living in seniors' housing

Survey participants were asked if they had ever applied for or considered living in seniors' housing. As Figure 4.12 shows, 20% replied "yes," 63% replied "no," 4% were unsure, 12% responded "not applicable" and one woman didn't respond at all.

In comments following these replies, seniors' housing was described on one hand as "my nightmare," while on another hand as "a great idea." Women who had considered applying for seniors' housing at some future point mentioned determinants such as health, finances and loneliness in their decision as to whether or not to apply. As one participant stated, "I've started considering [seniors' housing] lately, there is nowhere in my co-op that would be quieter or more

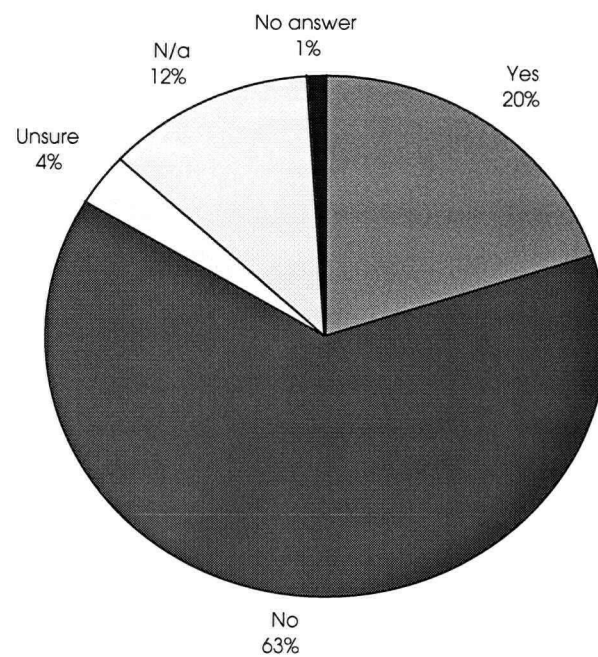
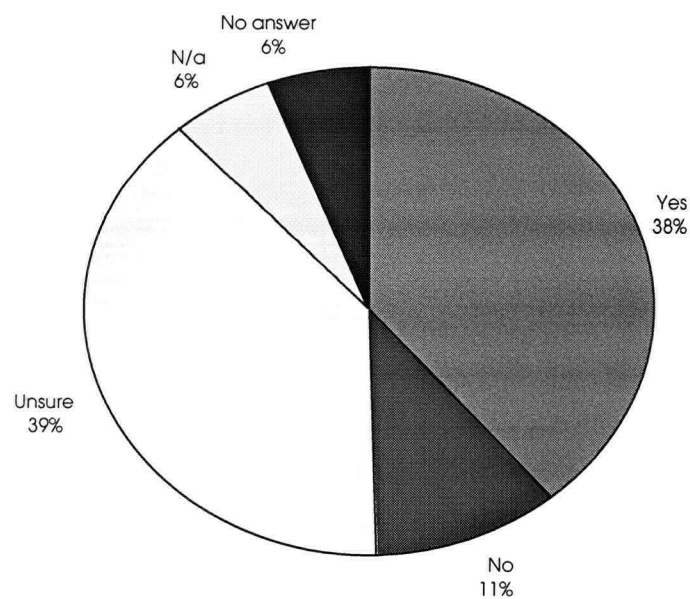
Figure 4.11: Length of Stay in Current Home

accessible – not sure that I’m old enough at 54 – but certainly poor enough and decrepit enough!”

Of those who said they had not even considered living in seniors’ housing, several participants stated that they preferred diversity in age within their living environments, or that they felt they wouldn’t fit into seniors’ housing because they were “young at heart.” Several participants complained that “generic seniors’ housing” was inadequate. Reasons given for this inadequacy included cramped quarters, isolation, the “no pets” rule, and concerns about the lack of support for lesbians in those environments.

Education of seniors’ housing officials/managers

Participants were asked, “If you think that there are problems with existing seniors’ housing options, can these be overcome by educating housing officials/managers about the needs of older lesbians?” Thirty-nine percent of the participants answered “yes,” 11% answered “no,”

Figure 4.12: Participants Who Have Considered Seniors' Housing**Figure 4.13: Responses re. Education of Seniors' Housing Officials/Managers**

39% were unsure, 6% checked off "not applicable" and 6% didn't answer, as shown in Figure 4.13.

Participants who answered "yes" suggested workshops for staff, the availability of lesbian resource materials, increased lesbian visibility and speakers forums. One woman suggested, "I certainly believe there has to be some access to an ombudswoman or resident advocate to ensure fair and respectful treatment of lesbian residents." Another woman stated that "officials should understand that lesbian couples would want a double room or adjoining rooms, or if only one lesbian is in the senior's home, her partner should get full visiting privileges as a spouse."

Of the survey participants who checked off "no," several of them stated that it was not only the homophobia of officials and managers, but the homophobia of other senior residents, and the general heterosexual culture, which was the problem in seniors' housing complexes. As one participant put it, "I fear I would feel very isolated living in seniors housing and not very safe emotionally because of homophobia." One woman went so far as to say, "I think in some cases raising awareness [about the existence and needs of lesbians] results in negative attitudes." Furthermore, some of the participants said that education would not be sufficient, and therefore "lesbian homes" or "woman-only housing" needed to be offered as a housing alternative for seniors.

Several participants joined in a critique of standard seniors housing and care facilities. Complaints included a general lack of compassion for residents, the rigid bureaucracy, an over-prescription of drugs, violations of privacy, an infantilization of residents, and the environment of ghettoization and isolation that comes from being age-segregated. These women argued for a more positive environment for all seniors.

Some participants took the opportunity to complain about the general lack of funding and support for social housing, including seniors housing. "The federal government needs to spend 1% of the budget to build non profit housing for seniors as well as others," said one participant. "Then we could educate the officials about our needs."

Separate seniors' housing programs?

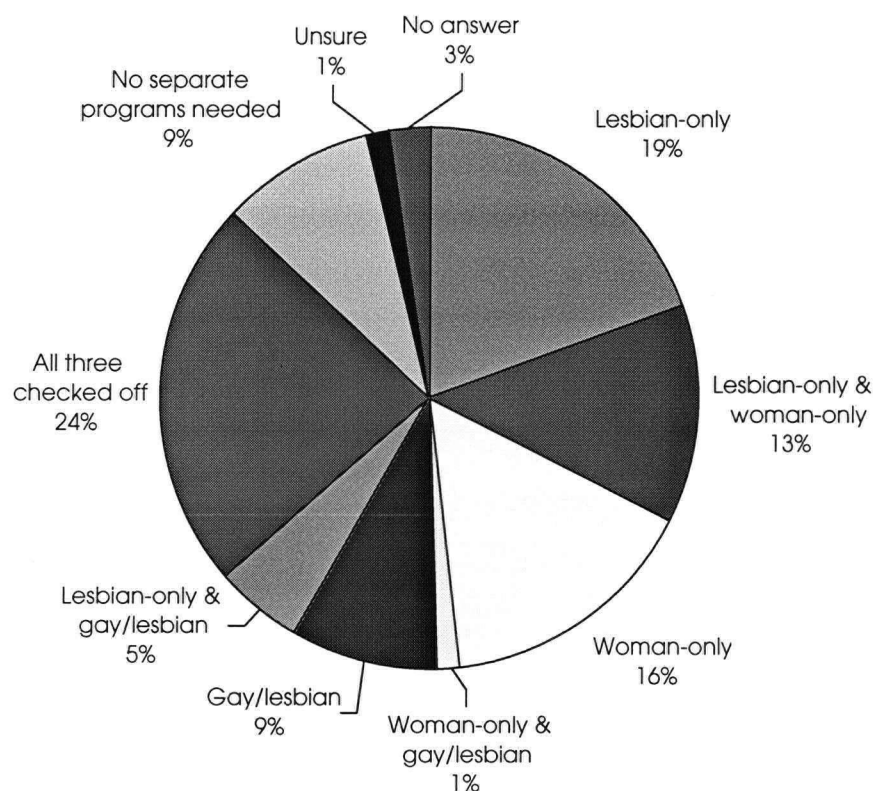
Women were asked if they felt there needed to be any separate seniors' housing programs for lesbians, women or gays/lesbians. As Figure 4.14 shows, 19% of participants felt there needed to be lesbian-only housing, 16% checked off "woman-only" and 9% checked off "for gays and lesbians only." Many survey participants checked off more than one option. Twenty-four percent of participants checked off all three options, 13% checked off both "lesbian-only" and "woman-only," 1% – "woman-only" and "for gays and lesbians only," and 5% – "lesbian-only" and "for gays and lesbians only." Nine percent of participants agreed with the statement: "No, I don't think that any separate services/programs are needed." One percent was unsure, and 3% didn't answer.

Of those who preferred lesbian-only housing options, one participant said, "this would be ideal in terms of comfort and enjoyable companionship," while another stated, "I've lived in a lesbian co-op for a year – it's easier to deal with issues and problems." Participants also preferred lesbian-only housing because they could be "out" as lesbians, due to concerns about differences between lesbians and non-lesbians in terms of financial status, and due to what one survey participant described as the "special health and social needs of lesbians."

Safety concerns were discussed in relation to participants' preference for lesbian-only and woman-only housing options. "[There's] too much violence against women," stated one participant. And another divulged, "I was abused as a child and would feel safer in a woman only environment."

Those participants who felt there only needed to be woman-only seniors housing programs, also talked of comfort levels, and qualified their preference for women-only programs with an expressed need for a lesbian-positive environment. For example, one participant commented, "I have always felt 'comfortable and safe' in women's company socially and spiritually. [My preferred housing program] doesn't necessarily have to be lesbian – but not homophobic."

Participants who felt a need for gay and lesbian housing stressed the importance of "integration" between gay men and women.

Figure 4.14: Responses Re. Separate Seniors' Housing Programs

Women who checked off all three options for separate housing programs stressed the need to have more choices, and the opportunities for empowerment that separate programs could provide. As one participant put it, “as we live out our lives it would be preferable to do so within a culture that was our own and within which we could thrive and flourish.”

A few participants specified that they themselves wouldn’t want to live in separate housing even though they saw a need for separate housing programs. For example, one participant said: “I might enjoy being in a building of women/lesbians, but I’d prefer a “family” building which I could count on to be friendly to my sons and grandsons when they visit. But all of your three options would be great for the community.”

Survey participants who felt that no separate services were necessary stressed that they were against segregation based on sexual orientation – although not necessarily age-segregation. As one participant stated, “I’d prefer to live in more diverse senior[s] housing that was lesbian-friendly.” Some welcomed a generally more diverse environment: “I would prefer to live in a mixed area with families, men, women, young people, old people.” One woman stated, “I am

afraid of creating a lesbian ghetto” while another objected, “if you want to be a separatist, live in a separatist community.” Participants also expressed concerns that separate housing programs would not be financially feasible or legal. It is interesting to note, however, that of the seven women who checked off “No, I don’t think any separate services/programs are needed,” six of them showed interest in housing options developed by the lesbian or gay/lesbian community (the next question on the survey).

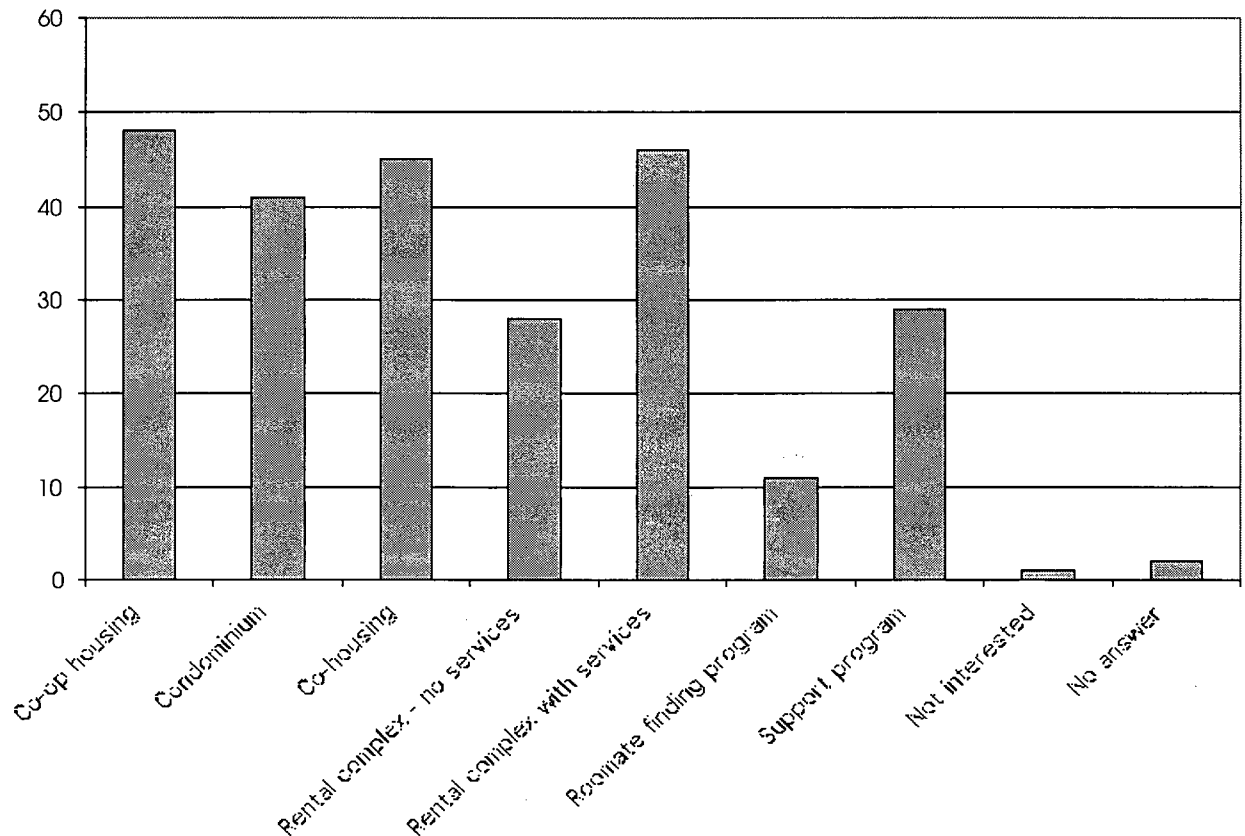
Seniors’ housing options

Survey participants were asked: “If the lesbian or lesbian/gay community were to develop organized seniors housing options, which would you be interested in?” They were encouraged to check off as many options as appealed to them. Eighty-three women responded to this question.

As Figure 4.15 shows, 48 women (58%) were interested in co-op housing, 41 (49%) in a condominium development, 45 (54%) in co-housing, 28 (34%) in a rental seniors complex without services on-site, 46 (55%) in a rental seniors complex with on-site services, 11 (13%) in a roommate finding program, and 29 (35%) in a volunteer support program. One participant stated that she was not interested in any of these options.

Many participants who checked off these options stressed the need to emphasize affordability. Some of them differentiated between the options according to their stage in life and their health status. For example, many participants identified a rental seniors complex with on-site services as their “last resort,” after more independent living arrangements – such as co-housing – were no longer possible.

In fact, many women expressed a preference for the co-operative and co-housing options – especially the capacity for shared living spaces – even though they had checked off other options as well. On the other hand, there were also several participants who stressed their need for privacy and independence to such an extent that co-housing and co-operatives were not preferred options for them.

Figure 4.15: Preferred Seniors' Housing Options for the Lesbian Community

Some survey participants listed other housing ideas. Many participants mentioned the option of rural land and housing in which lesbians could take part, or which was specifically geared to older lesbians. Another popular suggestion was the idea of progressive levels of independent and assisted living within one complex. Some of the other ideas were so varied and innovative that I've listed them as they were written:

- Dyke support workers to liaise/serve existing dyke households, find alternate accommodations, access services, etc.;
- I've considered living in a lesbian or gay retirement housing like Abbeyfield housing;
- The young lesbians of the world could easily be involved and find friendship, resources and knowledge from aging lesbians – if I had a mentor how much easier it would have been;
- I understand that in Toronto the gays and lesbians have bought housing that are, say, a cul de sac, so they provide a community and a safe one. They probably trade services, cooking, carpentry, etc.;
- I imagine a plan with small building sprinkled on a rural location, with common space and interdependence. Privacy matters to everyone with the security of others nearby, along with people with strong backs and strong spirits;

- Habitat for Humanity Model – getting larger community members involved in blitz building for senior gays/lesbians;
- I would prefer my own condo – with some areas that would be communal with activities – mostly social or sports (appropriate), dinners, theatre;
- Co-op housing may encompass one or two accommodations as care takers, for reduced rent, for (people) women in the co-op awaiting a personal care facility or keeping them in the community until placement necessary;
- Renting out parts of our home to lesbian seniors;
- Small pods of 5 or 6 women some shared stuff some privacy – located in many different parts of town;
- Co-op housing with an option of on-site services;
- Rental apartments on a small scale i.e., converted large house that is accessible; and
- Services that allow each person to remain in their preferred situation for as long as possible.

4.4 Health and health care

Chronic health problems and disabilities

Fifty-three of the participants (63%) reported chronic health problems and/or disabilities. Thirty participants (35%) did not report chronic health problems or disabilities, while one participant was unsure whether she had any chronic health problems and one survey participant didn't answer the question.

The number of survey participants who reported chronic health problems and disabilities (i.e., 63%) seems high, especially compared to the most recently available data from Statistics Canada: the 1991 Health and Activity Limitation Survey (HALS). This data demonstrates that among women in British Columbia, 14% of those 35 to 54 have limitations in health and activity, compared to 26% of B.C. women 55 to 64, and 44% among those who are 65 years and over. However, a representative from the DisAbled Women's Network (DAWN) told me that the federal government has tended to define disability very differently than have most grassroots organizations or people with disabilities; therefore, to compare survey results to HALS data may be misleading.

Women were asked to describe their health problems. One woman had not responded to this or the preceding question, while one woman – who had checked off "yes" when asked if she had chronic health problems or disabilities – did not report which illnesses or disabilities she

had. Percentages in Table 4.1 below are therefore based on the responses from 83 women. Many women reported multiple chronic health problems.

Table 4.1: Reported Health Problems

	Frequency	Percentage
Options already on survey (they could simply be checked off):		
Arthritis/Rheumatism	29	35%
Cancer	4	5%
Diabetes	2	2%
Feet/ankle/leg trouble	8	10%
Hearing problems	5	6%
Heart/circulation problems	2	2%
High blood pressure	10	12%
HIV/Aids	0	0%
Memory loss	8	10%
Mental health issues	9	11%
Stomach troubles	10	12%
Vision loss not relieved by glasses	2	2%
Other chronic health problems (written in by participants):		
Asthma/respiratory ailments	8	10%
Osteoporosis	5	6%
Serious allergies	7	8%
Fibromyalgia	5	6%
Insomnia	2	2%
Chronic fatigue/syndrome	3	4%
Lupus	2	2%
Back problems	6	7%
Assorted other	13	16%

Unlisted chronic health problems which were reported included: “immune system disorder,” “bowel problem,” “pancreatic enzyme deficiency,” “muscular and neurological disability,” “Celiac Disease,” “Sjogrens Syndrome” and “chronic migraines.”

Some participants described the effects of multiple chronic health problems on their lives. For example, one woman had checked off “memory loss,” “stomach troubles,” and “vision loss not relieved by glasses” and added: “Pancreatic enzyme deficiency and fibromyalgia. Both these

illnesses severely affect my energy level. I am better at present but have had times when I am bed-ridden. Insomnia is a big problem.” Another participant had checked off “arthritis” and “high blood pressure,” and for “other” had written: “Serious systemic allergies and asthma – has lots of implications in housing, location, construction, food prep, etc.”

Mobility of participants

On the whole, as Table 4.2 shows, most survey participants seemed to have unrestricted mobility. However, some of the participants who had said they could do many of the activities “without help” added comments such as “with difficulty,” “very slowly” or “mostly it’s too painful.” The category “with help of a device” was obviously not explained clearly enough in the survey. Some participants who checked off that they could walk or go up and down stairs “without help” also wrote that they used a cane, or could do so “only with a railing.” Other mobility-assisting devices mentioned by participants included a knee brace and a raised toilet. One woman stated that she could have a shower but was now unable to have a bath.

Survey results for Table 4.2 are shown in frequencies only. For example, in looking at the first category of the table, 79 of the 85 survey participants checked off that they could walk “without help,” while five could walk “with [the] help of a device” and one didn’t answer the question.

As previously mentioned, this survey sample is a generally very mobile population. However, due to the prevalence of arthritis and other chronic illnesses and disabilities among the older lesbians who participated in the survey, there may be a swift decline in mobility among this group as they age. Survey results give clues as to the ways that the lesbian community and support services can address needs among older lesbians. I draw particular attention to the opportunity to support survey participants who have limited mobility with offers of assistance with heavy housekeeping, yardwork and maintenance.

Support options in the case of sickness or disability

Survey participants were asked: “Who would take care of you if you were sick or had a disability and needed help? (Check all that apply.)” As Table 4.3 shows, the responses to this question were varied and 18 respondents (21%) didn’t know who they could turn to, while five (6%) had

no one to turn to, and 26 (31%) intended to rely on a social service or health agency for assistance.

Table 4.2: Mobility of Survey Participants

	Without help	With help of a device	With help from person	Unable to do it	N/A	No answer
Walk	79	5				1
Dress and undress	83		1			1
Go up and down stairs	79	5				1
Move around your home	81	3				1
Get in and out of bed	84					1
Eat	85					1
Take a bath or shower	81	2		1		1
Use the toilet	82	2				1
Use the telephone	82	2				1
Shop, run errands	74	2	5	1	1	2
Prepare your own meals	83				1	1
Take your medicine	80		2		2	1
Cut your toenails	81	1	1		1	1
Garbage	81	1	1	1		1
Get transportation	80	1	2			2
Light housekeeping	81	1	2			1
Heavy housekeeping	49	4	23	8		1
Laundry	77	2	3	1		1
Yardwork, maintenance	49	1	20	7	5	3

Table 4.3: Support Options in the Case of Sickness or Disability

	Frequency	Percentage
I don't know	18	21%
No one	5	6%
Partner/lover	39	46%
Friend	29	35%
Neighbour	4	5%
Social service/health agency	26	31%
Sibling(s)	13	15%
Child(ren)	13	15%
Family – unspecified or other	8	10%
Others	6	7%

Family members who were mentioned (other than siblings or children) included cousins, brothers/sisters-in-law, a niece and a mother. Non-family members, to whom participants would turn in a time of need, included "paid helpers" and an "ex partner at her request."

Many survey participants differentiated between short term and long term dependency. For example, one woman checked off "friend" and wrote beside this "short term" but also checked off "I don't know," adding "long term." Other women talked about their difficulties approaching the people they'd indicated they might turn to in time of need. "Maybe my children, but I'd feel bad asking them," said one participant. "My partner is partially disabled. My step-children are outrageously busy," said another. Yet another participant stated: "Actually not sure because [my] primary relationship is not very stable."

Furthermore, some participants discussed difficulties related to having their family and children living far away, or related to not having any children or family at all. As one woman stated: "We are reliant on friends for assistance when aging. Without children or family, it is fearful as to who will care." In such situations, it is difficult to imagine how decisions will be made about some women's needs within the health care system. As one participant asked: "Who will be power of attorney or representative? Who will make health care decisions as to one's wishes?" Overall, there was a lot of uncertainty and fear evident in many of the responses to this survey question.

In fact, the woman who didn't respond to this question wrote below, in the space provided: "[It is] not something I'd like to think about."

Disclosure of sexual orientation to health care providers

Survey participants were asked if they had ever disclosed their sexual orientation to a health care provider (e.g., family doctor, counsellor, social worker, etc.). Seventy-six participants (90%) answered "yes," seven (9%) answered "no" and two didn't answer the question.

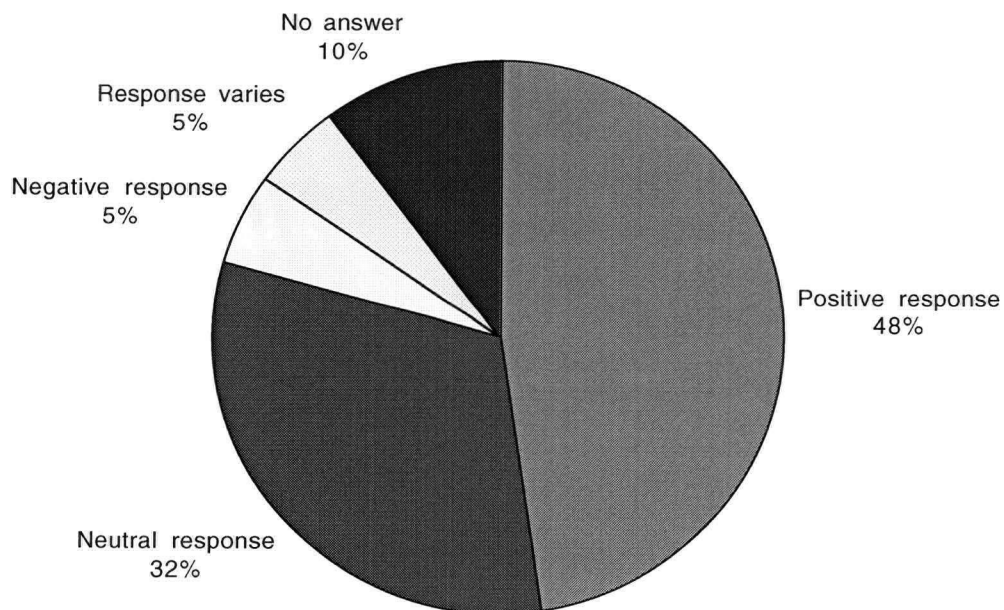
Some of the women specified that they had disclosed their sexual orientation to their counsellors, but not to their doctors. As one woman said, "[I] do not feel comfortable with that [i.e., disclosing to doctor]." Similarly, some of the participants specified that they had only

disclosed their sexual orientation on one or two occasions, and were not usually inclined to disclose.

Participants were also asked about the general response from their health care providers. As shown in Figure 4.16, of the 76 women who responded that they had disclosed their sexual orientation to health care practitioners, 37 women (49%) described positive responses, 25 (33%) described neutral responses, four (5%) described negative responses and four (5%) described varied responses.

Five percent of participants described mixed or varied responses. Another 10% of participants either didn't answer the question or made comments that did not describe the response from health care providers.

Figure 4.16: Health Care Providers' Responses to Disclosure of Sexual Orientation



The highest response by far (i.e., 43%) was that health care providers had reacted positively to

disclosure of sexual orientation. Five of the participants who'd described positive responses from health care providers also emphasized careful choices in the providers they relied upon. For example, one woman said: "It is a precondition of treating me that they respond well and knowledgeably. Good luck so far [as a result of] careful choices." Another participant specified that her health care providers were "very supportive and caring," and added that it had "never been an issue in Vancouver." One woman spoke of specific health care issues she has had to deal with when she described the health care response as "mostly accepting especially when partner has had breast cancer."

I grouped as "neutral" responses from participants (32%) that seemed to describe minimal feedback and support from health care providers. Women described their experiences with these words: indifferent, OK, fine, acceptable, reasonable, non-reactive or "not an issue." One woman said that her health care provider was "uninformed, but ok with [her sexual orientation]."

Participants who described negative responses from health care providers (5%) spoke of "raised eyebrows," "silence," and changing of subject. One survey participant stated, "they [i.e., health care providers] don't know much." Another told the following story: "One gynecologist told me assumingly that I had developed an ovarian condition because I wasn't getting penetration. She made that assumption because I told her I was a lesbian."

Knowledge/sensitivity of health care providers

Survey participants were asked whether they felt that health care providers have enough knowledge and sensitivity to issues related to older lesbians. The majority of participants (53%) said they felt that health care providers lacked this knowledge and sensitivity, while 34 participants (40%) were unsure and six (7%) answered that health care providers had sufficient knowledge and sensitivity at this time.

Survey participants were also asked to discuss what else health care providers should know about the issues of older lesbians. Many participants spoke in vague terms about the need for health care providers to know "everything" about the issues of older lesbians, and one participant complained: "Where does one start?" As one survey participant said, "most [health care providers] don't have a clue [about the needs of older lesbians]." Some participants spoke

more specifically about the need for greater understanding about lesbian sexuality, the increased risk of breast and uterine cancer among non-child-bearing women, the reality and effects of discrimination against lesbians (such as bashing or harassment), and the stress of “being an out lesbian” or from living in a homophobic society.

Several participants talked about the need for same-sex partners to be acknowledged and included in the health care field. Turner and Catania (1997) have talked about the fact that partners and friends of gays and lesbians requiring health care services often lack rights in relation to visiting, decision-making and caregiving for their loved ones. This lack of recognition of those who have played a key function as kin has meant an increased risk of institutionalization among older lesbians (Kirby 1999).

Survey participants also responded that the loss of a partner needs increased recognition by health care professionals. As one survey participant stated: “They need to know about the isolation [you feel] especially when losing a partner.” Other research too has pointed out that older lesbians who lose their partners grieve without societal recognition of their significant loss (Hudspith 1999).

Participants also mention that health care providers need to learn “not to use heterocentric language” and must not assume that someone is or is not lesbian/gay. In fact, there is a general need to question assumptions; for example, health care providers should not assume that all older women have kids or grandkids – or that all older lesbians don’t. Health care providers should also come to understand their own homophobia – their prejudices and biases.

One of the most interesting things about these responses was that some participants made a point of saying that lesbians were not the same as other women, but some made a point of saying that they were the same. For example, one survey participant said that health care providers needed to know “that we are NOT the same as other women in attitude, interests, experiences, etc.” (emphasis in original). Compare this to another response from a woman who said that health care providers should know “that you are in need of care and are not different than other clients who need health care” (emphasis in original).

Some survey participants spoke of the need for increased visibility of older lesbians in the health care field. One participant suggested “anti-oppression training as part of [health care providers’] regular training.” Another survey participant said that “it would be good to produce a manual.” This might tie in with another suggestion, which was for health care providers to have knowledge of the kinds of community support that are available to older lesbians – so that they might make referrals when lesbians require additional support.

Social support networks

Survey participants were asked if they had anyone who they could go to or rely on for emotional/social support. The vast majority of participants (81 women or 95%) responded “yes,” 1% responded “no” and three (4%) were unsure. One woman didn’t respond. However, of the women who responded “yes,” some of them said their main supporters did not live in the Vancouver area.

Participants also discussed the makeup of their social support networks. They could check off as many sources of social support as applied to them. Table 4.4 shows how the respondents answered this question.

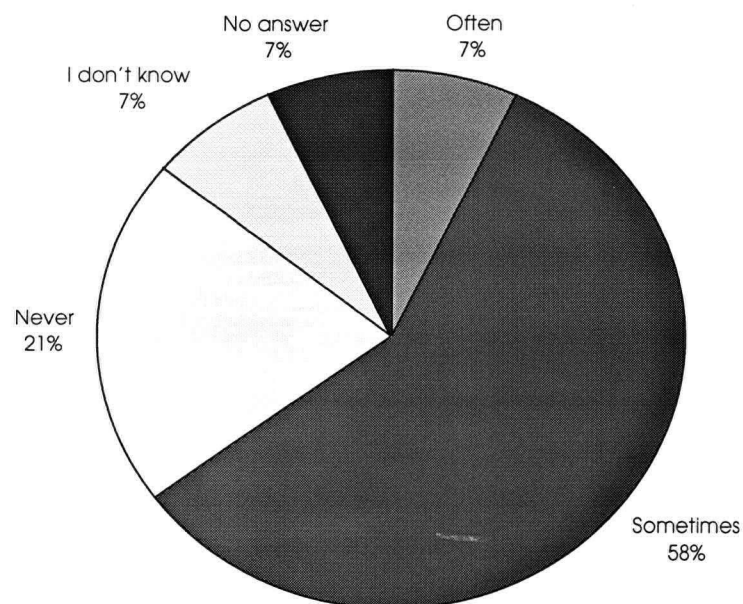
Women listed as “other” their extended families, the mother of a partner, a church community, their colleagues, and a “co-house owner.” Several women named a counsellor or a counselling group – such as the lesbian/bisexual women’s support group at the B.C. Cancer Agency – in their social support networks, and one woman listed Alcoholics Anonymous. Non-institutional support groups such as MOB (Menopausal Old Bitches), a Unitarian women’s group and the “Re-evaluation Counselling Community” were also listed.

Additional support needed?

Survey participants were asked if they ever felt that they needed more support. As Figure 4.17 shows, six participants (7%) answered that they felt they needed more support “often,” 49 (58%) needed more support “sometimes,” and 18 (21%) never felt they needed more support. Six participants (7%) checked off “I don’t know,” and six (7%) did not answer this question.

Table 4.4: Social Support Networks

	Frequency	Percentage
Friend(s)	83	99%
Home care worker	3	4%
Neighbour(s)	28	33%
Pets	40	48%
Sibling(s)	35	42%
Lesbian group/community	45	54%
Partner/lover	41	49%
Children	29	36%
Past partner(s)/lover(s)	33	39%
Parent(s)	22	26%
Clergy or spiritual guide(s)	9	11%
Seniors group/community	8	10%
Social service agency/worker(s)	8	10%
Other(s)	11	13%
No response	1	1%

Figure 4.17: Additional Support Needed by Participants?

Participants were also asked what kinds of support they needed. Some participants talked about the difficulties they were facing, while other survey participants described the kinds of support they required – in particular, the need for physical, spiritual, emotional and social supports.

Participants described the effects of homophobia/heterosexism in their workplaces and in public. For example, one woman stated, “I feel isolated in my workplace because it is so heterosexual and [there is] not much awareness of diversity.” Another woman commented that she “sometimes feel[s] isolated as a [lesbian] couple in public.”

Some women described the need for physical support. One participant stated that she would like someone to help her in exercising when sick, another needed “some help doing stuff” such as physically moving things in or out of her house and yet another participant needed “someone to help with daily chores.”

Some participants emphasized a need for more support in relation to health care issues. One participant said that she “would like a better, more supportive doctor, [and a] more supportive health care system generally.” One suggested a support/discussion group for health issues, while another woman stated that she needed “some help coming to terms with these changes and aging.”

Several participants discussed a need for emotional support for things such as a “relationship breakup” and “dealing with [an] elderly parent.” One woman needed “someone I could just have a bloody good cry in front of occasionally,” whereas one woman sought to talk to “someone with some distance from [her] situation.” One participant wished she had someone to talk to about “emotional upsets and sexual subjects.” The idea of a support group was favoured by many participants as they hoped it could help to “lessen the isolation” and the impact of living in a “heterocentric society.”

Social support was also important to survey participants. Some women needed “more regular contact” with friends, or general “companionship,” and one woman stated she needed “someone who is not too busy to come to visit me.” The need for social support took the form of both a need for supportive people and for spaces in which to find this social support. One participant said: “I’m trying to get more connected to the Vancouver lesbian community” while another sought a lesbian/lesbian-positive “place to go to socialize with no alcohol and no smoke.”

Finally, one woman sought only validation: “[I need] acknowledgement and recognition that everywhere I go – it is set up to be a hetero world.”

4.5 Resources for seniors

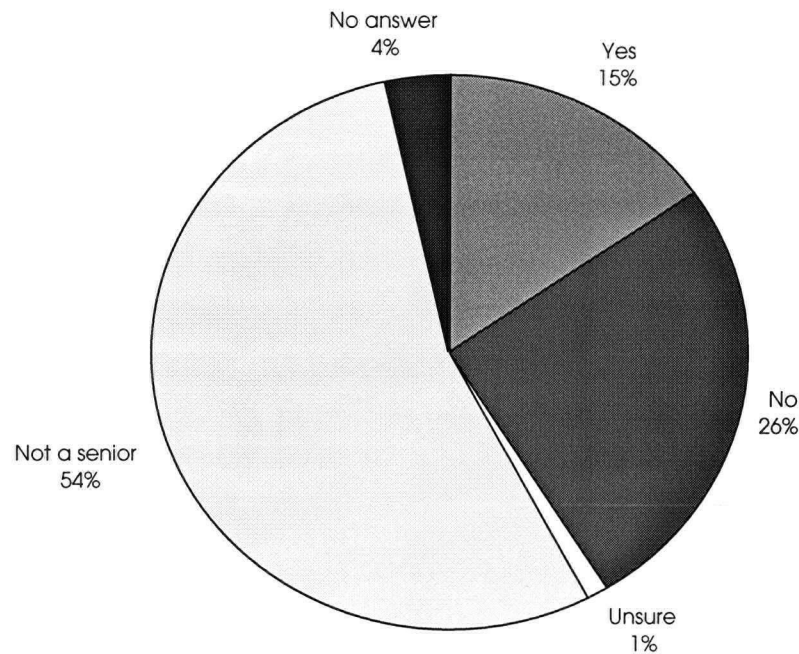
Attendance of a seniors' centre or seniors' program

Kehoe (1989) did a survey of 100 older lesbians (60 years and over), and found that only five of them used senior centre programs regularly. Participants of our needs assessment survey were also asked about their use of seniors services and programs. We found that a higher – although relatively low – percentage of survey participants used seniors programs.

As Figure 4.18 shows, 13 survey participants (15%) said they attended a seniors' centre or seniors' program(s), while 22 women (26%) said they did not. One participant was unsure, and 46 women (54%) checked off “not yet a senior.” Three survey participants did not answer.

It is interesting to note that several participants who had checked off “not yet a senior” – because they didn't self-identify as seniors – nonetheless participated in seniors' centre programs. Those who stated they were not yet seniors ranged in age from 49 to 63 years old, whereas those who did not check off “not yet a senior” ranged in age from 50 to 80 years old.

It is clear that self-identification as a “senior” does not always correspond to government or institutional classifications. Some seniors' centres/programs offer services to people 45 years and over (such as in Vancouver's Downtown Eastside where the life expectancy is lower), whereas some seniors' programs have their cut-off points at 50, 55, 60 or 65 years of age. British Columbia's seniors' housing program defines seniors to be 55 years and over, and offers exceptions to people with disabilities who are younger than 55. Thus said, it is obvious that institutional and governmental definitions of identity as a senior, and self-identification as a senior by individuals, can drastically differ.

Figure 4.18: Attendance at Seniors' Centre/Programs

Some of the reasons given in regards to why participants didn't attend any seniors' centres or programs were that they were too busy with work or other things, or they were simply not interested. For example, one participant stated: "I have rather a 'full plate' at the present time." Others said things such as "[I] don't feel the need yet," or "my life is full enough." One woman described in more detail how she spent her time: "My life is full – reading, walking the dog, gardening (summer), sometimes paint[ing]. [I also] have co-op chores to do, etc."

Others talked about not "feeling" like a senior, because their lives were full, or because they were at different points in their lives than other seniors attending the centre. As one woman said: "I'm not ready [to attend a seniors' centre] – I'm only 60 next month – I'm too busy and active." Another woman stressed that she had returned to school as a student. Yet another participant stated "I'm not a joiner."

Still others did not attend seniors' centres or programs, not out of choice, but because they were limited by their own health problems, or by the climate of the seniors' centres. As one woman put it, seniors' centres were "not clearly lesbian friendly."

Participants' use of seniors' groups or services

On this question, a higher percentage of survey participants checked off "not yet a senior:" 51 women, or 60% of participants. Of the remaining survey participants, 29 women (35%) responded to the question of which programs or services they used, and four (5%) did not. Table 4.5 depicts the frequency of responses in each category, to a total of 29 in each row.

Of the 29 women who responded, most women never used any seniors services or programs. In particular, home delivered meals and emergency response services were never used. Minimally used services included attendant/home care services, grocery/shopping assistance, Handy DART, organized seniors travel, adult day care, respite care, educational programs, peer counselling and social programs. Seniors fitness programs and recreational programs were most often used, as well as homemaker services, mental health counselling and grief counselling.

Table 4.5: Use of Seniors' Groups and Services

	Never	Sometimes	Often	All the time	No answer
Home delivered meals	27				2
Attendant/home care	26	1			2
Homemaker service	24	1	2	2	
Emergency response service	27				2
Grocery/shopping assistance	25		1	1	2
Handy DART	25	1	1		2
Organized seniors travel	25	2			2
Adult day care	25	1			3
Seniors fitness program	20	2	2	4	1
Respite care	25	1			3
Mental health counselling	21	3	4	1	
Grief counselling	21	3	1	1	3
Educational programs	23		2	1	2
Peer counselling	26			1	2
Recreational programs	22		4	2	1
Social programs	25			2	2
Other			2	1	26

The three "other" programs mentioned were "dancing," "concerts," and "[a] lesbian, bi-sexual, [and] two spirited support and social group."

Several participants also made additional comments about the seniors' programs available. Two women stated difficulties with using the "home delivered meals" program: "I have food

allergies,” said one, and “[they] don’t cover special diets,” said another. One woman clarified that her use of the “homemaker service” was temporary. Another identified herself as a peer counsellor at a seniors’ centre.

One participant commented that she was not using any seniors’ services at the present time, “but [is] appreciative that they are offered and [she] expect[s] to use some [of the] services in the future.”

Awareness among seniors’ service providers about the needs of older lesbians

Survey participants were asked: “Do you think there is a need for greater awareness among providers of existing seniors’ services and programs about the needs of older lesbians?” Fifty-three women (62%) responded “yes,” and not one participant answered “no.” Twenty-five women (29%) were unsure, and seven (8%) didn’t answer.

Participants were also asked: “If [you answered] “yes,” what things do you think they need to know?” Participants responded with a great variety of suggestions.

Eighteen of the 42 women who made comments on this issue (43%) emphasized the need for awareness among seniors’ service providers that older lesbians even exist, and for the need for increased visibility of lesbians in the seniors’ movement. As one participant stated: “I don’t think there is any awareness that there are senior lesbians out there.” Another commented that “we’re generally invisible and assumed straight.” Yet another woman shared this perspective: “Most seniors organizations know nothing about us and if they do, [they] make no attempts to be open or welcoming. I know, I work for them.”

Seniors’ service providers must understand and challenge homophobia and discrimination within their organizations. “Essentially non-gay people have to understand the evils and pain caused by homophobia,” stated one woman. Another example of this viewpoint was a woman who said that seniors’ service providers have to “understand that lesbians have historically experienced discrimination and isolation.”

The expectation from participants as to the treatment that they should receive from seniors’ service providers ranged from “tolerance” to “acceptance” to “respect” to active support. As one participant stated, service providers had to learn “appreciation and celebration and honouring [of

older lesbians].” Providers also had to offer “something more than “non discrimination” posters – actions speak louder than words.” Some stressed the need for a “lesbian friendly environment” – a sense of physical/emotional safety that would enable their participation.

Furthermore, service providers have to recognize “that lesbians have a culture,” and that “heterosexual-based facilities don’t necessarily appeal to us.” One participant challenged seniors’ service providers “to avoid relating [to service users] with a heterocentric perspective.”

Many survey participants discussed the assumptions that service providers often held about older lesbians. In fact, so many assumptions were mentioned that I have chosen to list some of them, in the participants’ own words. Participants felt that seniors’ service providers needed to recognize:

- That some [seniors’ program] participants are lesbians;
- That a lesbian grieving for a lost partner (death or separation) is grieving for more than a “friend;”
- [That] two old women together may be lesbians... – i.e., they might not be “just” roommates;
- That every widow was not partnered by a man;
- That we do not [all] have grandchildren;
- That lesbianism is a positive choice/option;
- That we have the same needs as anyone else, acceptance, respect and love;
- [That] gays and lesbians are not contagious; and
- That [being] gay and lesbian is not a choice as is generally believed.

The respondents also felt that seniors’ service providers also need to have improved factual information in order to support older lesbians. They needed to be able to address “legal issues re. partnerships, grief, etc.” and to be able to understand “lesbians’ social and physical needs.”

In their comments, some participants referred to services offered by the lesbian community. One participant stated: “The Centre [a community centre, which serves the gay, lesbian, bisexual and transgendered population] is not receptive to older lesbians. They don’t care that it is inaccessible. The Centre is awful. Let’s start there! How can we expect the straight community to help us when our own community shuns us!” Another participant suggested “more outreach and better one on one lesbian support for elders.”

Others had general criticisms of seniors' programs. They argued for increased flexibility in the scheduling of recreational programs, and improvements in the general approach to working with seniors. For example, one woman stated that "more programs need to be women centred and have a feminist perspective."

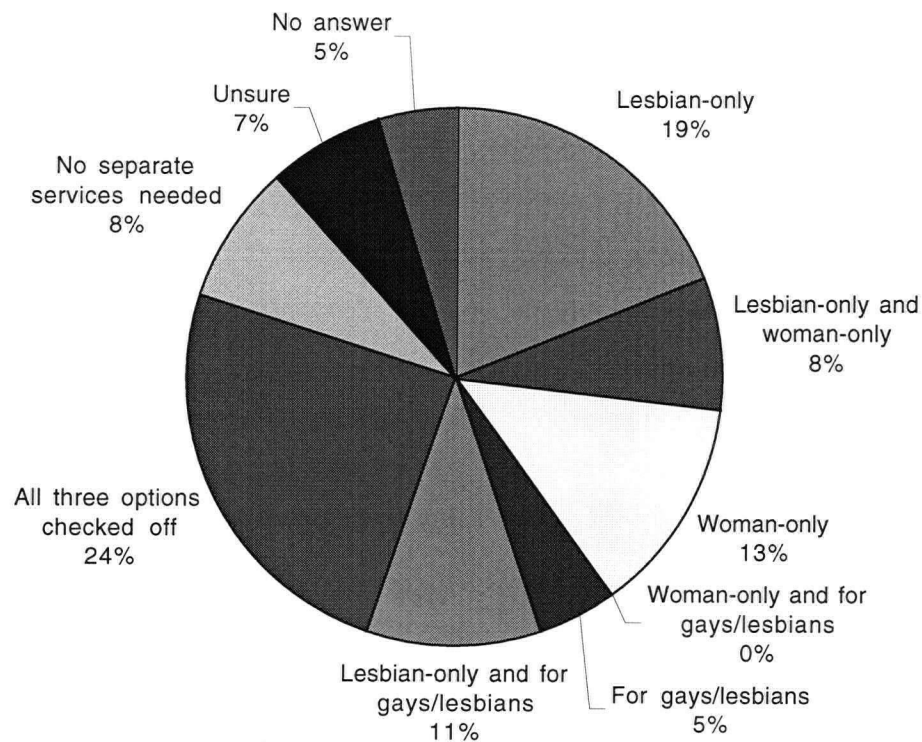
Separate seniors' services/programs?

Survey participants were asked if they felt there needed to be any separate seniors' services or programs. As Figure 4.19 shows, an overwhelming majority (80%) believed that there should be separate services and programs available to senior lesbians, women and/or gays/lesbians. Sixteen women (19%) only checked off "lesbian-only" services and programs, 11 women (13%) expressed a preference for woman-only services, and four participants (5%) only felt the need for separate services geared to gays and lesbians alike. Twenty-one survey participants (24%) checked off all three options.

Several participants checked off more than one option. Seven women (8%) felt there needed to be both lesbian-only and woman-only seniors' services and programs. Nine participants (11%) checked off both "lesbian-only" and "for gays and lesbians only."

Seven participants (8%) thought that no separate services were needed at all, while six women (7%) were unsure, and four (5%) didn't answer this question.

One of the survey participants explained quite eloquently why all three of these categories of separate services were needed: "I think that in an ideal world, if program providers were sensitive to lesbians and gays, there would be little need for separate programs. However, as we don't live in an ideal world, lesbians, women, and gays do need sanctuaries, and community services should be assisting in the provision of such sanctuaries." Another woman followed the theme of creating a sanctuary by noting: "Until we live in a world which goes beyond mere tolerance, we need to feel we are safe from homophobia and misogyny."

Figure 4.19: Responses Re. Need for Separate Seniors' Services/Programs

Separate services and programs may create a climate “in which [lesbians can] feel safe to express their own experiences,” said one participant. Service providers running specialized seniors’ groups could be “more knowledgeable” about the issues of older lesbians, commented another. Yet another participant felt that separate “social groups [would mean that members were] more compatible, [and have an increased capacity for] sharing common interests.”

Other participants stressed the general need to create more diversity and options in social programs. As one woman explained, “there should be consideration given to the differences in special needs of all seniors – we are all unique.”

As previously mentioned, 19% of survey participants felt the need for lesbian-only services and programs. Many participants gave reasons why a lesbian-only space would give them more comfort. As one participant stated: “It is always appreciated if I am able to be in a lesbian-only environment [because I find it] relaxing and accepting; [it’s] good to feel totally accepted.” Another commented: “I will always have a need to have some spaces that are mine [i.e.,

lesbian-only] – where I don't need to check everyone else in the group.” One participant stressed why non-separate programs would be uncomfortable for some older lesbians: “I feel that some women would like to join [non-separate] group things but feel awkward about hiding their preference in order to ‘belong’. When realization dawns [that they are lesbians], as sometimes happens, they are ostracized in very unkindly ways.”

Some survey participants discussed the distinct needs of older lesbians compared to other older women or to older gay men. For example, one participant stated: “Older lesbians are more likely to have lived closeted lives and are therefore less likely to feel comfortable in het/queer groups.” Another woman stated: “Some lesbians have not had close straight friendships. [They] have difficulty in socializing with [the] straight senior world. Many single lesbian seniors require some form of socializing – sports, etc. other than [the] bar scene.”

Some participants checked off both “lesbian-only” and “woman-only” services as needed options. Some of the reasons given for woman-only spaces were related to the prevalence and effects of violence against women. As one woman disclosed: “As a sexual abuse survivor I need to have women-only spaces.” Another participant explained why she thought that woman-only spaces were required by saying: “Women's needs are so different from men's. Women are so much more independent – the men have women to look after them.”

Thirteen percent of participants felt that only woman-only seniors' services and programs were needed. They talked about the fact that there was “more comfort in woman-only groups.” One woman made this comment: “We, as women, have more power and understanding and strength if together.” Another protested: “Men always take over, assume privilege. Even gay men!”

A small proportion of participants (5%) felt the need for separate seniors' services geared to both gays and lesbians. Gays and lesbians – and for some participants also transgendered and bisexual people – were considered to be part of one community, “our community.” They felt that “queer” people should work together as “a minority” because we have more commonalities than differences.

Some participants felt the need for both lesbian-only and gay/lesbian services and programs. One woman summed up the sentiments about why this combination of separate services was needed by stating: "So we can be ourselves and be out."

There were some participants, however, that felt that separate services and programs were not needed at all. "Acceptance and understanding is all that is required," said one participant. Another woman stated: "Personally, I prefer to be in a general environment – everybody there, all ok with each other." A non-segregated environment "is more beneficial," said another.

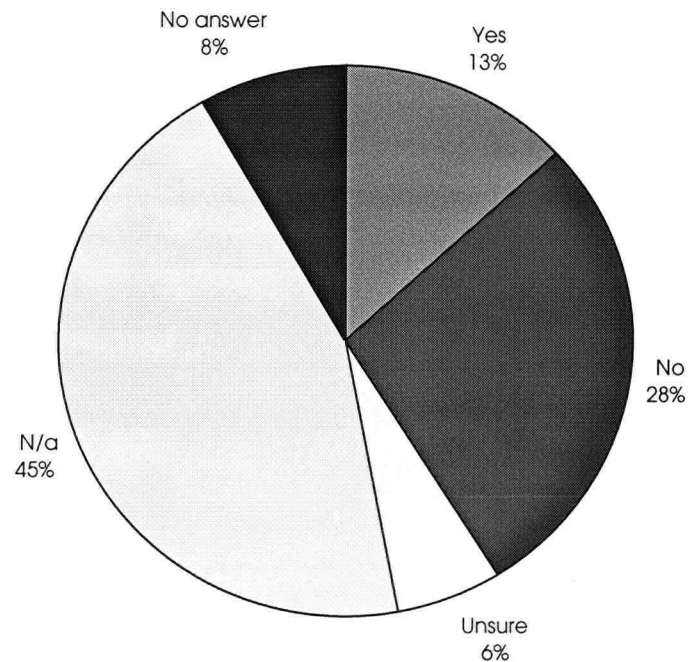
Other concerns about having separate services involved a perceived lack of demand for these programs and the vulnerability of these programs to funding cuts.

Comfort level: being "out" when using seniors' services

Survey participants were asked: "Have you ever felt you needed to "pass" (i.e., not letting them know you are a lesbian) in order to use existing seniors' services?" As Figure 4.20 shows, 11 participants (15%) checked off "yes" and 24 (28%) said "no." Five women (6%) were unsure, and 38 (45%) found the question "not applicable" because they weren't yet seniors or had not used senior services. Seven women (8%) did not answer the question.

Many older lesbians are closeted; that is, they are not public about the fact that they are lesbian, if they acknowledge their lesbianism at all (Gallagher 1996). Research has found that older lesbians tend to construct "virtual" and "actual" sexual/social identities in order to deal with the multiple environments in which they find themselves (Grossman 1997). Managing these identities can be stressful, as lesbians must put considerable effort into not letting their "worlds" overlap (Valentine 1994).

With this research in mind, survey participants were asked to explain their replies to the question about whether or not they felt the need to "pass" when using seniors services. Many of

Figure 4.20: Whether Participants Feel the Need to “Pass”

the women who stated they were not yet seniors nonetheless discussed the issue of whether or not they were likely to “pass” when using seniors’ services in the future.

Many participants said that they would never be willing to pass if they were using a service. There were so many ways of making this remark, that I have listed them below, in the participants’ own words:

- I don’t plan to be closeted;
- I’m well past pretending or “passing;”
- I always confront this initially and make sure that I don’t need to “pass;”
- I won’t be passing;
- I am not concerned anymore about “passing” anywhere;
- At this point in my life, I do not “pass” – I am comfortable enough and strong enough – I think! ; and
- I’m pretty out there and feel that it’s more difficult in the long run not to be out.

Some participants said that there wouldn’t be any reason to “pass” because there wouldn’t be any reason to disclose their sexual orientation. For example, one woman stated: “I don’t usually

have any reason to let them know I am a lesbian, so it mostly wouldn't come up." Another stated, "I'm not sure that is particularly relevant – it depends on the service." One woman disclosed one of her own experiences with a seniors' group: "I did not tell them at [the] mature women's group as it was none of their concern about my sexual orientation and I don't think they care. They have gone past that stage of worrying about someone else's business." Another participant commented: "[To] most senior women the question of being gay or straight rarely thought about or ever asked" (emphasis in original).

Other survey participants said that they already "passed" while using seniors' services, or felt that they probably would feel the need to "pass." "I am always a bit wary about being out when I encounter a new social situation," said one woman. Others said they passed "so as not to be harassed" or because they "haven't noticed overt signs of welcome to lesbians." One woman stated: "I pass every day as I don't want to deal with anyone's homophobia and endure pain."

A couple of participants spoke of their fear that it would be more difficult to be out as a lesbian when they were seniors. As one participant explained: "[I've] had to pass much in my early years in terms of family and work – now I'm out everywhere. However, I am not sure what to expect as I move into my senior years or how it will be when I am towards the end of my life." Another stated: "I've had to pass most of my life so I expect as a senior it will be the same or more so – especially since society denies sexuality of seniors. How will society handle [the non-heterosexual] sexual orientation of seniors? Not well."

4.6 Final comments by participants

Survey participants were then asked: "Are there any other issues you face as an older lesbian that we haven't asked you about? Please describe." Final comments were varied and wide-ranging. Comments that related to issues already in discussion in the survey (such as health issues, unpaid work, etc.) were worked into survey results. Participants' recommendations for action are taken into account in Chapter VI; participants' recommendations are therefore not listed as final comments below.

I organized the remainder of final comments into four general groupings: "What was left out of the survey," "Discussions of identity," "Preference for diverse community," and "Personal stories and disclosures."

What was left out of the survey

Transgendered and bisexual identities, and ethnic differences between lesbians, needed to be explicit and explored within the survey, said one participant. Similarly, some participants felt that the needs of low-income and poor women needed to be identified – that affordability is a very big problem among older lesbians. Others felt the lack of discussion around ageism in the lesbian/queer communities.

Some women wanted more discussion of pensions, financial planning and/or retirement. As one woman stated, "much of what we know [about retirement] is male generated, and "financial planning [in our society has generally been] geared to men."

In fact, as another woman suggested, there was a missed opportunity to ask about and expose occurrences of discrimination against lesbians (in terms of employment, treatment by financial institutions, etc.) in this survey.

One participant had wanted discussion of self-image among older lesbians. Others pointed out that dating, sex, attraction and relationships had been overlooked in the survey. Activity levels (both in terms of abilities and energy level) might also have been discussed, said one woman.

Another participant felt that the health status of one's partner and biological family (such as parents, kids) would have been an important indicator of the sorts of things older lesbians needed support on. For example, some older lesbians might not need support in terms of their own health, but in their roles as overworked caregivers of ailing, elderly parents.

It is important to talk about housing options for single lesbians, said one participant, and housing options for people with disabilities, said another. Younger lesbians with disabilities may have the same needs for accessible, safe, affordable housing as some older lesbians – why age-segregate?

Discussions of identity

One participant took the opportunity of closing remarks to state: "My spiritual life is more important to me than my identity as a lesbian." Another woman said: "I feel that we need to go beyond our identity being our sexual preferences – many gay women and men are parents, teachers, humanitarians, clergy, artists, blue collar workers, farmers, etc. and that is also what counsellors and people dealing with seniors services need to know. Our profile needs to be much broader than what is often represented in many of the tabloids today" (emphasis in original).

Preference for diverse community

There were three women who spoke of their preference for diverse, non-segregated living environments as they aged. Excerpts are copied below:

- I'm not sure I'm typical. I choose to not live in the lesbian community. If I had a partner I would want seniors' housing to take that relationship seriously and respect it. I'm not even sure seniors' housing is the way to go – I'd much rather live in a community that was age, gender, background and sexual orientation diverse, but still particularly receptive to the needs of seniors and free as possible of racism, antisemitism and homophobia.
- Perhaps I am naïve because I haven't had problems due to my sexual orientation up to the present. I have many straight friends and would not want to cut myself off from straight society. Nor would I want to live in a homophobic environment any more than any minority wants to live in an atmosphere where they are prejudiced against. Some of the stories I've heard about lesbians getting bad treatment could be caused by the person having an abrasive personality. Some care givers take revenge. I think being up front about my sexual orientation before I move someplace will help prevent the problem.
- I think that isolation in a lesbian only community is not a healthy atmosphere. Children, males [and] heterosexual people should be a part of our community.

Personal stories and disclosures

Women also took the opportunity to discuss their fears about the present and the future. Some shared success stories. Some shared personal dilemmas. The words were so moving that I transcribed most of these comments in their entirety.

- I have found that a social worker dismissed my concerns about my failing agility/abilities because she thought that as a lesbian I would have more support etc. at home. This is true, I do probably have more support at home but my feelings about my lack of agility and at times mobility is a great concern given that the lesbian ideology is to be strong, independent, etc.
- At 55 I have a lot in front of me yet. Interestingly, dealing with multi systems in regard to my 83 yr. old parents with Alzheimers, my partner and I have been fully out, and [have] met with a great deal of respect and credibility. It's been good.
- As an aging lesbian with health problems, I am concerned about losing all my connections to the women's community – I have lost most of them now – with the exception of my part-time work from my home. I would like to be able to still express my feminist-political views and be in a community where we can share IWD [i.e., International Women's Day] and know when lesbian artists are performing. If I have to rely on others to help me access videos and any cultural activities I want them to be women centred and lesbian oriented. This is how I have lived my life when I am in charge and can do it myself. It is extremely important to me that this is maintained.
- There are many experiences/scars which we bring to our understanding of and our ways of relating to the world that are very different to women of all ages who are just coming out in the past 10 years. Many of us are feminist out of necessity. Many of us psychologically are unable to be open. Many of us experience biases from older straight people or peers that younger ones do not experience with their age groups.
- My concern is just where am I going to live and how will I afford it because I'll have to rent and it will be difficult to make ends meet but it's not as a lesbian but as a senior woman. At least I'm in good health!
- How to meet 80 year old lesbians. How to find out if there are any who are sexually interested.
- The main concern is for the time when (due to health concerns) I will need to have care... intermediate to extended. I would prefer to be in a facility catering to lesbians... My lover is older than I am and I have no family. I anticipate being alone in my later years.
- Although I have a lover, it's a new relationship and most of the time we live in different parts of B.C. While I'm healthy and able-bodied, I can generally take care of myself or be able to ask for help. However the fear is high/greater [in regards to] old age when I can no longer take care of myself. As my finances are low – what then? And where will I live and what support systems will I have?
- I need to work full time to "pay" for housing etc. and I need to keep working because my partner is close to retirement and doesn't have enough of a pension (just over \$300 monthly) to contribute – I will not have much of a pension either. So I feel trapped. I must continue to work. As I get older I would like to have more time to do the things that are important to me.
- I'm nervous about out-living my friends – being alone when I am incapacitated...
- I feel somewhat isolated as a lesbian and have no sense of "lesbian community". It is difficult because of health problems to have much participation. I am also still actively mothering even though my children are grown. Lack of money is also a big problem.
- I am a 40-year-old lesbian who has a disability, which has been in existence for 3 yrs. I am unable to work and receive a disability pension. My income is quite low so I do not have the choice of being able to choose where I might live. I currently reside in a seniors building (all women) [in] which I think there is one other woman who is a lesbian. There is a lot of discrimination and isolation [–] the isolation of being a lesbian as well as the isolation of living in a seniors building. Other tenants are isolated and don't have a lot of outside contact. Thirdly the isolation [that comes from] having health challenges, many of which one might encounter later in life. Consequently I have housing needs that are different than [those] of my peer group and [I] identify more with elder women who may require accessible

housing features ... due to [health problems such as] arthritis, etc. There are also issues of poverty that other residents face. I am very aware of all these dynamics and the affect on my health. I am the youngest resident: [the] average age is 60s to mid 70s. There are a number of issues that as a young resident I am aware of [and] that I have concerns about and [I've] heard [of] similar concerns in other seniors buildings – going into suites, going through possessions, etc., taking possessions. Issues of verbal abuse, substance abuse among superintendents, etc. I realize that not all buildings are like this. I think in not knowing their rights senior tenants can be taken advantage of, particularly if they haven't lived in apartments [before]. I don't like to make a generalized statement but I have observed that individuals who gravitate to caretaking seniors buildings do so because of control issues, among others. I have also observed activities that may be considered inappropriate. In order to get into buildings, I think there is the issue of fitting in, and invisibility of one's sexuality. I think this creates further isolation, [which] increases [even] further if one has health issues.

4.7 Conclusions for Chapter IV

Survey participants rated health care first among the issues they faced as older lesbians, while general quality of life ranked second and housing ranked third.

Survey participants had a lower rate of home ownership than the general population of older women in the greater Vancouver area. Forty-one percent of participants of the survey reported living alone, while 41% lived with their partners and 18% lived with other family members and roommates. The most common reasons for living with others was “for companionship” (68%) and “for financial reasons” (59%).

Most of the participants reported they prefer their current homes, and find them affordable and appropriate. However, many of them discussed difficulties they faced in the housing market, most often in relation to affordability and physical accessibility. Many participants were unsure about how long they could stay in their current homes, despite a preference not to move. Most have not considered living in mainstream seniors' housing but are in support of developing separate seniors' housing options for lesbians, women and/or gay men.

Survey participants reported a high rate of chronic health problems, but enjoyed relatively good mobility at the time of the survey. Some gaps in support systems for older lesbians were identified in the areas of health care and community services. In particular, participants suggested many ways in which the knowledge and sensitivity of health care providers could improve.

The survey results highlighted differences between self-identification as a “senior,” and governmental and institutional definitions of this term. On the most part, participants did not use currently available seniors services and programs, but this may be due to the relatively young age and independence of the survey sample. However, most participants preferred an opportunity to access programs geared to them as lesbians or as women.

In their final comments at the close of the survey, some participants expressed that their identities were not centred on their lesbianism, and that they preferred diverse living environments. A number of personal disclosures were also made, mainly relating to the fears they faced as a result of their experiences of aging in this society.

In Chapter V, I will take survey findings and comments by the participants who were interviewed, and compare them to other available literature on these issues. These comparisons will be made in the context of the themes of invisibility, accessibility and isolation, which the steering committee identified when analyzing the survey results.

CHAPTER V – ANALYSIS OF FINDINGS

The themes of invisibility, accessibility and isolation emerged often in participant responses. The importance of these three themes has significant implications on how planners should be organizing their efforts to meet the needs of older lesbians: how to plan housing and the built form of the city, how to plan policies in health care, and how community support services can be offered. These themes also have important implications on how planners can assure aging in place, to the greatest extent possible, in the lesbian community.

The expressed invisibility of older lesbians participating in this study suggests strongly that their experiences of the health care, housing and community support systems will differ from those of other populations of elderly in Canada. Furthermore, older lesbians' concerns with finances, physical access, safety and isolation may be similar to the concerns of many elderly women, but these concerns have been compounded by a lifetime of discrimination and oppression and may therefore have much more impact.

In this chapter, I will mesh together survey results, interview comments and findings from other studies in order to analyze the implications of this needs assessment. My goal is to look at the impacts of invisibility, accessibility and isolation in the lives of older lesbians. In Chapter VI, I will present recommendations to address the issues raised in this chapter.

5.1 Invisibility

Older Canadian lesbians are generally an ignored and infrequently studied social group (Adelman 1988; Auger 1990). Older lesbians are also faced with the compounding effects of being on the "losing end" of three social power structures: age, gender and sexual orientation. This cumulative disadvantage has led to almost complete invisibility for older lesbians in our society. Other effects of the invisibility faced by elder lesbians include internalized homophobia, fear, discrimination, and a conspiracy of silence (Grossman 1997). Many current cohorts of lesbians have chosen – as a coping strategy – never to come out publicly, and they continue – in their old age – to hide their sexual orientation from the outside world (Cook-Daniels 1997; Kochman 1997; Rosenfeld 1999). Other lesbians who had been out as younger adults are forced back into the closet when they require supportive aging services. Confronted by homophobia in the health care, housing and social service sectors, older lesbians have had to

hide their sexual orientation in an effort to reduce their experience of oppression (Krauss Whitbourne et al 1996).

Older lesbians seem to be invisible not only in society and the media but also – due to ageism – within the lesbian/gay community (Brotman et al 2000a; Peterson 1996). As they age, it becomes increasingly difficult for lesbians to participate in the social and political life of the lesbian community, and individuals experience a transition which moves them from being tolerated (i.e., middle-aged) to being ignored (i.e., old) (Copper 1990). The current reality for many older lesbians is that they feel unwelcome and unsafe in both lesbian and straight communities (Kirby 1999). With the decreasing availability of social “caring” networks for lesbians as they age, there is an increasing risk of institutionalization, and a decreasing capacity to have the community supports required for aging in place.

Findings in the literature on older lesbians are mirrored by the comments of the survey and interview participants. Many of the older lesbians surveyed said that they were concerned about the invisibility they faced as lesbians and as older women within this society. As one woman put it: “I don’t think there is any awareness that there are senior lesbians out there.” Older lesbians are often assumed to be widows of heterosexual marriages or “spinsters” within the elder care services (Hudspith 1999).

Another woman stated, in an interview: “We certainly don’t see any role models of the diversity of older women generally, and the diversity of older women in particular – I mean that in terms of size, in terms of health issues, in terms of race, in terms of anything.” Planning within a “politics of difference” – a concept first discussed in Chapter I – would make space for discussions of invisibility, and portray the diversity that lies within our communities.

Invisibility is imposed from without, but it is also chosen by older lesbians as a coping strategy for dealing with the widespread oppression of lesbians. Of course this “choice” is only necessary because of the prevalence of systemic and individual cases of discrimination against lesbians. One of the interviewees explained why she felt that invisibility of older lesbians was so widespread: “I think people are invisible because they’re afraid of persecution, of being disliked, ... not accepted, made fun of [due to] all the things that have been said of what is supposedly the norm... It’s just easier to just not make a thing about it... If I were challenged or pressed, I think I would stand up. So the easiest way for that not to happen is to sort of walk on the side a little bit...” She described her experiences when she was younger, while in the military: a

“terrible interrogation,” having pornographic photographs planted in her locker, being put in jail with male prisoners, and having a nervous breakdown.

This woman is understandably wary of increased visibility for lesbians; for her, it is not necessarily safe to be visible. “I think that it’s one of those things where you can introduce ideas to people if they are already somewhat open to ideas – to new ideas or new ways of thinking... I do think it’s very important to choose where to do this [i.e., where to increase lesbian visibility] because I think the results if you didn’t [choose carefully] would be devastating.” She knows older lesbians who will not attend dances for Gazebo Connection (a lesbian group) because they feel unsafe doing so. However, she feels good that Gazebo Connection dances are not obviously lesbian to passersby. She says women attending the dance “can pretend [that it is] a secretaries’ office party to the outside world, so [that] they are not a target” for abuse.

Some of the survey and interview participants also talked of ageism within the lesbian and gay/lesbian communities. As one survey participant stated, The (Gay, Lesbian, Bisexual, and Transgendered) Centre is not accessible or receptive to older lesbians. One of the interviewees related that when she first moved to town (at 56 years old), she dropped by The Centre once but has never returned, even though she lives close by: “It really didn’t feel comfortable.” She also stated: “Everyone I see that comes in and out of there looks so young.”

Participants also spoke of the homophobia in women’s organizations. An interviewee said: “[My friend] is involved with a national women’s organization. She said she works in a place where the other women think because she’s a lesbian they’re going to get molested.”

If homophobia and/or ageism create a climate of exclusion in seniors’ groups, women’s groups and gay/lesbian organizations, what spaces are left over that older lesbians can claim? And why should older lesbians have to claim “left over” spaces? Social capital dissolves if it is not utilized; is the stock of social capital diminishing in regards to older lesbians? If so, how can the lesbian community re-integrate older lesbians among its social caring networks and help them to age in place? Some of these questions will be answered, tentatively, in Chapter VI.

5.2 Accessibility

Survey participants expressed three areas of concern around issues of access: their stock of financial resources, physical access and safety.

Financial accessibility

Many senior women – including older lesbians – live on or below the poverty line. A lifetime of discrimination has had an impact on many lesbians' access to financial resources. Poverty is associated with a number of conditions that adversely affect health, including poor housing conditions and isolation (Women's Health Bureau 2000). A lack of financial resources will limit older lesbians' access to lesbian-positive living environments and support services; the supports they require in order to age in place with integrity and quality of life intact. In many cases, should older lesbians need institutional care or social services, they will have to rely on government-subsidized options, whether or not these services will address their needs as lesbians.

In addition to the way that systemic barriers have affected the income of many older lesbians, there are often many instances of overt financial discrimination against them. For example, the absence of legal recognition of same-sex couples creates a number of obstacles for lesbians in relationships. Many employers do not extend insurance or retirement benefits to same-sex partners, and CPP does not yet extend survivor's benefits to lesbians whose partners have died. Although the provision of domestic partnership benefits is increasing, these benefits were not available for current cohorts of lesbian elders. Furthermore, most benefits only recognize "romantic" relationships among two individuals, and none of the other types of "families of choice" that are prevalent in lesbian communities. Therefore, single older lesbians cannot benefit from many of the proposed changes to benefits packages.

Access to benefits links back to the issue of invisibility among older lesbians. Only by self-identifying as a lesbian at your place of work, or with the government, can you access any additional benefits that are available already to heterosexual married couples. This requirement might be a dilemma for many older lesbians who fear reprisals from such disclosures. With

increased visibility and acceptance of elder lesbians in our society, this hurdle may be reduced for future generations of lesbians.

Many of the women we surveyed expressed fear of inadequate income in the face of decreasing health and ability. Average personal income among the women surveyed was relatively low (about \$32,500) and 35% of the women had incomes below \$20,000. As one survey participant stated: "Poverty will be the biggest problem for our community as in others – those of us who may be economically secure will need to be responsible in how we support ourselves and our lesbian community." One of the women who were interviewed put it this way: "A lot of single older lesbians don't have any money, don't own their own suites... They're in big trouble."

One interviewee who has disabilities stated: "I have a fixed income, and that income does not go up and down depending on the cost of gasoline... or the cost of shoes or the cost of whatever." Another interviewee described how, as an older single woman whose income was adequate but not high, she had a great difficulty in getting a mortgage. In fact, she related how, in 1986, she had to give a bribe of \$100 to get the mortgage approved on her house.

Yet another interviewee described herself as "living on a slim income." She had lost her job a number of years back when her employer had downsized, cutting all staff by one third. She realized that everything she knew how to do had been rendered obsolete by technological innovations. Furthermore, her financial problems were compounded by a lack of information about her rights on low-income. For example, she didn't realize at first that she could pay lower rent at her co-op as a result of her lower income, and she didn't realize that she could pay lower Medicare premiums. No one told her these things until she had been struggling to make medical and rent payments for some time.

Physical accessibility

The physical environment provides both opportunities and limitations for the body, and sets limits to how one can experience the world – what public and social resources one can access. However, human beings – and planners in particular – have a lot of power in shaping the physical environment, particularly in an urban setting. Greta Salem is quoted as saying that "the

built environment becomes an extension of the particular set of values operative at the time of its creation and continues to exert independent influence on the activities that go on within it. It therefore functions as an instrument of social power and a force for the maintenance of the status quo" (cited in MacGregor 1995: 27).

Physical accessibility is a political and social issue that we must face as a society. Many of the participants of our survey expressed concern over the lack of physical access in their homes, in their buildings and even to gay/lesbian services and events. Failure to provide for accessibility is in essence an act of exclusion, yet another means of limiting older lesbians' access and use of social capital within the lesbian community and society at large.

In the same vein, there has been a growing recognition that "health [is] not only a social condition but also a social action project" (Boothroyd & Eberle 1990). The health of a community – the physical and social environment – is reflected in part by the health of individuals within that community. Sixty-three percent of the participants of the survey reported chronic illnesses or disabilities. What does that say about the health of the lesbian community? Or the other communities in which older lesbians find themselves?

The high rate of arthritis (45%!) among survey participants, even though their average age – 55 years old – is quite low, indicates there is a significant gap between the future needs of older lesbians and the actual services and options open to them. In order to bridge this gap, health care and community planners will need to recognize changing needs, and incorporate difference into their planning processes.

Accessibility in terms of safety issues

For lesbians who face discrimination due to societal homophobia and heterosexism, home needs to be a sanctuary. However, a lesbian's home does not always feel like a safe haven. In Elwood's (2000) paper, *Lesbian Living Spaces: Multiple Meanings of Home*, she explains how for many lesbians, home is not strictly a "private" space, but rather a "public" or visible marker of lesbian presence in a neighbourhood. As a result, a lesbian home is actually a place under surveillance by neighbours, and potentially a site of harassment and discrimination.

Lesbians are threatened within their buildings and neighbourhoods due to the prevalence of violence against women, including violence committed by people known to the victims. How can someone age within the comfort of their own communities when they are faced with fundamental threats to their safety?

Many women who responded to the survey expressed concerns about their security: they didn't always feel safe in their neighbourhoods or homes, and felt vulnerable as older women. As one interviewee stated: "As I get older, I'm more aware of the fact that people will take advantage of me because I'm an old fat Black lady."

Some women expressed a need for woman-only or lesbian-positive "safe havens" due to the discrimination they faced, and due to the pervasiveness of violence against women. This fear is particularly true in the case of seniors' housing or care facilities, in which older lesbians will have to give up some of their independence, and therefore be more at the mercy of other tenants' and managerial discrimination. As one woman puts it: "I hesitate to apply [to seniors housing] because I have a fear of being ostracized. I know this happens to some and it pains me very much." Another participant stated: "[I] am concerned about finding a lesbian positive complex where being a lesbian is not just okay but desirable." Some participants also shared their histories of abuse by men and their discomfort with mixed-gender environments.

The onus is often put on women to defend themselves from abuse. As one interviewee stated: "People have told me, 'You should learn how to use your cane [to defend yourself].'" Another interviewee said: "Sometimes I'm just shocked at the people who are attacked and the things that happen to them because you think, 'Why did they open that door?' And peepholes are just great." But just what does an abuser look like? Many women already curb their participation in community life – and thus their access to social capital – due to fears for their safety (Women's Health Bureau 1999). How much more personal responsibility for our safety do women have to take? Attempts to promote self-defense and preventative measures without broader political analysis put the onus only on potential targets of violence and mask the systemic and pervasive nature of violence against women in our society.

5.3 Isolation

Quam and Whitford (1992) have found that closeted women tend to be more frightened about their aging process than do “out” lesbians. They suggest that being openly lesbian helps in the aging process because the process of coming out and accepting oneself enhances psychological and spiritual resources. However, due to issues of invisibility, financial and physical accessibility, and violence against women, it is not always easy or safe to be out in the community.

Closeted or not, older lesbians typically live within a self-created network of friends, partners and selected members of their family of origin who provide mutual support; this has also been referred to in the literature as a “family of choice.” Kehoe (1989) found that older lesbians tended to have weak sibling ties and strong friendship bonds. Older lesbians often lack the reassurance of knowing that children or extended family members will provide for them in old age (Dawson 1982). Lesbian families and households form not only on the basis of intimate relationships but also around friendships, shared political or social values, or mutual needs (Elwood 2000).

Most of the women surveyed said that they had basic levels of support – someone to talk to and someone they could go to for support if they had a chronic illness or disability. Nonetheless, several women mentioned loss of support networks and connections to the women’s community due to illness and disability.

Research has found that older women living alone, and on limited means, are particularly at risk of loneliness and depression (Women’s Health Bureau 1999). Forty-one percent of the survey participants (40 to 80 years old) were living alone at the time of the survey.

The loss of social support networks and the incidence of living alone must have an impact on older lesbians’ ability to age in place within their communities. What does this mean to the lesbian community as a whole? Could we use deposits of social capital in order to supplement older lesbians’ loss of support from families of origin, or the limited options offered by mainstream health care, housing and community support services? Friend (1990) has made a case that lesbian and gay communities already offer seniors many opportunities for cultural, social, political and religious support. Other researchers have found that elderly lesbians appear to receive very little support from the lesbian community (Brotman et al 2000a). Just

over half (53%) of the survey participants identified the lesbian community as a source of support. In any case, given the comments by survey and interview participants, it's obvious that the support being currently offered is not enough.

5.4 Conclusions for Chapter V

In Chapter V, I have discussed the themes of invisibility, accessibility and isolation as the key issues that arise from this study of older lesbians. Such findings are not new. In fact, many seniors face these issues, to some extent, during their aging process. Even invisibility – the strongest of the themes linked directly to the experiences of older lesbians in the literature – is felt to some degree by all older women in Canadian society. Nevertheless, older lesbians have a unique experience of the aging process due to the discrimination they have faced throughout their lives, and due to their invisibility as lesbians in the field of elder care services.

Having learned about the needs of some of greater Vancouver's older lesbians, where can planners and the lesbian community go from here? Chapter VI will conclude with a general discussion of the challenges and issues to consider in planning for the needs of older lesbians, and a set of recommendations to action. I will also discuss further research required and my reflections on the project, as well as provide some concluding comments.

CHAPTER VI – IMPLICATIONS OF FINDINGS AND CONCLUSION

Taking the step from research to action may be the most challenging component of addressing the needs of older lesbians. However, in pursuing a PAR process for this needs assessment, the lesbian community has already mobilized itself to some degree. Furthermore, one of the findings of this study is that the lesbian community – like many marginalized communities – is already informally involved in organizing innovative solutions for its needs. The lesbian community – and planners committed to achieving inclusivity for older lesbians – may find their energies best spent in supporting efforts already underway.

This chapter will begin with a discussion of some of the difficulties in planning for the needs that survey participants have identified. This will be followed by a general discussion of opportunities for action in the fields of health care, housing and community support services. Next I will provide a list of my recommendations. This will be succeeded by a discussion for further research that is needed, my reflections on learning, and some final comments.

6.1 Challenges in planning

Planning for the needs of older lesbians raises many challenges. This section addresses four of these challenges: diversity in the lesbian population, cohort differences, financial disparities and the difficulties with age-specific services.

Diversity in the lesbian population

As a feminist, I recognize that there are many structures of oppression in our society. Three such structures of oppression, pivotal to this study, are sexism, heterosexism and ageism. But even a seemingly specific study population such as “older lesbians” is in fact greatly diverse. Participants of our survey do not represent the full spectrum of this population group in Canadian society. Even among the women who participated in the needs assessment, there were many differences based upon socially constructed characteristics such as social class, race, ethnicity, ability, self-identity, etc. These variations mean that older lesbians’ needs cannot be met by any single solution devised by health care or community planners.

But solutions must be sought. The population in the greater Vancouver region is aging, as the baby boomers edge into their senior years and the birth rate slows (Baxter 1992). The majority of these seniors are women, among whom there are greater numbers of "out" lesbians.

Women are living longer, but are also spending many more years of their lives with chronic illness or disability than ever before (Hooyman & Kiyak 1999; Vancouver/Richmond Health Board 2000). Older women are not necessarily living their later years with better quality of life than in years gone by. If the health of seniors is to be sustained and enhanced, the health deficits specific to disadvantaged groups must be addressed along with the broader determinants of health such as income, education and housing. Planning for the needs of present cohorts of seniors is not enough; strategies need to be in place to meet the requirements of the large aging baby boom segment of the population.

Cohort differences

Researchers have found that older cohorts of lesbians are more likely to be "in the closet" when dealing with health care and elder support services. As a result, these women – as a generation – may not be able or willing to advocate for services that are adapted to their needs as lesbians (Brotman & Ryan 2000b). However, it has been postulated that the aging of "post-liberation era" lesbians will radically alter the almost total invisibility of lesbians in elder care (Kochman 1997). Those women who were active in the second wave of feminism and/or gay liberation may be less willing to go back into anonymity and silence in order to receive seniors' services. As one interviewee stated: "We're in the baby boomer generation. We come from a generation where we challenge authority. The gerontology community and governments need to realize that we're there... The whole field of gerontology needs to undergo a shift. Who are we all?"

How well prepared are mainstream elder care agencies in meeting the needs of lesbians who will not want to return to the closet? How well prepared is the lesbian community in developing services and housing programs for older lesbians should their need for supportive living environments fail to be met by mainstream services?

It is important to recognize that planners must be innovative in their approaches to meeting the needs of older lesbians. Some older women – especially the up-and-coming baby boomers –

will need to have their lesbianism explicitly acknowledged and validated within elder care services. However, some older lesbians perceive remaining in the closet as the only option. Current societal tolerance is seen as fragile and easily lost. A secretly lesbian elder has often learned to survive a homophobic society by rejecting her lesbianism as a master status and identity, fearing that this identity will jeopardize her claim to respect and status (Kirby 1999). Closeted lesbians will want access to lesbian-positive services, but might not be willing to “out” themselves in order to access these services.

Financial disparities

Similarly, planners will have to be innovative in ensuring affordability. Supportive and healthy living conditions must be available to all women, regardless of income. In some cases, social caring networks can stand in for “paid helpers.” The lesbian community may also come up with innovative housing solutions that actively address wealth differentials in our community.

Age-specific services

Should any of the services or programs that are planned be geared primarily to older lesbians, or should they be age-mixed? There has been a sustained critique in the literature about the lesbian community’s efforts to offer services or programs specifically to elder lesbians (Healey 1994; Macdonald & Rich 1983). An argument has been made that by offering senior-specific services, the lesbian community is merely adopting mainstream patterns of how to “deal with the elderly,” and therefore reinforcing the ageism in our society.

However, some older lesbians are leading planning efforts to address their needs – for example, community-based groups such as Victoria Lesbian Seniors Care Society and CHARIS – In Support of Older Lesbians. If older lesbians from these organizations plan any age-segregated programs, they will have chosen rather than been relegated to those spaces. As such, they will be forming potential spaces for empowerment and resistance.

Writer bell hooks (1990) came up with the concept of “homeplace” as a space of resistance. She defines the homeplace as “a place in which black women have been empowered to create and control a space where they... could be free from the domination and oppression of a racist

society" (cited in Elwood 2000: 17). For older lesbians who want to reclaim "old" as an identity of empowerment, who stand under the auspices of "Grey Power," finding their own "homeplaces" may enable them to create spaces that are, in some ways, free of the oppressions they find within mainstream elder care.

Having pointed out some of the benefits of age-segregated services, I am not entirely convinced this approach is entirely preferable. The 40-year-old participant to this survey disclosed: "I have housing needs that are different than that of my peer group and identify more with elder women" as a result of her health problems and needs. In cases like this, it might be preferable to offer lesbian-positive services to the lesbian community as a whole, rather than specifically to older lesbians.

6.2 Health care

Health comprises more than the presence or absence of disease, as it encompasses emotional, social, cultural and spiritual aspects, and is intricately related to the context of a person's life. Gender and sexual orientation are both "determinants of health," in that to some extent they determine an individual's access to economic and social privilege within Canadian society. In following a population health approach, health care planners have examined trends in income and social conditions in order to determine the barriers to good health faced by particular populations.

The results of the survey do not conclusively indicate that older lesbians have a worse health status than other older women do. However, the rate of self-identified chronic illness and disability among participants of our survey seems disproportionately high.

What the results do show is that aging lesbians experience unique barriers in their access to health care, due both to their invisibility and the discrimination that they face within the health care system and society at large. These barriers to appropriate health care may be one explanation for the high rate of chronic illness and disability reported by the lesbians in this survey.

For me, a combination of lesbian-specific and lesbian-sensitive services within the health care system makes sense, and at the very least, a means by which health care practitioners can become more educated on the needs of older lesbians.

One of the survey participants recommended that a manual on lesbian needs be produced as an outcome of the needs assessment. In effect, the British Columbia Ministry of Health and Ministry Responsible for Seniors has already taken a step in that direction by publishing, in 1999, a resource booklet entitled *Caring for Lesbian Health: a resource for health care providers, policy makers and planners*.

Another survey participant recommended that Lesbian Avengers (a lesbian group whose goal is to promote lesbian visibility) conduct educationals in elder care settings. While this strategy for increasing visibility may correspond with the needs of younger cohorts of lesbians, many lesbian seniors may not feel comfortable when such an approach is used on their behalf. For many older lesbians within the health care system, a lifetime of dealing with heterosexism and homophobia has meant the development of coping strategies which include a commitment to secrecy, and an avoidance of any "spectacles" in regards to their sexual orientation (Kirby 1999).

Some of the older lesbians interviewed for this Vancouver study had expressed discomfort with people who were "flamboyant" about their sexual orientation, and some did not want to be identified as users of a lesbian space or a lesbian service within their neighbourhoods. It is important to keep in mind, however, that none of the participants defended the current privileging of heterosexuals above lesbians and other non-heterosexuals in our society. All of the participants wanted to retain their right to choose their own paths in later years.

Older lesbians with disabilities

What are some of the health care issues that older lesbians are likely to face? The needs assessment conducted was not exhaustive, nor does it have the power to predict the future. However, certain survey results stood out from the others, and seemed quite significant. For example, the rate of self-identified chronic illness and disability (63%) seemed rather high, as did the rate of arthritis among survey participants.

I wish to zero in on the rate of arthritis among those that were surveyed, because the frequency of this disease among older lesbians would mean a very significant effect on their needs in coming years. The rate of arthritis among survey participants (35%) seems rather high,

especially since fibromyalgia and lupus, which were listed separately in the survey results, are actually forms of arthritis. This brings the overall rate of arthritis among survey participants to 43%. This is double the 21% of all adult women in Canada who have some form of arthritis (Badley & Wang 1998).

Badley and Wang (1998) have also found that, for many types of arthritis, women are affected much more often than are men. For example, women have 60% of the cases of rheumatoid arthritis in Canada, and 90% of the cases of lupus.

Badley and Wang have also found an acceleration in the prevalence of disability from arthritis in Canada, particularly among older women: "Arthritis disability has a dramatic impact on people's lives, affecting everything from the ability to take care of day-to-day tasks to maintaining employment" (1998: 23). Several of the survey participants were already on disability pensions, some had their mobility restricted by arthritis or other chronic illnesses, and some described their difficulty in maintaining their social support networks as a result of their decreased mobility. If the prevalence of disability from arthritis is increasing, and the rate of arthritis among survey participants is higher than might be expected, then planning for the needs of older lesbians will have to account for a high rate of disability.

It is important to clarify that sexual orientation in and of itself is not associated with health status. Poor health can result from the stress that arises from facing financial disparities and decreased access to health care that come from being disadvantaged within our society (Women's Health Bureau 2000). A woman's sense of identity, her personal coping skills and her measure of control over life circumstances are all key influences on her health. Supportive living environments can provide spaces in which all women – and in particular, older lesbians – can thrive.

6.3 Housing

Unaffordable, unstable and unsafe housing is associated with poor health (Women's Health Bureau 1999). It is therefore important to address the need for safe and accessible housing for older lesbians when considering the health of this marginalized group. Aging lesbians, like other seniors, must be able to maintain control over their housing choices and living arrangements in order to sustain their autonomy and independence (McClain 1991: 27).

In 1987, the National Action Committee on the Status of Women adopted the Women's Housing Manifesto. This document stated unequivocally that housing policies and programs in Canada must recognize and provide for the increasing numbers of "non-traditional households." How much has really changed since then?

The North American model of the built environment is still based on the assumption that personal and social needs will be met within the family, and that people should be segregated among different housing types that correspond with various stages in their life cycles. The emphasis has been on personal mobility; the human and financial costs for everyone – including older lesbians – have been high. As Gerda R. Wekerle and Suzanne MacKenzie have stated: "If we remain passive and silent, these may be our only options: moving into 'uncherished' [and, I would add, unsafe] places or being isolated in once cherished, now unsuitable and uncongenial places" (1985: 70).

The capacity for choice is central to older lesbians' health in later years. As one of the interviewees for the Vancouver study stated: "There needs to be a variety of ways that lesbians can access housing options." Another woman said in an interview: "There is safety and comfort in numbers and all that, but I think it is important that you don't look at [just] one solution... There has to be choice."

As the survey results show, the range of housing choices must take into consideration lesbians' varying needs for accessibility, affordability, and integration of health services, and the need for increased security for all women. Survey and interview participants offered many ideas about housing, including intentional communities, home-sharing, secondary suites, co-operatives and co-housing, mainstream institutions, and other housing strategies.

Intentional communities for older lesbians

Survey participants suggested a broad range of intentional communities geared to older lesbians. These planned communities were visualized in both rural and urban settings, and encompassed private, mixed-income and non-profit options.

Planned communities in a rural location were a popular suggestion, especially those options which would combine privacy with security for residents. Housing shares could be available in a

combination of ownership and lease that would make the option affordable to women with different levels of income.

Some intentional rural communities are already occurring. For example, there is the community of "Spinsterhaven" which is 30 miles out of Fayetteville, Louisiana. The mission of this community is "to create and maintain nurturing community homes for aging women in settings free from sexism, racism and homophobia" (cited in Yandell 1994: 11). Closer to home, a group of women have purchased land in Port Renfrew, Vancouver Island, with the purpose of building a retirement community there.

Intentional communities may also be possible in urban settings. For example, one survey participant spoke of an intentional community in Toronto that provided a safe, geographically compact neighbourhood for gay and lesbian residents. Condominium ownership with a co-operative structure in place has also proved to be an attractive option for older lesbians in the Toronto area.

Some survey participants also suggested seniors' care facilities geared to older lesbians; these facilities could provide different levels of assisted care. B.C. Housing could allocate some of the funds for seniors housing to the construction of facilities for older lesbians as a special needs group, in much the same way as seniors housing geared to ethnic groups has been funded. However, only 10% of elderly women currently live in institutions, and governments and health boards are emphasizing non-institutional options for seniors. Efforts by the lesbian community to promote institutional options for elder lesbians might be better spent elsewhere.

Home-sharing

A community does not have to be spread across a geographic area; it can be found within one building. Of course, communities on this scale must be located within lesbian-positive neighbourhoods in order for the residents to feel more secure.

Many older lesbians have spontaneously organized themselves into shared housing arrangements. For example, one of the survey participants shares a rented home with her partner, another lesbian, and a heterosexual woman. She prefers to live with these roommates not only for financial reasons, but for companionship and safety reasons as well. However, she

has also stated: "I'd like to stay here indefinitely but [the] owner could sell [the] house or increase [the] rent." The security of her home is tenuous. In fact, many renters are at the mercy of arbitrary rent increases, conversions of older stock to luxury housing, or the demolition of older buildings. Clearly, it is important to have housing in the lesbian community that is outside of market housing, and that can guarantee security of tenure.

One of the finest examples of a formalized home-sharing arrangement is known as "Abbeyfield housing." Abbeyfield residences tend to be located in large converted houses, in which five or six residents have private rooms and also share some common spaces. The benefit of pursuing this approach to housing older lesbians could be the existence of several small-scale residences embedded within neighbourhoods, rather than segregated as institutions. Abbeyfields might be located in different areas of the city, so that women could live in their preferred neighbourhoods and so that different residences could reflect different preferences and values within the older lesbian community: whether to be age- or gender-mixed, whether to be "out" as a lesbian home within the neighbourhood, etc.

These homes could be leased by a non-profit organization, or owned by a non-profit housing corporation. An income mix could be pursued among Abbeyfields by creating within them a co-operative structure, or by gearing rent to income.

Purpose-built shared housing doesn't have to be age-segregated. The Toronto Housing Company has converted two homes and adapted them as barrier-free environments. Their residences, called "Sister Share Living," allow all women to pay rents geared to their income. Unlike the Abbeyfield model, there are no caretakers on site.

Home-sharing can also occur within private homes, and these arrangements can occur spontaneously through the use of home-share ads or personal networks. However, at least one of the women who we surveyed was not "out" to the students to whom she rented rooms of her home. Might it not be better to have a housing registry that could match up lesbian and lesbian-positive home-sharers? For example, the Coalition of Older Lesbians (COOL) in the Los Angeles area formed a Committee on Shared Housing for Older Lesbians.

The possibilities for arranged home-sharing are already in place. As one study participant said when interviewed: "Some lesbians are redesigning their homes to accommodate... lesbian seniors." Furthermore, older lesbians themselves can rent out rooms on the basis of mutual

need: renters may be able to do some maintenance work, cleaning and/or other support services in exchange for lower rent and mentoring.

It is important to note that some planners have made the mistake in the past of naively heralding the home-sharing arrangement as a win-win alternative for all seniors. In reality, many difficulties have arisen in home-sharing arrangements due to contrasting motives and expectations between "home-providers" (those who own a home) and "home-seekers" (Baldwin 1990). Home-providers may be seeking inexpensive support with maintenance and housekeeping, but may be inflexible about the idea of genuinely sharing "their" homes.

Ten years after her first study, Meyer (as cited in Cruikshank 1990) did a follow-up study of older lesbians who had been considering innovative, shared-housing arrangements. She found that the collective living arrangements had not worked out because of economic inequality among residents, lifestyle differences, competition over leadership and the lack of a workable decision-making process.

However, due to the surge of baby boomers who led the second wave of feminism in the 1970s, many of the current cohorts of aging lesbians have had much experience working in collectives, challenging inequality and oppression, and building the consensus decision-making model. While planners can't be naïve about the challenges of home-sharing, neither can we assume that older lesbians will lack the skills and commitment to surmount those challenges.

Secondary suites and accessory apartments

Secondary suites and accessory apartments are an innovative response to the problems of housing affordability and availability in Vancouver. Many older women's "wealth" lies in the equity in their homes, not in their pensions or other sources of income. Many elderly women's houses are actually poorly maintained (Avery 1993) due to low income and mobility.

Increasingly, older women have adapted their own houses by creating an additional rental unit within the frame of the existing "single family" house (i.e., secondary suites) or within the back or side yards (i.e., accessory apartments or "granny flats"). Such housing conversions help create the diversity in housing options that allow seniors to age in place within their communities.

The rental of secondary suites or accessory apartments can offer opportunities for barter between aging homeowners with limited disposable income and younger or more able tenants who seek affordability and may agree to trade support activities (such as yard maintenance, shopping, etc.) for reduced rents. Secondary suites and “granny flats” may also be a good alternative for older lesbians who cannot live independently but wish to find affordable and supportive housing options within their communities. Because there are some areas of Vancouver, which – in the words of some of the survey participants – are more “lesbian-friendly” than others, it is particularly important that community-based housing opportunities are available for lesbians in old age. A housing registry that endeavours to arrange home-sharing could also work to arrange mutually beneficial connections between homeowners and tenants.

Unfortunately, secondary suites have been legalized only in some parts of the Lower Mainland. Even in areas where suites are legal, restrictive criteria and extra fees make registration so difficult that the majority of suites remains unregistered. As long as the majority of suites remain illegal, tenants are left with little recourse in ensuring the safety and security of their rental units. Older lesbians may do well to join in efforts to legalize and remove bureaucratic barriers to the construction of secondary suites.

Co-operatives and co-housing

Co-operatives and co-housing offer an opportunity for like-minded individuals to come together, define their housing needs, and find an architect to implement them. As one of the survey participants stated: “In a co-op or co-housing situation... residents have some power over values and principles for entry.” Co-operatives are owned in shares by the residents, and offer moderately priced units and governance control to those within the co-operative. Co-housing differs in that prospective residents tend to be more involved in the design of the homes and the site, there is more emphasis on communal spaces, and residents share more of the work (e.g., by participating in communal meals).

Many of the older lesbians who replied to the survey (at least 10%) were already living within co-operatives. In some cases, survey participants had already been able to find lesbian-only or lesbian-positive co-operatives in which residents had created a sense of community and mutual support. One of the women we interviewed, who characterized her co-op as “a real caring community” that was “10% gay,” said this about her experience of home:

[I] have never liked joining anything or being with a certain age group... I like to feel freer than that... I'm more of a maverick... I love this [place] because you don't join, you live here. But... you don't have to go to a potluck... [Yet] you're still part of something. You can take of what you need, and you give what you can and where you feel it's useful. And I think many of the people who live within this community do exactly that. They come out of the woodwork sometimes and... it's wonderful. And you end up going down to help out somebody who needed something... and you haven't actually met them. And I really think that's why this is a comfortable place to be.

A co-operative or a co-housing arrangement can offer many opportunities for mutual support. Another interviewee, who currently lives in a condominium, said: "I would rather live in a co-op with ten other lesbians and have a community around me. Because maybe if ten of us are trying to figure out how to eat then... it might happen."

A co-operative doesn't need to be age-segregated in order to meet the needs of older lesbians. In fact, Vancouver's Women in Search of Housing (WISH) and Toronto's Older Women's Network (OWN), both geared to meeting the needs of older women generally, have decided they prefer multi-generational housing "because of the energy." Unfortunately, existing lesbian-centred co-operatives such as Vancouver's Sitka Co-op and Toronto's Women's Housing Co-op are not physically accessible. Where does that leave older lesbians?

The federal government has pulled out of funding the construction of new housing co-operatives. Unless new government funding materializes, it will be a formidable challenge to assure that any new co-operative allows for the participation of low-income residents. On the other hand, co-housing is an innovative solution that allows for mixed-income communities, and may be the affordable solution for some older lesbians. Residents that can afford home ownership can invest in a co-housing community, while some suites can be available on a rental basis. This mixed-income approach has been pursued by Quayside Co-housing in North Vancouver, whose members believe that a diverse community will be to the benefit of all residents.

"Mainstream" institutions

Most researchers and health care practitioners now agree that health is best maintained if elderly people can remain within the neighbourhoods and communities they know best, provided of course that sufficient supports are in place. In circumstances where a resident

“must” move, or has chosen to find a different community in which to live, she should have access to “a community that is compatible culturally and with [her] social values” (McClain 1991: 27).

Of course, there are already many lesbians who, due to limited choices, are in seniors’ housing and care facilities. Often these women are forced to hide their lesbianism, or face discrimination (Krauss Whitbourne 1996). Existing seniors’ housing communities, including long term care facilities, need to change their policies and practices in order to become more inclusive. These institutions need to recognize the existence and needs of non-heterosexual residents and to utilize inclusive language that recognizes and welcomes the “other” – including older lesbians. Sensitivity training of staff (and potentially residents) could be conducted to address issues of difference, and in particular the dynamics and effects of sexism and heterosexism in our society.

Furthermore, elder care facilities should be held more accountable by the lesbian community in regards to their policies and practices in relation to the treatment of older lesbians. For example, sensitivity to the needs of older lesbians within elder care facilities in the Vancouver/Richmond area could be monitored by the Population Health Advisory Committee of the lesbian, gay, bisexual and transgendered communities (i.e., the LGBT PHAC) of the Vancouver/Richmond Health Board.

Other Housing Strategies

All levels of government have a responsibility in ensuring that affordable, appropriate health care and housing can be had by all their constituents. I believe that it is important for the lesbian community to join in efforts to put social housing back on the political agenda.

The federal government is responsible for setting standards for housing across Canada and providing leadership on the issue of people’s universal right to safe, affordable housing (United Nations 1996). The Canadian government abandoned its national housing policy in 1993, but by many accounts this federal initiative must be renewed (Tenants Rights Action Network 1999). This government has the opportunity to answer calls for the re-targeting of some federal tax income to support social housing initiatives.

British Columbia's government has stepped in to address its residents' need for affordable housing, and is also mainly responsible for health care provision in the province. It is to the provincial government that the lesbian community must go to call for improved conditions for all seniors within elder care institutions, and for funding for innovative community-based options.

At the municipal level, I recommend that CHARIS join in efforts to advocate for the legalization of secondary suites and accessory apartments.

In addition to improving governmental accountability at all levels, the lesbian community needs to ensure it has some influence on the housing options available to them. However, if the lesbian community lacks significant financial support, how can affordable options be assured?

As one study participant said in an interview, "There ought to be a way of getting women to help women." What follows are several suggestions for housing strategies that could be adopted by the lesbian community.

One idea advanced by a survey participant is to follow the Habitat for Humanity Model: that is, setting up a fund and using the volunteer labour of the lesbian community in order to build seniors' housing for lesbians. This arrangement could be part of a larger volunteering or bartering system, whereby mutual aid is promoted among community members. The model could easily be used in efforts to renovate or remodel rather than simply for construction of buildings "from scratch."

Another way that affordability can be promoted is by organizing mutually beneficial exchanges with other organizations. For example, engineering students from the University of Victoria, and architecture/planning students from the University of British Columbia have been involved in designing and building affordable seniors' housing projects. Students get credit and practical experience, and the elder residents, in return, have more affordable housing.

Mixed-income housing not only challenges the income-segregation prevalent in most neighbourhoods, but also can be a way of ensuring that all the older lesbians in our communities are well-housed. As is already the case in many co-operatives and social housing complexes, residents' rents can be geared to income rather than to market rates. With the right balance of higher and lower income residents, this type of housing is financially feasible, even without full government subsidy.

Another idea for promoting affordability is to form a community land trust or foundation that collects and disburses financial support (in the form of grants or loans), with the mission of meeting the needs of older lesbians. As one survey participant stated: "There should be a society or fund where monies can be [donated] (in one's will) that would provide financial assistance for education... [and] housing projects as well – there are lesbians of financial means as well as those who are without." In fact, in 1994, a member of the lesbian community passed away, and in her will she left money to support the construction of housing for older lesbians; to this date, this money has not been used.

6.4 Community support services

The needs of aging women are such that at some point they will probably require support services in order to lead independent lives in familiar surroundings. While aging in place among beloved neighbourhoods may be the best option for many older lesbians, traditional forms of housing – without innovative supports or arrangements – are insufficient because most traditional housing types lack access to services, physical accessibility, affordability and/or opportunities for companionship (Gillespie 1990). Family and friends cannot always be expected to “fill the gaps” in elder support. As one survey participant commented: “I anticipate needing community support to alleviate any pressure on friends and family.”

As lesbians age, they will become more locally dependent; therefore, support services will have to be decentralized and readily accessible. In England and Scandinavia, support services are generally brought to seniors within their own residences; this compares to the North American model in which elderly people are expected to move to increasingly specialized housing when their mobility is impaired. I believe that the North American model is a mistake, leading as it does to outrageous social and financial costs in the long run. As one woman commented in our survey, we need “services that allow each person to remain in their preferred situation for as long as possible.”

After doing this study, I feel that the lesbian community could take a two-pronged approach – creating their own options for support services, but also advocating on behalf of older lesbians within “mainstream” services. I will therefore focus discussion and recommendations in two areas: support by the lesbian community, and support by the gerontology community. It is important to note again that in either case, some attention must be made to provide for differences among older lesbians in their willingness to be “out” or visible as a lesbian when using support services.

Support by the lesbian community

One of the greatest benefits of being involved in the creation of any services is that one doesn't have to follow the mainstream model. The lesbian community can be active in bridging the gaps of ageism and challenging charitable or dependency models of support.

There are many innovative approaches the lesbian community could take. In setting up a volunteering and/or bartering system, for example, older lesbians would not be limited as the "recipients" of services.

At the Fourth Annual Texas Lesbian Conference in 1991, a panel of young lesbians aged 17-21 talked about their isolation, and expressed a desire to look to older lesbians for information, a sense of history, socializing and mentorship (Kirby 1999). Many of the survey participants from the Vancouver study expressed similar sentiments. One survey participant commented: "The young lesbians of the world could easily be involved [in solutions] and find friendship, resources and knowledge from aging lesbians – if I had a mentor how much easier it would have been." Another woman who was interviewed wanted to see more sharing opportunities between lesbians: "This society segregates people by ages... [I'd] like to have cross-age development activities – in the same way as you have cross-cultural activities – where, you know, young dykes and older dykes and middle-aged dykes and dykes without kids and dykes with kids all [come together]." Another interviewee stated that it's wonderful to have opportunities for older women and younger women to be able to connect: "There's a lot to be shared and a lot to be gained."

A volunteer/bartering system could offer a broad range of support/exchanges to members of the lesbian community: advocacy support, help in finding accommodations, maintenance and housekeeping, mentoring, home visits, peer counselling, assistance with grocery shopping and other errands, transportation, etc. Such an organization might also run a housing registry, and facilitate group purchasing and the sharing of resources as well as skills among community members. Support groups could also be facilitated through such an organization. For example, one survey participant said she "would welcome an older Jewish women's/lesbian support group."

There are many organizations in cities across North America, including several in Canada, which serve older lesbians and/or older gay men. One of the oldest and most successful organizations is New York City's Seniors Aging in a Gay Environment (SAGE), in operation since 1977. SAGE New York offers a full range of assistance through information and referral, transportation, home visits, care management, support groups and social events. SAGE also runs a Gay Helper Bank, for which volunteers earn credit by providing others with assistance; these credits are then banked and can be redeemed when volunteers themselves are in need of support services.

Older lesbians also need spaces in which they can socialize with others, and in which they can feel comfortable in their surroundings. Many participants of the survey in Vancouver stressed the need for lesbian-positive social environments that were alcohol- and smoke-free. One woman we interviewed said that, in the past, her “network of friends [had] developed around bars and it wasn’t that great.” Healthy and accessible social environments are vital for a healthy community.

Yet many women’s and lesbian-serving groups (such as The Centre) are physically inaccessible or difficult to access and therefore actively exclude women with impaired mobility. Furthermore, lesbians don’t have much disposable income and find it difficult to support commercial spaces exclusively dedicated to them (Bouthillette 1997). Where, then, can older lesbians turn to find supportive spaces within the community?

I believe that it is important for organizations and institutions which already consider themselves lesbian-positive to actively and immediately address the ableism and ageism that limit the inclusion of older lesbians and lesbians with disabilities.

Support by the gerontology community

As is the case in “mainstream” elder care institutions, planners and practitioners in the field of elder support services need to be educated about the existence and needs of older lesbians. As one woman said in an interview: “Any senior-serving organizations [need to have a] consciousness [that] there will be lesbians among any group of women they serve. And if there aren’t [any lesbians using their services], why not?”

As so, as many survey participants pointed out, it is important that lesbian seniors not feel they have to “pass” as heterosexual women in order to use community support services, nor feel pressured to identify themselves as lesbian. One obvious solution is that seniors centres should consider providing women-only and lesbian-positive spaces and support groups in order to meet the needs of older lesbians, and of women who – due to the pervasiveness of violence against women and sexism in our society – would feel safer in woman-only settings. As one participant wished: “A Lesbian Club at a seniors centre would be great.”

6.5 Recommendations

The following recommendations are based on the comments made of participants in the Vancouver study as well as on my own background research, perceptions and values. All of the recommendations are directed to CHARIS – In Support of Older Lesbians and to other lesbian-supportive organizations within the Vancouver area.

- 1) To encourage collective planning processes on issues of health care, housing and support services for older lesbians, by bringing together representatives of government ministries, health agencies and community groups.
- 2) To join in the struggle to put social housing back on the political agenda by joining with groups such as the B.C. Women's Housing Coalition in campaigns to address the need for secure, affordable and appropriate housing.
- 3) To emphasize community-based housing options such as Abbeyfields and co-operatives rather than institutional housing/services in the planning of elder care services and housing for older lesbians.
- 4) To promote both lesbian-specific and lesbian-sensitive elder care services and housing options, with particular emphasis on accessibility: financially, physically and in terms of safety.
- 5) To work towards ameliorating the conditions in current seniors' housing and elder care institutions, for older lesbians and for all seniors, by asking to be represented within regional, provincial and federal discussions of standards of health care.
- 6) To offer services and programs geared to all lesbians in need rather than to a specific age group of self-identified "seniors."
- 7) To offer services and programs to women who identify as "gay" and to all other "queer" and "women-oriented" women, not only to self-identified "lesbians."
- 8) To pursue the creation of mixed-income housing options for older lesbians, in order to make room for affordability and increased diversity.

- 9) To pursue within all housing options some combination of private and shared spaces for residents, recognizing that the preferred balance of private/shared spaces will differ within the community.
- 10) To immediately challenge lesbian-serving organizations such as The Centre to address ableism and ageism, and to provide for accessibility.
- 11) To prioritize helping older lesbians in making their existing residences more suitable to their needs, should they prefer to remain in their present homes.
- 12) To set up a housing registry and a volunteering/bartering system, either through *CHARIS*, or as part of a larger project in conjunction with other lesbian-serving organizations such as The Centre.

In my concluding discussion, I will present my ideas on the direction of further research, summarize my thoughts on what can be learned from mistakes in process and methodology, and form a final conclusion.

6.6 Further research needed

Much of the ground that was covered in this needs assessment is very uncharted ground indeed. As I have specified in earlier parts of this thesis, the needs and even the existence of older lesbians is largely overlooked by gerontology practitioners and planners, who are just beginning to look at difference between seniors based on sexual orientation.

A number of questions came up during the course of this study – questions that could not be addressed by this paper alone. Further research is required in order to understand the needs of older lesbians.

One of the major challenges facing health planners is to illuminate the differences of health and illness among different populations of women. Do older lesbians really tend to have worse health than other older women do? Research has suggested that being subjected to discrimination can lead to poorer health. Sixty-three percent of participants of our survey reported chronic illnesses or disabilities. A comparative study of older lesbians and older

heterosexual women would have to be done in order to ascertain how large the gap in health might be, and if it actually does exist. Methodologically speaking, this would be very difficult, due to the problems with getting a random sample of lesbian participants, but perhaps this challenge could be overcome by innovative solutions.

More research is needed into what the effects of cohort differences in identity will be on the types of services needed by older lesbians. How can we respect differences in self-identity between different generations of lesbians?

How has lesbian-feminism affected the aging process among lesbians who were instrumental in the second wave of feminism? As one survey participant noted: "There are many experiences/scars which we bring to our understanding of and our ways of relating to the world that are very different to women... who are just coming out in the past 10 years. Many of us are feminist out of necessity." Researchers have spoken of a shift in self-image that occurred among lesbians in the 1970s (e.g., Bouthillette 1997). How has this impacted on this group's self-image in old age?

Older lesbians have been instrumental in reclaiming derogatory names for older women, such as "crone" or "spinster," redefining them and using them with pride. Similarly, the Vancouver area's own Menopausal Old Bitches (MOB) has been a group around which older lesbians have organized themselves and socialized. How has or can being "old" be used as a source of identity and empowerment among lesbians, and among feminists?

One of the survey participants spoke of the "lesbian ideology [that] is to be strong, independent, etc." and how she had therefore felt concern about her "failing agility/abilities," because these newfound limitations were in conflict with her self-image as a lesbian. This is an important consideration in any discussion about the potential to use social capital within a marginalized community. As Coleman (1990) has noted, an ideology that promotes individualism and self-sufficiency is likely to inhibit the creation of social capital, whereas one that values collective benefit will tend to promote it. I have read conflicting accounts of the "lesbian ideology" while doing this research. Which one is prevalent? Are they really mutually exclusive? How does the "lesbian ideology" affect the potential to create and use social capital for mutual benefit?

Very few lesbians of colour and two-spirited women (i.e., Aboriginal "lesbians") responded to the survey that we sent out, despite specific and personal efforts to get women of colour and

Aboriginal women to participate. This lack of diversity in the response rate is consistent with the results of other studies on older lesbians. The low response rate is in part due to the fact that two-spirited women and lesbians of colour do not often find that their interests are represented in lesbian organizations and communities (Brotman & Kranjou 1999). It has also been suggested that for older lesbians of colour and two-spirited women, their ethnic or racial identity is more important as an identity around which to organize than is their identity as a lesbian. One woman of colour interviewed in the Vancouver study discussed how racism impacted on her life much more than heterosexism: "Until anti-racism takes hold in our society, I think I'm hurt more by being treated in a racist way, than be being treated in a homophobic way." There is a need for research that looks more specifically at the needs of older lesbians from marginalized ethnic and racial groups.

Most of the information available on social capital locates this resource within geographically bounded communities. I have introduced the concept that social capital can exist and be used within marginalized communities, based not on geographic proximity but on common identity or needs. Much more needs to be understood about how social capital can benefit marginalized communities – not only lesbian communities, but also communities based on ethnicity, religion, age, etc.

6.7 Reflections on learning

In looking back at the progress of our needs assessment, I have many thoughts about what might have been done differently, and about some of the mistakes and oversights that occurred. This project has been a journey, and the journey is not yet over. CHARIS and the needs assessment steering committee are committed to an iterative process; we can go back and change the direction of the journey at any time. Therefore, I see these mistakes – and the recognition of them – within the context of opportunities for learning, opportunities to change the path.

Physical accessibility

One of the grossest oversights in this research process relates to physical accessibility. As a younger, able-bodied person, I had failed to recognize that The Centre, which had generously agreed to distribute and collect surveys, was inappropriate because it is not a physically accessible space. A person has to climb a flight of steep stairs, without even the aid of a banister, in order to access The Centre. I was quite mortified to learn that some potential/participants had tried to pick up or drop off surveys to The Centre in person, only to find that they couldn't access it.

Similarly, I sought out the opportunity to appear on CFRO's *The Lesbian Show* to talk about the study, and invited members of the needs assessment steering committee to join me. I had previously visited the offices of CFRO on Carrall Street; the other steering committee members had not. I failed to think – or warn them – about the limited accessibility of the CFRO station. One of the steering committee members who had volunteered to appear on the show had a very difficult time mounting the two flights of steep, winding stairs that led to the station; she has limited mobility due to arthritis.

It is important that future studies of older, marginalized populations recognize the prevalence of physical barriers to accessibility. It is absolutely essential that any future steps in the efforts to address the needs of older lesbians be made with a full consciousness of the need for inclusivity and accessibility.

Self-identity in terms of sexual/romantic orientation and/or gender

Early on in this process, the needs assessment steering committee discussed the scope of the project: which issues we would address, what the geographic scope of the project would be, and what might be our potential participants. We decided, somewhat arbitrarily, to choose participants who were 50 years and over, so that we could assess the needs of the current cohort of “seniors” over 65, and plan for the next aging cohort as well.

We also had protracted discussions about which women we were trying to include as participants. We wanted to involve all self-identified lesbians, and did not want to quibble over who constituted a lesbian. We also recognized that we wanted to reach women who did not identify as lesbians, but who faced the same limitations imposed by heterosexism as did lesbians, and to reach women who were interested – if not yet able – in “coming out” as lesbians.

We tried to convey this inclusivity by beginning the needs assessment with these words: “This survey is for women 50 years and over, in the Lower Mainland area, who identify as lesbians or who may be interested in accessing services geared to aging lesbians.” However, on the cover page of the survey was written this caption: “Needs Assessment Survey: Health and Housing **for Lesbians** 50 years and over” (emphasis mine). We wanted a broad representation of participants, but did we do as much as we could have to achieve it?

For example, might it have been preferable to specify, on the cover page, that we welcomed responses from women, 50 years and over, who identified as lesbian, two-spirited, gay, woman-identified, dyke, queer, bisexual and/or transgendered? And to specify that the survey was also for those who did not self-identify with any of these terms, but whose primary sexual/romantic relationships were with other women, or might potentially be with other women? This would be quite a mouthful for a caption on a title page!

Another difficulty is that the needs of some women, such as those who identify as transgendered, may differ significantly from those of women who identify as lesbian, although of course there are several potential survey participants who might identify as both lesbian and transgendered. Is it fair to transgendered women (or to lesbians) to conflate these two groups rather than specifically addressing their separate but sometimes overlapping needs?

There are many lesbian-feminist critiques of the identities of “gay,” “queer,” and “bisexual,” in part because these terms eclipse the experiences of sexism against non-heterosexual women (Harne & Miller 1996). However, older cohorts of lesbians tend to identify as “gay” rather than “lesbian,” whereas younger lesbians may prefer the terms “dyke” or “queer.” Lesbians of the baby boomer generation (and older cohorts of lesbians as well) may not feel comfortable using supposedly inclusive terms like “queer” in efforts to generate broad participation. While I fear that a significant portion of the target population felt excluded from the needs assessment survey, I do not have any solutions that would respect the values and politics of all generations of lesbians.

The limitations of participatory action research

As discussed in Chapter II – Methodology, this study encountered some problems with pursuing participatory action research (PAR). However, I still believe that PAR offers a welcome opportunity to empower marginalized communities.

The difficulties with using PAR as a process in this study included timeline limitations and tensions. Even though I had chosen to be directed by a community steering committee, I recognize that I sometimes pressured the group into meeting with deadlines that corresponded to my own priorities as a student.

My actions were incongruous to the preferences of the steering committee in other ways as well. The steering committee had emphasized the need to discuss health issues in conjunction with discussions on supportive living environments, and I agreed with that assessment. However, in looking back over the paper I have written, it is clear that my personal expertise (and interest) in housing has meant a greater emphasis on this issue than on health.

Finally, even though the steering committee was involved in each step of the project up until this point, it is with my words and my own values that I have written this summary, and offered recommendations. Personal discretion in construing the survey responses, and summarizing the needs of older lesbians, has been high.

This became glaringly obvious to me when I was trying to interpret answers from survey participants of the question: “What has been the general response from your health care

providers [when you disclosed your sexual orientation]?” When a woman wrote “doctor appears accepting” did that mean a positive response or that the response was unknown? (I chose it to mean a positive response.) Do words such as “fine” and “reasonable” describe a positive or a neutral response? (I chose these to represent sentiments of neutrality.)

This thesis might have been very different had it been written by somebody else, or in conjunction with steering committee members. Even though it is said that PAR helps accommodate multiple perspectives, there is a hierarchy of perspectives apparent in this final product.

Limits on the diversity of participants

Excluded from survey results were older lesbians who weren't reached in our outreach efforts, weren't convinced their participation was relevant or useful, refused to participate due to safety concerns, or were unable to complete the questionnaire. Some of these limitations have been discussed in earlier portions of the paper.

The committee knew that there would be challenges in getting a representative sample. Our solution was to make particular efforts to ensure the participation of the most marginalized groups of older lesbians (lesbians with disabilities, institutionalized lesbians, lesbians of colour, etc.). In retrospect, however, I believe a different approach could have been used to ensure a more representative group of responses. It is true that getting a representative random sample of participants among older lesbians proved to be virtually impossible. However, the use of quota sampling, by which a reasonable range of women by age, income, ethnicity, etc. might have been surveyed, could have been used. Using this methodology, researchers would select a predetermined number of participants corresponding to known characteristics of the population (Warwick & Lininger 1975). For example, in selecting for age characteristics, one would ensure in the survey process that at least and no more than a certain percentage (say, 25%) of participants were over 70 years old.

Similarly, the makeup of the steering committee was not as representative as it could otherwise have been. There were some difficulties in contacting and keeping a diversity of participants. For example, I had approached an Aboriginal elder to sit on the committee and she had at first been interested, but then had found that the evening meetings conflicted with her paid work. In

the end, we had a committee in which the oldest member was 63 years old, and most of the members had high levels of education, paid work, and connections to the lesbian community.

If we did not have the most isolated older lesbians on the steering committee, how could we expect to reach out to representative portions of the community? Since there was very little funding for this project, we could not pay committee participants for their contributions; yet again, women were expected to do unpaid but demanding and important work. Perhaps, if such research was done again, researchers could insist that funding be available from the health and elder care fields that would benefit from the uncovered knowledge.

Survey relevance to the younger set of survey participants

We received comments from two of the participants that the survey did not appear to be very relevant for women under 65 years old. However, one of these criticisms, which accompanied our questions on chronic illness and disability, was based on a faulty assumption: in actuality, we found that a high number of our participants (61%) 40 to 64 years old, reported chronic illnesses or disabilities.

However, perhaps more effort may have been made to make the questions more relevant to younger participants. Rather than inquiring about participants' use of "resources for seniors," we might have asked about "community support services" generally. Perhaps we might have put more emphasis on participants' anticipation of future services needed, and future restrictions in mobility, rather than emphasizing their present situations.

Limits in confidentiality

We received the following note, with a returned survey: "Please do not mail info labelled "lesbian" as my mail is picked up by others – my only complaint with thanks." I had made a conscious effort not to put any such identifying information on the envelopes I had sent out, but I fear that at least on one occasion, there had been an oversight.

This got me thinking even further on the issue of confidentiality. One of the research principles the committee had adopted was this: "Full confidentiality will be a firm commitment of the

project.” Due to safety concerns, we had not wanted to give out any personal addresses or personal contact information. Mail for the needs assessment was therefore routed through The Centre. Therefore, on all mail-outs to survey participants, the return address had specified “Emilie Adin, Needs Assessment Coordinator, c/o The Centre,” plus The Centre’s mailing address. My belief at the time had been that this arrangement was sufficient to protect participants’ confidentiality. However, for neighbours and roommates and others with access to these mail-outs, knowledge that The Centre served the gay, lesbian, bisexual and transgendered communities would be sufficient to upset our commitment to confidentiality.

6.8 Concluding comments

This study has shown conclusively that all levels of government need to reaffirm their legitimate role in maintaining social safety nets and in assuring social and economic justice. Older lesbians would benefit directly from a renewed national housing policy, due to constraints in affordability they face now as women, as seniors and as lesbians. Planners need to give increased attention to the disparities in health and in quality of life among diverse populations in Canadian society.

In particular, it is important that planners in the fields of health care, housing and planning take steps to ensure that the planning process, and the resulting programs and services, are accessible to and appropriate for all population groups, including lesbian elders. The “chilly climate” in elder care services – the climate that excludes older lesbians and renders them invisible – must be challenged. As one survey participant stated: “I do think that... the government should address the issue that there’s a large part of the population that are [lesbian].”

It has been postulated that lesbians who have struggled through the second wave of feminism will be unwilling to put up with this chilly climate. As one of the survey participants said in an interview, in discussing the coming change in visibility for lesbians: “There’s a huge bubble [of lesbian baby boomers] that’s coming up.” Planners and practitioners of elder care may be forced to be more proactive in addressing the unique needs of older lesbians, and understanding the general context of lesbian lives.

One of the components of this shift will be the adoption of a politics that asserts the positivity of group difference. As Lorde has surmised: “Too often, we pour the energy needed for

recognizing and exploring difference into pretending those differences are insurmountable barriers, or that they do not exist at all" (1996: 218). Can we not allow for social differentiation without the dynamic of oppressor and oppressed? Without the inevitability of marginalization and exclusion?

In discussing an embrace of difference, in this case, I am not only referring to difference by sexual orientation or gender. Integration of elders back into our communities is also a welcome change. At this time, however, our society's high emphasis on personal mobility, coupled with the prevalence of low incomes among older women, means there is little provision for marginalized groups such as older lesbians to age in place within a community. Health care and housing planners should be aware of the importance of social networks and attempt to facilitate them.

The concepts of aging in place and social capital are directly related. Aging in place maximizes the potential of existing self-help arrangements and the maintenance of both informal and formal social support networks. Ironically, independence for older lesbians will likely mean a reliance on social support networks; in other words, independence hangs on interdependence.

Ideally, communities on all scales carry internal ties so that there are opportunities for interpersonal contact and caring. However, this thesis explores the possibility that the lesbian community – a marginalized community based not on geographic proximity but on common identity – can use these connections to support, advocate for and reconnect with older lesbians. The lesbian community is an informal group – there is no membership, there is no means test! Members of this community may not necessarily know each other, or even recognize that they constitute a group. Just the same, I suggest that this community can be a useful resource for mutual aid, and an immense reservoir of energy and imagination.

There is an opportunity present for the lesbian community to "do things differently," to support elder women in a relationship of reciprocity, rather than dependence. Many participants of the needs assessment offered innovative solutions to housing and supports for older lesbians. This is particularly true due to the aging of the baby boomer generation, in which "lesbian-feminist ideals continue to embrace community-oriented living" within Vancouver (Bouthillette 1997: 221).

Older lesbians – and planners – are at a crossroads. To the right, the *modus operandi* of elder care in recent times: specialized institutions, separated and segregated from community. To the left, another avenue: social caring networks, through which mutual aid can reaffirm the image of the older lesbian as a feminist icon, and assert her importance within our communities. There is much opportunity for change.

The last words go to one of the women we interviewed, who announced, with great acuity: “Nobody’s got to go by the book that nobody wrote.”

Bibliography

Adelman, Marcy. (1988) *Long Time Passing: Lives of Older Lesbians*. Boston: Alyson Publications.

Auger, Jeanette A. (1990) "Lesbians and Aging: Triple Trouble or Tremendous Thrill" in Sharon Dale Stone, ed., *Lesbians in Canada*. Toronto: Between the Lines.

Avery, Hinda Hanrietta. (1995) *Environments for Girls and Women: City Design from a Feminist Perspective*. British Columbia Teacher's Federation.

Avery, Hinda Hanrietta. (1993) "Housing and Neighbourhood Needs of Older Women" presented at Older Women and Housing: Challenges and Choices. May 13-14, 1993. Gerontology Research Centre, Vancouver.

Badley, Elizabeth and Peter Wang. (1998) *Arthroscope*. The Arthritis Society.

Baldwin, Patricia. (1990) "Homesharing in Canada: An Appealing Housing Alternative for the Elderly or a Troublesome Myth?" in *Plan Canada*. Vol. 203, July, pp. 29-33.

Barnsley, J. (1992) *Research for Change: Participatory Action Research for Community Groups*. Vancouver: B.C. Women's Research Centre.

Baxter, David. (1992) *Population Trends in the Metropolitan Vancouver Region, 1991 to 2021*. Vancouver: Daedalus Futures Incorporated.

Berger, Raymond M. and James J. Kelly. (1996) "Gay men and Lesbians Grown Older" in R. Cabaj and T. Stein, eds., *Textbook of Homosexuality and Mental Health*. Washington, D.C.: American Psychiatric.

Boothroyd, Peter and Margaret Eberle. (1990) "Healthy Communities: What They Are, How They're Made" in *CHS Research Bulletin*. Vancouver: UBC Centre for Research Settlements.

Bouthillette, Anne-Marie (1997) "Queer and Gendered Housing" in G.B. Ingram et al, eds., *Queers in Space*. Seattle: Bay Press.

Brotman, Shari, Bill Ryan and Bill Rowe. (2000a) *Access to Care: Exploring the Health and Well-being of Gay, Lesbian, Bisexual and Two-Spirit People in Canada: Executive Summary*. Montreal: McGill Centre for Applied Family Studies.

Brotman, Shari and Bill Ryan. (2000b) *Psychosocial, Health and Housing Needs of Gay and Lesbian Elders: An Exploration in Three Canadian Cities*. Unpublished paper. Montreal: McGill School of Social Work.

Brotman, S. and S. Kranjou (1999) "Ethnic and Lesbian: Understanding Identity Through the Life-History Approach. *Affilia*. Vol. 14(4), pp. 417-435.

Carr, Micheal. (1996) *Social Capital, Civil Society and The Informal Society: Moving to Sustainable Society*, presented at The ACSP/AESOP Conference, July 25-28, 1996. University of British Columbia, Vancouver.

- Castells, Manuel. (1983) "Cultural Identity, Sexual Liberation and Urban Structure: The Gay Community of San Francisco," in *The City and the Grassroots: A Cross-Cultural Theory of Urban Social Movements*. Berkeley: University of California Press.
- Castells, Manuel. (1998) *The Power of Identity*. Malden, MA and Oxford: Blackwell Publishers.
- City of Vancouver. (1999) Web site. <http://www.city.vancouver.bc.ca>
- Coleman, James S. (1990) *Foundations of Social Theory*. Boston: Harvard University Press.
- Cook-Daniels, L. (1997) "Lesbian, Gay Male, Bisexual and Transgendered Elders: Elder Abuse and Neglect Issues" in *Journal of Elder Abuse and Neglect*. Vol. 9(2), pp. 35-49.
- Copper, Baba. (1990) "The View from Over the Hill: Notes on Ageism Between Lesbians" in Jeffner Allen, ed., *Lesbian Philosophies and Cultures*. New York: State University of New York Press.
- Cowgill, D. (1974) "Aging and Modernization: A Revision of the Theory" in J.F. Gubrium, ed., *Late Life Communities and Environmental Policy*. Springfield, IL: Charles C. Thomas.
- Cruikshank, M. (1990) "Lavender and Gray: A Brief Survey of Lesbian and Gay Aging Studies" in *Journal of Homosexuality*. Vol. 20(3/4), pp. 77-87.
- D'Augelli, A. and M.M. Hart. (1987) "Gay Women, Men and Families in Rural Settings: Toward the Development of Helping Communities" in *American Journal of Community Psychology*. Vol. 15(1), pp. 79-93.
- Dawson, K. (1982) "Serving the Older Gay Community" in *SEICUS Report*, pp. 5-6.
- Deevey, Sharon. (1990) "Older Lesbian Women: An Invisible Minority" in *Journal of Gerontological Nursing*. Vol. 16(15), pp. 35-39.
- De Souza Briggs, Xavier and Elizabeth J. Mueller. (1997) *From Neighborhood to Community: Evidence on the Social Effects of Community Development*. Community Development Research Center.
- Doyle, Veronica. (1994) *It's My Turn Now: the choice of older women to live alone*. Vancouver: Gerontology Research Centre, SFU.
- Elwood, Sarah A. (2000) "Lesbian Living Spaces: Multiple Meanings of Home" in *Journal of Lesbian Studies*. Vol. 4(1), pp. 11-27.
- Ferguson, Ronald F. and William T. Dickens, eds. (1999) *Urban Problems and Community Development*. Washington, D.C.: Brookings Institution Press.
- Ferguson, Ann. (1990) in Jeffner Allen, ed., *Lesbian Philosophies and Cultures*. New York: State University of New York Press.
- Franklin, Jane, ed. (1998) *Social Policy and Social Justice: The IPPR Reader*. Cambridge, UK: Polity Press.

- Frazer, E. and N. Lacey. (1993) *The Politics of Community: A Feminist Critique of the Liberal-Communitarian Debate*. London: Harvester Wheatsheaf.
- Friend, R.A. (1990) "Older Lesbian and Gay People: A Theory of Successful Aging" in *Journal of Homosexuality*. Vol. 20(3/4), pp. 99-118.
- Fullmer, E.M. (1995) "Challenging Biases Against Families of Older Gays and Lesbians" in G.C. Smith, S. Tobin, E.A. Robertson-Tchabo and P. Power, eds., *Strengthening Aging Families: Diversity in Practice and Power*. Thousand Oaks, CA: Sage Publications.
- Gallagher, Karen (1996) *Centering the Margins: What Can be Learned from Listening to the Voices of Lesbians over 55?* Master's thesis. University of British Columbia, Department of Social Work.
- Gee, Ellen M. and Meredith M. Kimball. (1987) *Women and Aging*. Toronto and Vancouver: Butterworth.
- Gillespie, A.E. (1990) *Housing Options and Services for Older Adults*. Santa Barbara, CA: ABC-CLIO.
- Gittell, Ross and J. Phillip Thompson. (1999) "inner-City Business Development and Entrepreneurship: New Frontiers for Policy and Research" in Ronald F. Ferguson and William T. Dickens, eds., *Urban Problems and Community Development*. Washington, D.C.: Brookings Institution Press.
- Green, L.W., M.A. George, M. Daniel, C.J. Frankish, C.J. Herbert, W.R. Bowie, M. O'Neill. (1995) *Study of Participatory Research in Health Promotion Review and Recommendations for the Development of Participatory Research in Health Promotion in Canada*. UBC Institute of Health Promotion Research and the B.C. Consortium for Health Promotion Research.
- Grossman, Arnold H. "The Virtual and Actual Identities of Older Lesbians and Gay Men" in Martin Duberman, ed., *A Queer World: The Centre for Lesbian and Gay Studies Reader*. New York: University Press.
- Hall, B.L. (1981) "Participatory Research, Popular Knowledge and Power: A Personal Reflection" in *Convergence*. Vol. 14(3), pp. 6-19.
- Harne, Lynne and Elaine Miller, eds. (1996) *All the Rage: Reasserting Radical Lesbian Feminism*. Teachers College Press.
- Healy, Theresa and Jenny Lo. (2000) "Flagrantly Flaunting It?: Contesting Perceptions of Locational Identity Among Urban Vancouver Lesbians" in *Journal of Lesbian Studies*. Vol. 4(1), pp. 29-44.
- Heally, Shevy. (1994) "Diversity with a Difference: On Being Old and Lesbian" in *Journal of Gay and Lesbian Social Services*. Vol. 1(1), pp. 109-118.
- hooks, bell. (1990) *Yearning: Race, Gender and Cultural Politics*. Boston: South End Press.
- Hooyman, Nancy and H. Asuman Kiyak. (1999) *Social Gerontology: A Multidisciplinary Perspective*. Boston, London, Toronto, Sydney, Tokyo, Singapore: Allyn and Bacon.

- Hubbard, W.S. (1993) *Lambda Gray: A Practical, Emotional and Spiritual Guide of Gays and Lesbians who are Growing Older*. North Hollywood: Newcastle Publishing.
- Hudspith, Maria. (1999) *Caring for Lesbian Health: A Resource for Health Care Providers, Policy Makers and Planners*. Victoria: B.C. Ministry of Health and Ministry Responsible for Seniors.
- Hurst, Greta. (1999) *Homosexuality and Homophobia*. Unpublished research paper.
- Jenson, Jane. (2000) "Social Cohesion: The Concept and Its Limits" in *Plan Canada*. Vol. 40(2), pp. 8-10.
- Kehoe, M. (1989) *Lesbians over 60 Speak for Themselves*. New York: Harrington Park Press.
- Kirby, Sandra L. and Kate McKenna. (1989) *Experience, Research, Social Change: Methods from the Margins*. Toronto: 'Garamond Press.
- Kirby, Sandra L. (1999) *A Needs Assessment of Older Gay Men and Lesbians*. Winnipeg: Sum Quod Sum Foundation.
- Kochman, A. (1997) "Gay and Lesbian Elderly: Historical Overview and Implications for Social Work Practice" in *Journal of Gay and Lesbian Social Services*. Vol. 6(1), pp. 1-10.
- Krauss Whitbourne, S., M. Jacobo and M.T. Munoz-Ruiz. (1996) "Adversity in the Lives of the Elderly" in R. Feldman, ed., *The Psychology of Adversity*. Minneapolis: University of Massachusetts Press.
- Lee, J.A. (1987) "What can homosexual aging studies contribute to theories of aging?" in *Journal of Homosexuality*. Vol. 13(4), pp. 43-71.
- Lee, Jo-Anne. (1993) "Organizing with Immigrant Women: A Critique of Community Development in Adult Education" in *Canadian Journal for Studies in Adult Education*. Vol.7(2), pp. 19-42.
- Lingafelter, Teresa. (1999) *Community-Building – Social Sustainability*. Unpublished paper. University of California – Los Angeles. Department of Urban Planning.
- Lorde, Audre. (1996) "Age, Race, Class & Sex: Women Redefining Difference" in Lynne Harne and Elaine Miller, eds., *All the Rage: Reasserting Radical Lesbian Feminism*. Teachers College Press.
- Macdonald, Barbara and Cynthia Rich. (1983) *Look Me in the Eye: Old Women, Aging and Ageism*. San Francisco: Spinsters Ink.
- MacGregor, Sherilyn. (1995) "Deconstructing the Man Made City" in Margrit Eichler, ed., *Change of Plans: Towards a Non-Sexist Sustainable City*. Toronto: Garamond Press.
- Maguire, P. (1987) *Doing Participatory Research*. Amherst, Mass.: The Center for International Education, University of Massachusetts.
- Martin, Del and Phyllis Lyon. (1992) "The Older Lesbian" in Betty Berzon, ed., *Positively Gay: New Approaches to Gay and Lesbian Life*. Berkeley: Celestial Arts.

McClain, Janet. (1991) "Community Planning for Seniors: Right Neighbourhood, Wrong Vintage" in *Plan Canada*. Vol. 311, pp. 22-29.

National Action Committee on the Status of Women. (1987) "Women's Housing Manifesto" in *Women and Environments*. Fall issue, pp. 4-5.

Novac, Sylvia. (1995) "Seeking Shelter: Feminist Home Truths" in Margrit Eichler, ed., *Change of Plans: Towards a Non-Sexist Sustainable City*. Toronto: Garamond Press.

Nozick, Marcia. (1992) *No Place Like Home: Building Sustainable Communities*. Ottawa: Canadian Council on Social Development.

Peterson, K. Jean. (1996) *Health Care for Lesbians and Gay Men*. New York and London: Harrington Park Press.

Pynoos, Jon and Victor Regnier. (1987) *Housing the Aged: Design Directives and Policy Considerations*. New York, Amsterdam, London: Elsevier.

Putnam, Robert D. (1993) *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton: Princeton University Press.

Quam, Jean K. and Gary S. Whitford. (1992) "Adaptation and Age-Related Expectations of Older Gay and Lesbian Adults" in *The Gerontologist*. Vol. 32(3), pp. 367-374.

Ralph, Diana. (1988) "Researching from the Bottom: Lessons Participatory Research has for Feminists" in *Canadian Review of Social Policy*. November(22), pp. 36-40.

Reinharz, Shulamit. (1992) *Feminist Methods in Social Research*. New York: Oxford University Press.

Robinson, M.K. (1987) *The Older Lesbian*. Dominguez Hills: California State University.

Rocheleau, Dianne, Barbara Thomas and Esther Wangari, eds. (1996) *Feminist Political Ecology: Global Issues and Local Experiences*. London and New York: Routledge.

Rose, Gillian. (1990) "Imagining Poplar in the 1920s: Contested Concepts of Community" in *Journal of Historical Geography*. Vol. 16(4), pp. 425-437.

Roseland, Mark. (1999) "National Capital and Social Capital: Implications for Sustainable Community Development" in John T. Pierce and Ann Dale, eds., *Communities, Development and Sustainability Across Canada*. Vancouver: UBC Press.

Roseland, Mark. (1998) *Towards Sustainable Communities: Resources for Citizens and Their Governments*. Gabriola Island, B.C.: New Society Publishers.

Rosenfeld, D. (1999) "Identity Work Among Lesbian and Gay Elderly" in *Journal of Aging Studies*. Vol. 13(2), pp. 121-144.

Rothenberg, Tamar. (1995) "'And She Told Two Friends': Lesbians Creating Urban Social Space" in David Bell and Gill Valentine, eds., *Mapping Desire: Geographies of Sexualities*.

- Sampson, Robert J. (1999) "What 'Community' Supplies" in Ronald F. Ferguson and William T. Dickens, eds., *Urban Problems and Community Development*. Washington, D.C.: Brookings Institution Press.
- Sandercock, Leonie. (1999) *Towards Cosmopolis: Planning for Multicultural Cities*. Toronto: John Wiley & Sons.
- Sandercock, Leonie, ed. (1998) *Making the Invisible Visible: A Multicultural Planning History*. Berkeley, Los Angeles, London: University of California Press.
- Sennett, Richard. (1970) *The Uses of Disorder: Personal Identity and City Life*. New York: Knopf.
- Sklar, Holly. (1996) "Building an Urban Village: The Dudley Street Neighborhood Initiative" in *Environmental Action Magazine*. Vol. 28(1/2), p. 33.
- Slusher, M., C. Mayter and R. Dunkle. (1996) "Gays and Lesbians Older and Wiser: A Support Group for Older Gay People" in *The Gerontologist*. Vol. 36(1), pp. 118-123.
- Spitler, B.J. Curry and Robert J. Newcomer. (1986) "Neighborhoods and Self-Help Programs among the Elderly" in Robert J. Newcomer, M. Powell Lawton, Thomas O. Byerts, eds., *Housing an Aging Society: Issues, Alternatives & Policy*. New York: Van Nostrand Reinhold Company.
- Stanley, Liz, ed. (1990) *Feminist Praxis: Research, Theory and Epistemology in Feminist Sociology*. London: Routledge.
- Statistics Canada. (1998) Web site. *Canadian Statistics.: The Economy*. www.statcan.ca/english/Pgdb/People/Labour/labor01a/ht.
- Statistics Canada. (1996) *1996 Census Dimensions Series*. Ottawa: Statistics Canada.
- Statistics Canada. (1991) *Health and Activity Limitation Survey*. Ottawa: Statistics Canada.
- Stoller, Eleanor Palo and Rose Campbell Gibson. (2000) *Worlds of Difference: Inequality in the Aging Experience*. Thousand Oaks, CA, London and New Delhi: Pine Forge Press.
- Tenants Rights Action Coalition. (1999) Web site. *Network: The Affordable Housing Newsletter*. Vol. 2(2), www.tenants.bc.ca/newsletters/july99.html.
- Thomas, Linda. (2000) *A Strategic Plan for Housing Services: A Discussion Document*. Vancouver/Richmond Health Board.
- Turner, H. and J. Catania (1997) "Informal Caregiving to Persons with AIDS in the United States: Caregiver Burden among Central Cities Residents Eighteen to Forty-Nine Years Old" in *American Journal of Community Psychology*. Vol. 25(1), pp. 35-59.
- United Nations. (1996) *Habitat Agenda and Istanbul Declaration*. Second United Nations Conference on Human Settlements. Istanbul, Turkey. June 3-14, 1996.
- Valentine, Gill. (1995) "Out and About: Geographies of Lesbian Landscapes" in *International Journal of Urban and Regional Research*. Vol. 19(1), pp. 96-111.

Valentine, Gill. (1994) "Toward a Geography of the Lesbian Community" in *Women and Environments*. Summer/Fall 1994, pp. 8-10.

Vancouver/Richmond Health Board. (2000) *Seniors Profile 2000: Health and Social Profiles by the Vancouver/Richmond Health Board*.

Warwick, D. and C. Lininger. (1975) *The Sample Survey: Theory and Practice*. Chapt. 4. Montreal: McGraw Hill.

Wekerle, Gerda and Suzanne MacKenzie. (1985) "Reshaping the Neighbourhood of the Future as We Age in Place" in *Canadian Woman Studies*. Vol. 6(2), pp. 69-72.

Women's Health Bureau. (2000) *Provincial Profile of Women's Health: Updated Data on Selected Indicators*. Victoria: B.C. Ministry of Health and Ministry Responsible for Seniors.

Women's Health Bureau. (1999) *Provincial Profile of Women's Health: A Statistical Overview of Health Indicators for Women in B.C.* Victoria: B.C. Ministry of Health and Ministry Responsible for Seniors.

Woollard, Robert and William Rees. (1999) "Social Evolution and Urban Systems: Directions for Sustainability" in John T. Pierce and Ann Dale, eds., *Communities, Development and Sustainability Across Canada*. Vancouver: UBC Press.

World Health Organization. (1986) *Health Promotion Concepts and Principles in Action: A Policy Framework*. Geneva: World Health Organization.

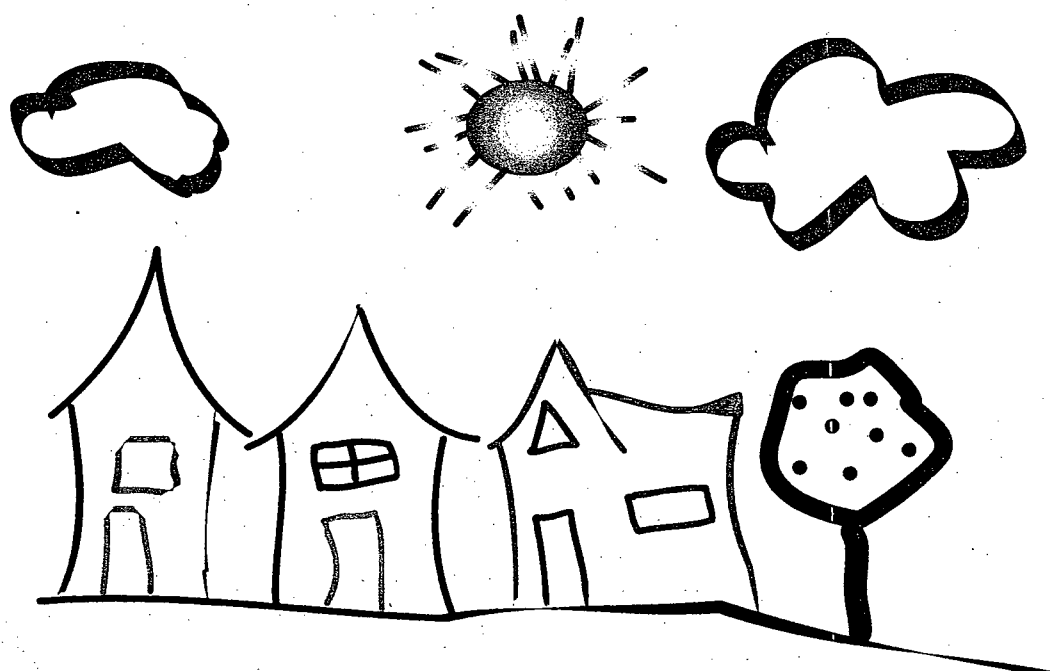
Yandell, James. (1994) *Housing Preferences of the Older Gay and Lesbian*. Master's thesis. Long Beach: California State University.

Young, Iris. (1990) *Justice and the Politics of Difference*. Princeton: Princeton University Press.

Needs Assessment Survey



Health & Housing for Lesbians 50 years & over



Please return survey asap or at the latest by May 31, 2000

THE UNIVERSITY OF BRITISH COLUMBIA



School of Community and Regional Planning
433—6333 Memorial Road
Vancouver, B.C. Canada V6T 1Z2
Fax: (604) 822-3787

"A Community-Based Needs Assessment
of Aging Lesbians in the Vancouver Area"

Principal Investigator:

Penelope Gurstein
Associate Professor
School of Community and Regional Planning
University of British Columbia
Phone: 822-6065

Co-Investigator:

Emilie K. Adin
Master's student
School of Community and Regional Planning
University of British Columbia
Phone: 822-4409

Community Based Advisory Group:

Hinda Avery, Suzanne Bastedo, Jon Leah Hopkins, Greta
Hurst, Judy Lynne, Jeanne St.-Pierre

The purpose of the study is to find out the needs of aging lesbians in terms of housing, health care and support services. The project's aim is to be holistic, by looking at how physical, social, emotional and spiritual needs interrelate. This research will be used to write a thesis for a graduate degree.

You have the Right to Refuse to Participate or Withdraw at any time without jeopardizing further support or services in the community. If you have any concerns about your rights as a research subject you may contact Dr. Richard Spratley, Director of the UBC Office of Research Services at 822-8598.

The questionnaire takes approximately one to two hours to complete.

If the questionnaire is completed, it will be assumed that consent has been given.

You can return the questionnaire to:

Emilie Adin
Needs Assessment Coordinator
c/o The Centre
1170 Bute St.
Vancouver, BC
V6Z 1X6

Your identity will be kept confidential. You do not need to put your name or any other contact information on the questionnaire. If you want a copy of the completed study sent to you, or would like to volunteer for an interview, there is a space provided on the last page to give your name, address and phone number. This final page of the questionnaire will be detached from the rest of the survey as soon as it is received.

Needs Assessment Survey

This survey is for women 50 years and over, in the Lower Mainland area, who identify as lesbians or who may be interested in accessing services geared to aging lesbians.

Background

There have been various efforts over the years to address issues of aging and housing within the lesbian communities of Vancouver and its surrounding regions. In many cases, it has been difficult to continue this work in the long term, due in part to a lack of resources, support and technical know-how. But as a result of exertions by such groups as the now defunct *Lesbians on the Edge of Time Society* and the currently running group *Charis – In Support of Older Lesbians*, there was enough interest and drive for a group of community members – and a Master's student at UBC – to undertake this survey of aging lesbians.

By answering this survey, you are responding to our call to enrich our knowledge of the issues you face. With the information you and others provide, we hope to create an action plan for addressing your needs. We assure you that your participation is important to us and we will treat your answers with the utmost respect and confidentiality.

First of all, we would like to discuss potential issues that you may be facing as an aging lesbian.

1. Out of a scale of 1 to 5, where 1 = not important at all and 5 = very important to you, please tell us how important these issues are in your life. Use the blank lines below each category for any comments about whether or not your feelings on that issue are affected by your sexual orientation.

Housing	Not important			Very important
(circle one)	1	2	3	4 5
Comments:	_____			

Health Care	Not important			Very important
(circle one)	1	2	3	4 5
Comments:	_____			

Social Support/Companionship	Not important			Very important
(circle one)	1	2	3	4 5
Comments:	_____			

Cultural/Recreational Opportunities	Not important			Very important
(circle one)	1	2	3	4 5
Comments:	_____			

Economic/Financial Situation	Not important			Very important
(circle one)	1	2	3	4 5
Comments:	_____			

Transportation (circle one) Not important 1 2 3 4 Very important 5
 Comments: _____

Neighbourhood Safety (circle one) Not important 1 2 3 4 Very important 5
 Comments: _____

General Quality Of Life (circle one) Not important 1 2 3 4 Very important 5
 Comments: _____

Now we would like to begin by asking you about your current housing situation and neighbourhood.

1. Where do you live?

- ☐ Vancouver: which neighbourhood (please specify) _____
☐ Greater Vancouver district: which city/municipality? _____
☐ Fraser Valley _____
☐ Other _____

2. What type of housing do you currently live in?

- ☐ House ☐ Rooming house ☐ Apartment
☐ Secondary suite ☐ Condominium ☐ Room & board
☐ Personal care home ☐ Mobile home
☐ Seniors complex with on-site services
☐ Other: _____

3. Do you own or rent your own home?

- ☐ Owned by you or someone in your household?
☐ Rented by you or someone in your household?
☐ Life lease (e.g. housing co-op, social housing)
☐ Other: _____

4. Is this "Seniors" housing?

- ☐ Yes ☐ No ☐ Unsure

5. Do you live:

- ☐ Alone ☐ With friends ☐ With partner/chosen family
☐ With roommate(s) ☐ With biological family
☐ Other (Please specify): _____

6. If you are living with others, are why are you doing so? (Check all that apply.)

- ☐ I prefer to live with others ☐ For financial reasons
☐ For safety ☐ For companionship
☐ Other: _____

7. Please check off all statements that apply to you.

- ☐ I am paying less than 30% of my income on shelter.
☐ I am paying more than 30% of my income on shelter.
- ☐ I can afford to live in my current home.
☐ I have difficulty being able to afford my home because of: (check all that apply)
- ☐ Mortgage payments
 - ☐ Cost of rent
 - ☐ Maintenance costs (repairs, landscaping, etc.)
 - ☐ Cost of remodelling (e.g. accessibility aides, grab bars, etc.)
 - ☐ Other: _____
- ☐ Repairs and maintenance of my home have been kept up.
☐ I am not able to keep up on repairs and maintenance of my home due to: (check all that apply)
- ☐ High costs
 - ☐ Physical limitations/disability
 - ☐ Lack of know-how
 - ☐ Landlord not fulfilling his/her responsibility
 - ☐ Other: _____
- ☐ My home is appropriate for my needs.
☐ My home is not appropriate for me because:
- ☐ It needs to be more accessible (there are problems with too many stairs, lack of grab bars, etc.)
 - ☐ I feel too isolated
 - ☐ I don't feel safe in my neighbourhood
 - ☐ Transportation/bus routes are inadequate
 - ☐ The building/neighbourhood is not lesbian-friendly
 - ☐ Other: _____
- ☐ I prefer to live where I am.
☐ I would prefer to live somewhere else.
- If so, what is your preferred neighbourhood/region? _____
- Why would you prefer to live there?
- ☐ More central
 - ☐ Closer to seniors' programs and services
 - ☐ Lesbian community is more visible
 - ☐ Closer to friends/support network
 - ☐ Other: _____
 - ☐ More rural
 - ☐ Closer to family
 - ☐ Closer to employment
 - ☐ Better transportation

Now we would like to ask you about housing options for the future.

1. a) How long do you think you can stay in your current home? _____
 b) What would make it easier to remain in your own home? _____

2. Have you ever applied for or considered living in seniors' housing?

- ☐ Yes ☐ No ☐ Unsure ☐ Not applicable

Explain: _____

3. If you think that there are problems with existing seniors' housing options, can these be overcome by educating housing officials/managers about the needs of older lesbians?

☐ Yes ☐ No ☐ Unsure ☐ Not applicable

Explain: _____

4. Do you feel there needs to be any separate seniors' housing that is:

☐ Lesbian-only? ☐ Woman-only? ☐ For gays and lesbians only?
☐ No, I don't think any separate services/programs are needed.

Explain: _____

5. If the lesbian or lesbian/gay community were to develop organized seniors housing options, which would you be interested in? (Check off all that interest you.)

- ☐ Co-op housing (You buy shares and participate in the management of the building)
☐ Condominium (You own your own unit, but pay management fees)
☐ Co-housing (Self-designed, with smaller personal space and shared common areas)
☐ Rental seniors complex without services on-site
☐ Rental seniors complex with on-site services (such as meals, cleaning and recreation)
☐ Roommate finding program
☐ Support program (Matching community volunteers with your needs)
☐ Not interested in any new programs or housing opportunities

Please list any other housing ideas you may have: _____

Now we would like to ask you about your health and health care.

1. Are you living with any chronic health problems or disabilities?

☐ Yes ☐ No ☐ Unsure

If Yes, which ones? (Check off all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Arthritis/rheumatism | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Feet/ankle trouble | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Heart/circulation problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Stomach troubles | <input type="checkbox"/> Vision loss not relieved by glasses |
| <input type="checkbox"/> Other: (Please list.) _____ | | |
- _____
- _____

2. On most days, can you do the following daily activities alone (without help), with some help (either from an assistive device such as a reacher or walker, or from another person), or are you unable to do them? We're asking about your mobility to see where you may most need support from the community.

	Without help	With help of a device	With help from person	Unable to do it
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress and undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move around your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop, run errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare your own meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take your medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut your toenails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take out the garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yardwork, maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Who would take care of you if you were sick or had a disability and needed help?
(Check all that apply.)

- ☐ I don't know ☐ No one ☐ Partner/lover
☐ Friend ☐ Neighbour ☐ Social service/health agency
☐ Family member (please state relationship to you): _____
☐ Other: _____

4. Have you ever disclosed your sexual orientation to a health care provider (for e.g. family doctor, counsellor, social worker, etc.)?

- ☐ Yes ☐ No ☐ I don't remember

What has been the general response from your health care providers? _____

5. Do you feel that health care providers have enough knowledge and sensitivity to issues related to older lesbians?

- ☐ Yes ☐ No ☐ Unsure

If no, what things do you think they need to know? _____

6. Do you have anyone who you can go to or rely on for emotional/social support (e.g. someone to confide in, talk about yourself, talk about your concerns, etc.)

- ☐ Yes ☐ No ☐ Unsure

7. My social support network includes: (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Friend(s) | <input type="checkbox"/> Home care worker | <input type="checkbox"/> Neighbour(s) |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Sibling (sister or brother) | <input type="checkbox"/> Lesbian group/community |
| <input type="checkbox"/> Partner/lover | <input type="checkbox"/> Children | <input type="checkbox"/> Past partner(s)/lover(s) |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Clergy or spiritual guide(s) | <input type="checkbox"/> Seniors group/community |
| <input type="checkbox"/> Social service agency/worker(s) | | |
| <input type="checkbox"/> Other(s): _____ | | |

8. Do you ever feel you need more support?

- ☐ Often ☐ Sometimes ☐ Never ☐ Don't know

If you do need more support, describe what kind(s) of support you need: _____

Now, we would like to ask about your use of resources for seniors.

1. Do you currently attend a seniors' centre or seniors' program(s)?

- ☐ Yes ☐ No ☐ Unsure ☐ Not yet a senior

If No, why not? _____

2. Do you go to or use any of these seniors groups or services? Please check off how often you have used them in the last year. (Check all that apply.)

Not yet a senior ☐

	Never	Sometimes	Often	All the time
Home delivered meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendant/Home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency response service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery or shopping assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handy DART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized seniors travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors fitness program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grief counselling/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors' educational programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors' peer counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors' social programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you think there is a need for greater awareness among providers of existing seniors' services and programs about the needs of older lesbians?

- ☐ Yes ☐ No ☐ Unsure

If Yes, what things do you think they need to know? _____

4. Do you feel there needs to be any separate seniors' services/programs that are:

- ☐ Lesbian-only? ☐ Woman-only? ☐ For gays and lesbians only?
☐ No, I don't think any separate services/programs are needed.

Please explain your answer: _____

5. Have you ever felt you needed to "pass" (i.e. not letting them know you are a lesbian) in order to use existing seniors' services?

- ☐ Yes ☐ No ☐ Unsure

Explain: _____

Now, we'd like to get some background information from you. The following information is being collected because we want to know if we did a good job of getting truly representative survey results. Please remember that this information is confidential.

1. Age: _____ (in years)

2. How do you self-identify in terms of sexual/romantic orientation? (We're asking this question so that we ensure that future services use the right language to make you feel welcome and included.) _____

3. How would you describe your race and/or ethnic origin? _____

4. How would you describe your class background? _____

5. What is your educational background?

- | | |
|---|---|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> Some college courses or training |
| <input type="checkbox"/> Grades 1 – 8 | <input type="checkbox"/> College certificate or diploma |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some university courses |
| <input type="checkbox"/> High school graduation | <input type="checkbox"/> University degree(s) |

Other: _____

6. In the past year, have you done **paid** work?

☐ Yes

☐ No

☐ Unsure

If Yes, was it:

☐ Part time?

☐ Full time?

☐ Casual?

If No, are you primarily...

☐ Not employed – looking for paid work

☐ Not employed – not looking for paid work

☐ Never had paid work

☐ Partially retired

☐ Retired

7. In the past year, have you done **unpaid** work?

☐ Yes

☐ No

☐ Unsure

If Yes, was it:

☐ Part time?

☐ Full time?

☐ Casual?

8. What is your approximate Gross Yearly Income (before taxes/deductions)? Please circle the appropriate category for yourself and for your household.

a) Your own:

b) Your household:

0 - 4,999

0 - 4,999

5,000 - 9,999

5,000 - 9,999

10,000 - 14,999

10,000 - 14,999

15,000 - 19,999

15,000 - 19,999

20,000 - 24,999

20,000 - 24,999

25,000 - 29,999

25,000 - 29,999

30,000 - 39,999

30,000 - 39,999

40,000 - 49,999

40,000 - 49,999

50,000 - 59,999

50,000 - 59,999

60,000 - 69,999

60,000 - 69,999

70,000+

70,000+

—This brings us to the end of the survey. Are there any other issues you face as an older lesbian that we haven't asked you about? Please describe: _____

THANK YOU VERY MUCH FOR YOUR TIME AND ASSISTANCE

Please turn the page for final details about the survey.

This sheet will be detached from the other pages of the survey as soon as it is received, to better ensure your anonymity.

Would you like to receive a copy of our findings from this survey? If so, please state your name and address below:

Would you be interested in being contacted for an interview on these issues? If so, please give us your name and phone number:

Name: _____

Phone #: _____

Please remember to send or drop off your completed survey to:

Emilie Adin
Needs Assessment Coordinator
C/o The Centre
1170 Bute St.
Vancouver, BC
V6E 1Z6

Or call 684-9872 extension 2032 for assistance.

If you need to talk to anyone about any of the feelings or issues that came up for you in filling out this survey, keep in mind the following services:

The Centre Prideline 684-6869
Counselling and support for lesbian, gay, bisexual and transgendered people.

Women Against Violence Against Women 255-6344
Rape Crisis Centre.

The Violet Foundation 688-9378 Ext. 2277
Assistance for victims of gay-bashing.

The Vancouver Women's Health Collective 736-5262
Resource library and counselling/support groups.

Appendix C: List of Organizations that Received Surveys

- A Vancouver Women's Choir
- B.C. Coalition of People with Disabilities
- Christ Alive Metropolitan Church
- December 9th Coalition
- Downtown Eastside Women's Centre
- End Legislated Poverty
- Frontrunners
- Gay and Lesbian Educators of B.C. (GALE)
- Harry's (off Commercial)
- Integrity
- In the Company of Womyn
- Lesbian and Bisexual Women's Support Group, B.C. Cancer Agency
- Lesbian and Gay Immigration Task Force (LEGIT)
- Lesbians and Gays of Meadow Ridge
- Little Sister's Book & Art Emporium
- Living Through Loss Society of B.C.
- Menopausal Old Bitches
- Monsoon (Queer Asian Women)
- North Shore Women's Centre
- Or Shalom Temple
- Phillipine Women's Centre
- Port Coquitlam Area Women's Centre
- Queer Quaker People and Their Supporters
- Rainbow Concert Band
- Renaissance Christian Church
- Richmond Women's Resource Centre
- Ridge Meadows Women's Centre
- Ryerson United Church
- Sounds and Furies Productions
- South Asian Women's Centre
- South Surrey/White Rock Women's Place
- Surrey Women's Centre Society
- The Centre (serving gay, lesbian, bisexual and transgendered people)
- The Lesbian Show, CFRO
- Unison
- Vancouver Lesbian and Gay Choir
- Vancouver Outdoor Club for Women
- Vancouver Women's Health Collective
- Vancouver Status of Women

.....

On list, but could not get mailing addresses:

- The Lesbian Community Brunch (TLC)
- Shvesters – Gay Jewish Women

Appendix D: Article In *Kinesis*

Community-based research on:

Needs Assessment for Aging Lesbians

by Emilie Adin

What is the situation for aging lesbians in the Lower Mainland? Is there appropriate and adequate community support, housing and health care to meet their needs? Have the effects of discrimination based on gender, age and sexual orientation—and in many cases race, class and/or ability as well—compounded to such a degree that older lesbians are being grossly overlooked within our communities and our social institutions?

A group of older lesbians have come together to find out the answers to these questions. A community-based steering committee is working with a graduate student from the University of British Columbia to do a needs assessment of aging lesbians in the Lower Mainland. In particular, this group is looking at how well these women's physical, emotional, mental and spiritual needs are being met within our current health care system, and whether current housing and community support service options are adequate. "This is es-

sential work to be done," says Hinda Avery, one of this project's steering committee members. "For so many older women, like myself, the thought of having to leave my home and be shipped off to a personal care home is the most frightening thing to contemplate. What [the project] is doing is about our future and about living our last years with some kind of dignity."

Jon Leah Hopkins, also on the steering committee of the needs assessment project, is a member-at-large of the National Action Committee on the Status of Women (NAC). "I think the research is important because lesbians are everywhere," says Hopkins. "[I think] we'll be wanting to live in the company of other women who are more able to accept affection between women, and discuss our lives with people who are likely to have been there."

Hopkins also wanted to be involved in the research to ensure that the needs of women of colour are not overlooked in the research process. "I bring [to the project] a particular focus and point of view," says

Hopkins. "For example, I grew up in a Black community, and therefore I bring a different sense of what a community should be like."

Through preliminary research, the research committee has found that conventional housing, support services and health care services have failed to meet the needs of aging lesbians in other cities across Canada.

For example, in a comprehensive survey of Manitoba's lesbian and gay seniors conducted by the Sum Quod Sum Foundation, 41% of aging lesbians who participated in the survey had reported incomes at less than the poverty line. For many of these women, their marginalization within our society has resulted in a crisis of epic proportions.

Donna Wilson, Executive Director of The Centre (formerly the Gay and Lesbian Centre) is encouraged that the project is happening. "Research and action related to the needs of aging lesbians is much needed," says Wilson. "I am confident that

a community-based participatory action approach will result in the identification of needs and direction for action." As the Executive Director of The Centre I am very aware of the invisibility of aging lesbian, gay, transgendered and bisexual people within our communities."

The needs assessment currently underway in the Vancouver area will involve a broad-based distribution of surveys, and some follow-up interviews. Project committee members are expecting at least 100 responses to the survey, and hope to have survey results analyzed and available for distribution in the fall of the year 2000.

Emilie Adin, a Master's candidate at the UBC School of Community and Regional Planning, has undertaken work on the needs assessment as part of her thesis research. For more information about the needs assessment, to have a survey mailed to you, or to find out the location nearest you where you can pick up a survey, call (604) 684-9872 extension 2032.

Appendix E: Article in *The Long Haul*

Community group looks into needs of older lesbians

By Emilie K. Adin

A new community group, Charis--In Support of Older Lesbians, is doing research to find out what the biggest issues are for aging lesbians. Then they hope to use that information to meet with other groups to build an action plan in the fall.

Charis has developed a survey which is now being distributed across the Lower Mainland.

A similar survey done in Winnipeg two years ago found that over 40 per cent of older lesbians in Manitoba lived below the poverty line.

Charis asks that all lesbians aged 50 and over, within the Lower Mainland, participate in the survey.

To find out more about the survey, or to have a survey mailed to you, please call 684-9872, then press 1 for access to an extension, then enter 2032. We respect your right to confidentiality. □□□

Thanks to the Legal Services Society for funding pages 11 and 12 of *The Long Haul*.

***The Long Haul*, May, 2000--
page 11**

Appendix F: Article in *X-tra West*

Old Dykes Home to come?

Survey to assess
housing, health needs
for lesbian seniors

by Tom Yeung

A survey of older lesbians might be the first step the queer community takes in caring for our elderly.

Researcher Emilie Adin hopes to hear from more than 100 women about their concerns around housing, health and community for the elderly. Adin's graduate thesis promises to be one of the only snapshots of the needs of aging queers, especially in Vancouver.

The idea for this survey came out of a choral fundraiser for the Victoria Lesbian Seniors Care Society one year ago. It was there Adin discovered a desire in Vancouver, especially among women, for better community support for queer seniors. On a sign-up sheet posted to form a research committee, she found women who left their names and phone numbers vastly outnumbered men.

"I think that housing options for men are important, but my research has found older lesbians generally have less resources and wealth than gay men," she says. "And this vacuum can't be filled by the private sector."

The committee of lesbian seniors, which first met over brunch, began this needs assessment as a way of gauging concerns queer women have about aging.

According to one committee member, this needs assessment is essential before designing any social services for lesbian seniors. The community needs to know what questions need to be asked about seniors' care, says Jon Leah Hopkins.

For example, Hopkins' ideal is a small community she temporarily dubs The Charles St Co-op, where older queer women can be as out as they want. But with the openness she's seen in younger lesbians she says it's possible her generation may be the only one wanting separate housing.

Adin says building the fabled "Old Dykes Home" might not be the solution that's feasible, or one that aging lesbians even want. The problem with assessing need, she says, is that little survey work has been done on aging lesbians, rendering them virtually invisible. Statistics Canada doesn't track sexual orientation, although the next census will.

What Hopkins is sure about is the aging boomer population will have needs the general population isn't expecting. And she feels the queer community as it stands now is not prepared to care for its elders.

"Our community isn't going to be any more prepared than any other," Hopkins says. "That's the glass-is-half-empty side. On the glass-is-half-full side, we may come together as a community and do something about this."

Surveys can be picked up at The Centre, Xtra West offices (#501-1033 Davie) and any Lower Mainland women's centre. Finished surveys can be dropped off or mailed to The Centre (1170 Bute St, Vancouver BC, V6Z 1X6) on or before May 31. Tel: 684-XTRA ex 2032.

Appendix H: Interview Guide

Question number one (before themes): When you hear the term "lesbian community", what does this mean to you?

THEME #1: INVISIBILITY

Survey Findings

- Many of the older lesbians we surveyed have told us that they are concerned about the invisibility they face as lesbians and as older women within this society
- Lesbian-supportive services and environments are in very short supply, although many women have been able to find lesbian-positive health care providers
- Many women expressed a preference for diversity by age, gender, sexual orientation, etc. in their living environments and generally in their lives; but specified that they must get recognition, visibility and support as lesbians in these environments

Thoughts & Opinions

- How have older lesbians been rendered invisible in our society?
- What do you think the effects would be of increased visibility for older lesbians?

Ideas for Making Change

- How can the lesbian community improve lesbian visibility?
- What can governments and community organizations do?

THEME #2A: ACCESSIBILITY – FINANCIAL

Survey Findings

- Many women expressed fear of inadequate income in the face of decreasing health
- Average personal income among all the women who were surveyed is quite low (about \$32,500) and 35% of the women had incomes below \$20,000.
- Yet only 32% of respondents are paying more than 30% of their income on shelter; therefore they might have developed some coping strategies for living on low income

Thoughts & Opinions

- Tell us the story of how you live, what sort of things you can afford, what kind of things you can't afford.
- What are some of the financial barriers you face, if any?
- What are some of the success stories in getting those needs met? (For example, do you live in a co-op in order to have affordable housing, do you trade services with friends or neighbours, how do you cut corners?)

Ideas for Making Change

- What kind of services or support could the lesbian community offer to better support you in facing financial barriers?
- What kind of community services should be available in Greater Vancouver?

THEME #2B: ACCESSIBILITY – PHYSICAL**Survey Findings**

- 61% of the women we surveyed reported chronic illnesses or disabilities; this seems to be a terribly high rate
- Many women mentioned lack of physical access, especially in their own homes (for example, too many stairs) and to gay/lesbian services and events

Thoughts & Opinions

- Can you tell us about your experiences or the experiences of other older lesbians or lesbians with disabilities that you know – in terms of physical accessibility?

Ideas for Making Change

- How should lesbian-positive spaces and community services change in order to be more physically accessible?
- What are your ideas on how we can prompt organizations to make these changes?

THEME #2C: ACCESSIBILITY – SAFETY**Survey Findings**

- Many women who responded to our survey expressed concerns about their safety: they didn't always feel safe in their neighbourhoods, or homes and felt vulnerable as older women
- Some women expressed a need for woman-only or lesbian-positive "safe havens" due to the discrimination they faced, and due to the prevalence of violence against women
- Some respondents shared their histories of abuse by men and their discomfort with mixed-gender environments

Thoughts & Opinions

- Do you any safety concerns?

Ideas for Making Change

- What are your ideas on how we can ensure greater safety for older lesbians?

THEME #3: ISOLATION VS. SOCIAL SUPPORT

Survey Findings

- Most women we surveyed expressed that they had support – someone to talk to and someone they could go to if they had a chronic illness or disability and needed support
- Nonetheless, several women mentioned loss of support networks and connections to the women's community due to illness and disability
- 54% of women identified the lesbian community as a source of support

Thoughts & Opinions

- What could the lesbian community do to support older lesbians?

Ideas for Making Change

- What should the lesbian community do to support older lesbians, which it's not currently doing?