

# **Social Isolation and Loneliness:** **The Potential Impacts of the Global Pandemic on 2S-** **LGBTQ+ Seniors Living in Ontario Long-Term Care** **Homes**

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## **Introduction:**

On March 17, 2020, as a result of the COVID-19 pandemic, the Ontario provincial government announced a state of emergency that closed workplaces, cancelled social events, and halted most activities outside of the home. Social distancing measures placed restrictions on indoor gathering capacities, and long-term care (LTC) (also known as residential care) homes were completely locked down. Health care providers scrambled to contain COVID-19 outbreaks in LTC homes; however, the system was riddled with inefficiencies that put thousands of seniors at risk of contracting the virus. In the first calendar year of the pandemic, from April 2020 to April 2021, over 3,500 seniors have died in Ontario LTC homes because of COVID-19.<sup>1</sup> This number continues to rise. Residents without COVID-19 faced different challenges, like social isolation and loneliness which can have major psychological impacts. In May 2020, the Ontario government acknowledged these failures stating, “the long-term care

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<sup>1</sup> “Long-term care homes,” Ontario, 2021, <https://covid-19.ontario.ca/data/long-term-care-homes>.

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system is broken.”<sup>2</sup> Justin Trudeau announced that what our elderly population is experiencing in LTC is “unacceptable.”<sup>3</sup>

I write this paper as a concerned citizen, activist, and researcher who is aware of how institutional systems of power can operate to diminish the quality of Ontario’s health care system which impacts Two-Spirit, lesbian, bisexual, gay, trans, and queer (2S-LGBTQ+)<sup>4</sup> seniors who may be forced to conceal their gender and sexual identity to avoid the structural inequalities that erase their existence in LTC.<sup>5</sup> I argue that individual experiences with social isolation and loneliness in LTC during the COVID-19 social distancing mandates are exacerbated by heteronormative ideologies that ignore the lived realities of 2S-LGBTQ+ older adults and their chosen families. Heteronormativity is a framework that refers to how heterosexuality is enforced by normative power systems that privilege monogamous, opposite sex relationships, while devaluing those who

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<sup>2</sup> “Ontario Announces Independent Commission into Long-Term Care,” Newsroom, Ontario, May 19, 2020, <https://news.ontario.ca/en/statement/56965/ontario-announces-independent-commission-into-long-term-care>.

<sup>3</sup> Adam Miller, “Canada Failed to Protect Elderly in First Wave of COVID-19 – Will the Same Mistake Be Made Again?,” CBC News, CBC, September 26, 2020, <https://www.cbc.ca/news/health/covid-long-term-care-canada-1.5739798>.

<sup>4</sup> There are several acronyms used to refer to the 2S-LGBTQ+ community. I recognize that using 2S-LGBTQ+ is not reflective of the diversity of queer communities. I adopt this phrase for this analysis to stay consistent with the terminology used in Senior Pride Network (SPN) report to the LTC commissioner. 2S-LGBTQ+ includes two-spirit, non-gender conforming, intersex, and all other diverse categorizations that exist in our societies.

<sup>5</sup> Shari Brotman et al., “The Impacts of Coming Out on Health and Health Care Access: The Experiences of Gay, Lesbian, Bisexual and Two-Spirit People,” *Journal of Health & Policy* 15, no. 1 (2002): 7.

fail to adhere to this lifestyle.<sup>6</sup> LTC are regulated through heteronormative institutional policies and practices that disregard non-biological kinship ties. This paper unpacks how social distancing mandates have impacted heterosexual seniors and their families differently than 2S-LGBTQ+ older adults. The first half of this paper uses local news coverage to understand the negative impacts social distancing mandates had on seniors and their families. The second half is a close analysis of how 2S-LGBTQ+ seniors are doubly marginalized by visitation policies during the global pandemic. My intent is to encourage researchers, activists, and concerned citizens to rise up against care inequalities to ensure that all seniors receive person-centred quality care during a global pandemic.

I am an active member of the Toronto Senior Pride Network, an advocacy group that aims to improve the lives of 2S-LGBTQ+ older adults. We formed a coalition with other 2S-LGBTQ+ advocacy groups in Ontario to submit a report to the LTC Commissioner titled “Long-Term Care, COVID-19 and 2S-LGBTQ+ Seniors – A Call to Action.”<sup>7</sup> It outlines key failures of Ontario’s LTC system and how institutional heteronormative approaches to care are marginalizing 2S-LGBTQ+ adults living in LTC. Our report raises concerns related to social isolation and

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<sup>6</sup> Michael Warner, “Introduction: Fear of a Queer Planet,” *Social Text*, no. 29 (1991): 3-17. Accessed October 5, 2020, <http://www.jstor.org/stable/466295>.

<sup>7</sup> “Long-Term Care, COVID-19 and 2S-LGBTQ+ Seniors – A Call to Action.” *Ontario Senior Pride*, (2020): 1-32.

loneliness, which LTC homes and government ministries have a responsibility to address. I use parts of our submission in this analysis to share our concerns on why social interactions with chosen families and caregivers are essential to the overall well-being of seniors, especially those from communities who are traditionally marginalized and rendered invisible as they age.

### **Social Isolation and Loneliness in Long-term Care during the Global Pandemic:**

Social isolation and loneliness are interconnected concepts.<sup>8</sup> Social isolation refers to limited social interactions, contact or relationships. Social distancing measures mandate that people who are at high risk of contracting the virus should self-isolate, which means staying home and avoiding in-person contact with others.<sup>9</sup> Loneliness is a feeling that emerges from a lack of connectedness, occurring from prolonged periods of social isolation that can cause anxiety, stress, melancholy, and suicide.<sup>10</sup> According to the Canadian government, “53 [percent] of LGBT seniors feel isolated” and trans

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<sup>8</sup> Joanne Brooke and Debra Jackson, “Older People and COVID-19: Isolation, Risk, and Ageism,” *Journal of Clinical Nursing* 29, no. 13-14 (2020): 2044-46, Accessed September 25, 2020, <https://doi.org/10.1111/jocn.15274>.

<sup>9</sup> Brooke and Jackson, “Older People and COVID-19: Isolation, Risk, and Ageism,” 2044-46.

<sup>10</sup> “Social Isolation of Seniors: A Focus on LGBTQ Seniors in Canada,” *Government of Canada*, November 19, 2018, <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html>; Peter MacCourt, “Promoting Seniors’ Well-Being: A Seniors Mental Health Policy Lens Toolkit,” *British Columbia: British Columbia Psychogeriatric Association*, (2008) :1-48, [https://www.mentalhealthcommission.ca/sites/default/files/Seniors\\_Seniors\\_Mental\\_Health\\_Policy\\_Lens\\_Toolkit\\_ENG\\_0\\_1.pdf](https://www.mentalhealthcommission.ca/sites/default/files/Seniors_Seniors_Mental_Health_Policy_Lens_Toolkit_ENG_0_1.pdf)

seniors are at an increased risk of having suicidal thoughts.<sup>11</sup> Humans are naturally social beings that require regular social interactions with others to feel a sense of belonging.<sup>12</sup> We are all susceptible to feelings of loneliness, but seniors are particularly vulnerable to several negative health and social outcomes when forced into isolation.<sup>13</sup> Seniors are less likely to be technologically savvy, so unlike younger generations, they are unable to easily use video streaming platforms like Zoom. While seniors live in communal LTC homes, during periods of lockdown, they are barred from visiting their friends as residents are confined to their rooms to stop the spread of COVID-19. These barriers and others cause heightened forms of social isolation and feelings of loneliness that are having detrimental impacts on their overall well-being.

Cutting seniors off from their family, friends, and support networks can have disastrous effects on their health. The Canadian Government refers to the determinants of health as a “broad range of personal, social, economic, and environmental factors that determine

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<sup>11</sup> “Social Isolation of Seniors: A Focus on LGBTQ Seniors in Canada,” *Government of Canada*, November 19, 2018, <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html>; Peter MacCourt, “Promoting Seniors’ Well-Being: A Seniors Mental Health Policy Lens Toolkit,” *British Columbia: British Columbia Psychogeriatric Association*, (2008) :1-48, [https://www.mentalhealthcommission.ca/sites/default/files/Seniors\\_Seniors\\_Mental\\_Health\\_Policy\\_Lens\\_Toolkit\\_ENG\\_0\\_1.pdf](https://www.mentalhealthcommission.ca/sites/default/files/Seniors_Seniors_Mental_Health_Policy_Lens_Toolkit_ENG_0_1.pdf)

<sup>12</sup> Nicholas Nicholson, “A Review of Social Isolation: An Important but Underassessed Condition in Older Adults,” *The Journal of Primary Prevention* 33, no. 2-3 (2012): 137-152.

<sup>13</sup> Joanne Brooke and Debra Jackson, “Older People and COVID-19: Isolation, Risk, and Ageism,” 2044-46.

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individual and population health,”<sup>14</sup> this includes employment, financial stability, social supports, resources, and the physical environment. It is well documented that when citizens have their personal, economic, and social needs met they live longer and healthier lives.<sup>15</sup>

Canada’s health care system operates on a two-tier model that delivers care through three sectors: public, private not-for-profit, and private for-profit. This is known as the public-private model of health care delivery.<sup>16</sup> Canadian health care services are covered through public coverage, private insurance plans, or individual payment plans. This is a hierarchical system of care that limits access based on an individual’s social location. Private-public partnerships focus on privatizing services within the public care sector.<sup>17</sup> Market-based solutions to health care are supported by governments because they claim to be more cost-effective and efficient in comparison to public services. These solutions are situated in a much broader system of market-based economies that require the outsourcing of labour to maximize profits. These initiatives are supported by government ministries in Canada and globally.

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<sup>14</sup> “Social Determinants of Health and Health Inequalities,” Government of Canada, accessed September 24, 2020, <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>.

<sup>15</sup> “Social Determinants of Health and Health Inequalities,” Government of Canada.

<sup>16</sup> Pat Armstrong and Hugh Armstrong, *Wasting Away: The Undermining of Canadian Health Care*, 2<sup>nd</sup> ed. (Toronto: Oxford University Press 2002), 17-19.

<sup>17</sup> Heather Whiteside, *Purchase for Profit: Public-Private Partnerships and Canada’s Healthcare System* (Toronto, University of Toronto Press, 2015), 5.

Health care reform in Canada uses neo-liberal discourses that promote a self-governance of care, leaving individuals responsible for their own health.<sup>18</sup> From my observations, public LTC homes provide residents with basic care needs, while private LTC homes operate like a resort, with a number of amenities that residents opt into. On-site spa services, pools, and private living spaces are often included in private residential care homes, like the ones operated by Sunrise Senior Living, Chartwell, and Revera.<sup>19</sup> Seniors with limited retirement savings are restricted in their choices when seeking out quality care services. As they age, some people may find it important to live in a communal space, not only to receive care, but to also develop a sense of belonging with others. However, social distancing measures eliminated social programs and restricted access to common spaces to protect residents, leaving people isolated in their rooms.

Prior to COVID-19, Ontario LTC homes were critiqued by researchers and health care officials for providing inadequate care services to their residents.<sup>20</sup> In 2018, the provincial government cut back on resident quality inspection (RQI) reports, leaving both staff and residents in vulnerable positions. CBC Marketplace reported that a lack of RQIs resulted in 68 percent fewer reported infection control

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<sup>18</sup> Whiteside, *Purchase for Profit*, 5.

<sup>19</sup> “Cost of Retirement Homes in Ontario,” ComfortLife, 2019. <https://www.comfortlife.ca/retirement-community-resources/retirement-costs-ontario>.

<sup>20</sup> “Restoring Trust: COVID-19 and the Future of Long-Term Care,” Royal Society of Canada, June 2020, <https://rsc-src.ca/en/restoring-trust-covid-19-and-future-long-term-care>.

infractions, meaning that incidents of COVID-19 were not always reported.<sup>21</sup> The 2015 RQI reports were five times more likely to catch these infractions.<sup>22</sup> These system failures place LTC staff and residents at a high risk of experiencing uncontrollable COVID-19 outbreaks. Lockdown is the primary response to containing and eliminating outbreaks. This strategy forces seniors to self-isolate while caregivers try to contain outbreaks. In the past, LTC homes compensated for their lack of staff by relying on informal care networks for support, including family, friends, and private personal support staff, but these care networks are currently limited in their ability to visit the homes, let alone provide care to their loved ones.

LTC homes encountered a state of emergency during the first wave of COVID-19, causing the Ontario government to call the Canadian Military for assistance with five LTC homes that had several active cases.<sup>23</sup> The report identified inadequate staffing levels, infection control infractions, and misuse of essential personal protective equipment (PPE) protocols.<sup>24</sup> The Canadian Military shared concerns over verbal and physical staff-to-resident aggression along with residents being neglected for prolonged periods of time.

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<sup>21</sup> “Fewer Violations Caught at nursing homes after Ontario cut ‘Resident Quality Inspections’,” *CBC*, September 24, 2020, <https://www.cbc.ca/player/play/1794841667574>

<sup>22</sup> “Fewer Violations Caught,” *CBC*.

<sup>23</sup> Patricia Terble, “What’s Inside the Disturbing Report on Ontario’s Long-Term-Care Homes,” *McLean’s*, St. Joseph Communications, May 26, 2020. <https://www.macleans.ca/news/canada/whats-inside-the-disturbing-report-on-ontarios-long-term-care-homes>.

<sup>24</sup> Terble, “Ontario’s Long-Term-Care Homes.”

Residents were left in soiled diapers and were forcibly fed during meal times.<sup>25</sup> To protect seniors, administrators stripped them of their right to see family members, friends, and private caregivers. LTC homes went into complete lockdown and caregivers were tasked to contain COVID-19 cases in the home, leaving other residents unattended for hours at a time. Overnight, seniors became prisoners in their own homes. It is apparent that the care residents are receiving is anything but quality care.

### **Impacts of COVID-19 on Older Adults Living in Ontario LTC Homes**

On October 20, 2020, the Ontario Provincial Government put forth Bill 218, “Supporting Ontario’s Recovery and Municipal Elections Act, 2020.”<sup>26</sup> Bill 218 specifies that governments, corporations, and individuals in Ontario cannot be held legally liable for COVID-19 related exposure in the form of civil lawsuits. This legislation is significant as it allows LTC homes to defend policies and practices that fail to protect residents from exposure to COVID-19 under the cover of acting in “good faith.”<sup>27</sup> Bill 218 eliminates mechanisms of accountability as families who filed complaints related to resident neglect cannot pursue a civil process to seek damages

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<sup>25</sup> Terble, “Ontario’s Long-Term-Care Homes.”

<sup>26</sup> Doug Downey, “Bill 218, Supporting Ontario’s Recovery and Municipal Elections Act.” (Website, Legislative Assembly of Ontario, 2020), <https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-218/status>.

<sup>27</sup> Downey, “Bill 218.”

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related to the spread of COVID-19 in long-term care homes. Bill 218 shields LTC administrators and governments from being held legally liable for the spread of infectious diseases during the global pandemic. Bill 218 represents a further entrenchment of the structural inequity inherent to the current LTC home system as it prioritizes profit generation and divests from resident wellness. New LTC home policies such as social distancing restrictions negatively affect residents and their loved ones as enforced isolation restricts communication and visitation among family members.<sup>28</sup>

Visitors to Ontario LTC homes may be required to do pre-screenings, get COVID-19 tests, and have their temperature taken upon arrival. They may also be required to book a time to visit their loved one. Each Ontario LTC home has established mandates for who can visit during the pandemic. According to their website, Chartwell requires all visitors to “attest to having been trained on infection prevention and control measures including how to safely put on and take off PPE and hand hygiene prior to their first visit with the resident and then monthly thereafter, as well as on the homes visitor policy.”<sup>29</sup> Additionally, they must review documents and instructional videos to be cleared for a visit. The private LTC facility “Extendicare” does not require training on PPE. Visitors must self-screen for COVID-19 symptoms, can only see their loved ones in a

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<sup>28</sup>Downey, “Bill 218.”

<sup>29</sup> “Visitor Information,” Chartwell Retirement Residences, accessed October 1, 2020, <https://chartwell.com/en/covid-information/visitor-information>.

designated outdoor space and only visit for up to thirty minutes.<sup>30</sup> Visitors have spoken out against these rules claiming that the restrictions are harming residents.

Ontario implemented stage three COVID-19 mandates on September 8, 2020. For the first time, families, friends, and personal support workers saw the full impacts that social isolation and loneliness have had on their loved ones. In an article for the Huffington Post, Sherina Harris shared the experiences of those visiting loved ones in LTC. She recounted the experience of one woman’s visit with her father: “during their outdoor visits — after she’s been asked about her health and had her temperature taken — the pair sit at separate ends of a table, at least six feet apart, as a mandatory precaution during the COVID-19 pandemic. A staff member stays in the garden, supervising the visit.”<sup>31</sup> Visits are heavily regulated and limited in time to protect residents. Many residents cannot fully comprehend the pandemic and why they cannot spend more time with their visitors, “Berenger has tried to explain the pandemic to her father, but he says he doesn’t understand why the visits are so short and why they can’t get a cup of tea or coffee or have a picnic like they have in the past.”<sup>32</sup> The lack of comprehension

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<sup>30</sup> “COVID-19 Visitation Policy,” Extendicare, accessed October 1, 2020, <http://www.extendicarebayview.com/our-home/news/covid-19-visitation-policy-97>.

<sup>31</sup> Sherina Harris, “Ontario Families Fight for More Long-Term Care Visits Before 2<sup>nd</sup> Wave Hits,” Huffpost Canada, August 13, 2020, [https://www.huffingtonpost.ca/entry/ontario-covid-long-term-care-family-visits\\_ca\\_5f353edac5b6960c06718c4c](https://www.huffingtonpost.ca/entry/ontario-covid-long-term-care-family-visits_ca_5f353edac5b6960c06718c4c).

<sup>32</sup> Harris, “Ontario Families.”

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combined with being isolated for a majority of their day is harmful to seniors who need social interactions to feel lively and connected.

Pat Armstrong, a professor and researcher at York University who specialized in long-term care expressed worries towards social isolation and loneliness in LTC, stating that residents are going unfed, unbathed, and cannot even go outside for simple walks.<sup>33</sup> Before COVID-19, family members assisted in meeting residents' needs when LTC homes failed to do so. They have already spent time in a caregiving role, so LTC administrators should take this into account when creating guidelines that protect a residents' well-being.<sup>34</sup> Without these support networks, more seniors will experience various forms of neglect, including being left unchanged, unbathed, and unfed while being confined to their rooms for prolonged periods of time. Those who have mobility issues are simply left in their bed for most of the day. Being confined to any space for a prolonged period of time is bound to negatively affect even the soundest of minds. Yet many people who are isolated at home can still network through remote platforms or go out for a walk. These basic human needs are going unmet in LTC, making seniors feel like prisoners in their own homes.

Visitors have raised concerns towards the social distancing measures used by LTC homes. CBC News shared Sheryl Davidson's

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<sup>33</sup> Harris, "Ontario Families."

<sup>34</sup> Harris, "Ontario Families."

experience visiting her mother for the first time in months.<sup>35</sup> She shared how her mother, Dorothy Snowden, lost fifteen pounds since the pandemic began. Davidson was happy that she could see her mother, but because of the visitation restrictions was unable to assist in caring for her mother like she did prior to COVID-19. Julia Richards, a concerned citizen stated that “those residents in [LTC] are literally prisoners. They’re being held hostage; they’re being denied access to their relatives.”<sup>36</sup>

In a Facebook group, titled “Advocates for Long-Term Care Reform in Ontario” members publicly share their experiences with trying to visit and provide care to their loved ones. One member stated that “Someone needs to be held accountable for the decline of residents of [LTC] who have been held prisoner since March. Just came from visiting my mom. Ladies that were vibrant and fun and fit are now confused and depressed and wheelchair bound. It is disgraceful and heart wrenching.”<sup>37</sup> Another member shared: “ZERO – In all the Ontario’s LTC homes NOT ONE RESIDENT WITH COVID-19 in two days says @PublicHealthON Families are still

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<sup>35</sup> “Families with Loved Ones in Long-Term Care Urge to Protect Privacy While Looking for Support,” *CBC News*, CBC Radio-Canada, August 8, 2020, <https://www.cbc.ca/news/canada/toronto/ontario-long-term-care-essential-caregivers-1.5677075>.

<sup>36</sup> “Families with Loved Ones in Long-term Care,” *CBC News*.

<sup>37</sup> Barbara Vacon, “Someone Needs to be Held Accountable for the Decline of Residents of Long Term Care who have Been Held Prisoner Since March...”, Facebook, September 16, 2020, <https://www.facebook.com/groups/322186134878345/permalink/1039936809769937>.

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[not] allowed to hug their loved ones – only visit for [an] hour at a scheduled time; Where’s the science keeping them locked up?”<sup>38</sup> I include these personal accounts because the media is not scrutinizing LTC for failing to meet the emotional, spiritual, and psychological needs of their residents. Families are regulated in how they interact with residents, visits are monitored, and direct contact is not allowed. While these policies and practices are touted as necessary to protect seniors, it is clear they also diminish the residents’ quality of life. Visitors who complete pre-screenings, have taken COVID-19 tests, and followed the homes’ visitation guidelines should be allowed to see their loved ones in private.

The long-term impacts of social isolation and loneliness during the COVID-19 pandemic will be unknown for years to come, but based on experiences shared by family members and others, seniors are rapidly deteriorating without their support networks. These issues become heightened for 2S-LGBTQ+ seniors who rely on informal care networks and community support programs to compensate for the lack of social assistance they receive in LTC. The next section focuses on LTC policies and practices that render 2S-

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<sup>38</sup> Heather Kok Wright, “Zero – In all of Ontario’s LTC homes NOT ONE RESIDENT WITH COVID-19 in two day says @PublicHealthON...”, Facebook, August 9, 2020, <https://www.facebook.com/groups/322186134878345/permalink/1008509412912677>.

LGBTQ+ seniors invisible, causing them to experience dual forms of marginalization because of their sex, gender, and sexuality.

### **Potential Impacts of Social Distancing Mandates on 2S-LGBTQ+ Older Adults in LTC:**

This section raises concerns made by advocacy groups and organizations in the LTC commissioner report, “Long-Term Care, COVID-19 and 2S-LGBTQ+ seniors – A Call to Action.”<sup>39</sup> The Ontario Senior Pride (OSP) coalition unified to advocate for the needs of 2S-LGBTQ+ seniors living in LTC homes. A national survey by Egale Canada collected data on how COVID-19 is affecting 2S-LGBTQ+ communities as a whole. 53 percent experienced employment insecurities, 42 percent reported impacts to their mental health, and 21 percent lived with chronic illnesses that impacted their physical health. 49 percent were concerned with their lack of social interactions, and how this could affect their sense of community belonging. Generally, 2S-LGBTQ+ people are 10 percent more likely to experience social isolation.<sup>40</sup> Specific data on 2S-LGBTQ+ older adults’ experiences with social isolation and loneliness during COVID-19 is unknown. The LTC commissioner report addresses concerns made by 2S-LGBTQ+ seniors who have

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<sup>39</sup> “Long-Term Care,” Ontario Senior Pride, 1-32.

<sup>40</sup> “National Survey Results: The Impacts of COVID-19 on the LGBTQI2S Community,” Egale Canada Human Rights Trust, April 6, 2020, <https://egale.ca/egale-in-action/covid19-impact-report/>.

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multiple burdens due to the COVID-19 pandemic. Prior to the pandemic, scholars critiqued LTC institutions for ignoring the importance of gender and sexual diversity in LTC.

Heteronormative value systems are deeply embedded in LTC homes through policies, practices, and social formations. Some LTC facilities segregate residents based on their gender. Social programming is catered to heterosexual seniors, and intake forms continue to use gender binaries. The OSP coalition raised several concerns 2S-LGBTQ+ have towards LTC such as: judgement, harassment and/or discrimination, the need to conceal their identities to receive care, limited definition of family, legal concerns, and fears of dying alone.<sup>41</sup> Administrators assume seniors are heterosexual, with biological family members to support them unless they disclose otherwise. When LTC homes are asked about their 2S-LGBTQ+ residents, they often respond with “we don’t have any gay people here.”<sup>42</sup> LTC staff may be unaware that a 2S-LGBTQ+ resident has a partner, since they may introduce them as a friend to avoid disclosing their sexual orientation. 2S-LGBTQ+ seniors living in LTC may be situationally forced to disclose or hide their gender/sexual orientation to/from service providers and other residents. In these cases they experience heterosexism, homophobia,

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<sup>41</sup> “Long-Term Care,” Ontario Senior Pride, 1-32.

<sup>42</sup> Katherine Kortess-Miller et al., “Dying in Long-Term Care: Perspectives from Sexual and Gender Minority Older Adults about Their Fears and Hopes for End of Life,” *Journal of Social Work in End-of-Life & Palliative Care* 14, no. 2-3 (July 3, 2018): 209-24, <https://doi.org/10.1080/15524256.2018.1487364>.

and transphobia that can intersect with racism, ethnocentrism, and classism.<sup>43</sup> They may choose to conceal their identities as a form of survival in LTC, thus they are more likely to experience social isolation and loneliness while living away from their community networks and support systems.<sup>44</sup> This is exacerbated because of COVID-19 LTC visitation restrictions, as 2S-LGBTQ+ seniors can no longer leave LTC homes to safely see their partners and friends, or to participate in social programming.

Gender and sexual minorities may find it difficult to trust health care providers because of past experiences with racism, homophobia, heterosexism, and transphobia.<sup>45</sup> Discomfort and distrust towards health care providers stem from being pathologized and criminalized by health care institutions.<sup>46</sup> Concerns towards staff or residents harboring homophobic, heterosexist, and transphobic beliefs keeps 2S-LGBTQ+ seniors from openly participating in 2S-LGBTQ+ remote service provisions being offered to relieve social isolation and loneliness.<sup>47</sup> 2S-LGBTQ+ seniors are at risk of possibly being confined with abusive caregivers or residents who silence and ignore their needs. They express strong fears towards aging in LTC

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<sup>43</sup> Kortess-Miller et al., “Dying in Long-Term Care.”

<sup>44</sup> “Social isolation of seniors: A focus on LGBTQ seniors in Canada,” Government of Canada, November 19, 2018, <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html>.

<sup>45</sup> Brotman et al., “The Impacts of Coming Out,” 7.

<sup>46</sup> Brotman et al., 7.

<sup>47</sup> Jennifer M. Putney et al., “Fear Runs Deep:’ The Anticipated Needs of LGBT Older Adults in Long-Term Care,” *Journal of Gerontological Social Work* 61, no. 8 (November 17, 2018): 887–907, <https://doi.org/10.1080/01634372.2018.1508109>.

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because of the discriminatory policies and practices that continue to render them invisible in these spaces. Standardized care practices overlook individual physical, emotional, and spiritual needs. LTC homes have not done their due diligence to make 2S-LGBTQ+ seniors feel welcome and safe. Due to these unsafe living conditions, 2S-LGBTQ+ seniors often rely on informal care networks to get their needs met.

2S-LGBTQ+ seniors regularly rely on chosen family members for social support. Kath Weston explains that “families we choose” define relationships that move beyond blood relations.<sup>48</sup> These individuals are often not recognized by the LTC homes as family. leZlie lee kam (preferred way of spelling her full name), a predominant activist for 2S-LGBTQ+ seniors in the Toronto Queer Community shared her experience with trying to deliver a gift to her good friend Alf Roberts during the pandemic. Roberts was an only child whose parents passed years ago, so lee kam is someone who provided him with social support.<sup>49</sup> lee kam was notified of his death when trying to drop off a gift one afternoon. The administration or staff did not recognize chosen family as legitimate relatives; thus, as a key member of Alf’s *chosen* family, lee kam was not notified of his

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<sup>48</sup> Kath Weston, *Families We Choose: Lesbians, Gays, Kinship* (Columbia University Press, 1997), 29.

<sup>49</sup> Sherina Harris, “The Pandemic is Highlighting a Huge Disadvantage for LGBTQ Long-Term Care Residents,” HuffPost Canada, September 14, 2020, [https://www.huffingtonpost.ca/entry/canada-lgbtq-seniors-covid\\_ca\\_5f5b7c53c5b6b48507ff7fd7?guccounter=1](https://www.huffingtonpost.ca/entry/canada-lgbtq-seniors-covid_ca_5f5b7c53c5b6b48507ff7fd7?guccounter=1).

declining health prior to her visit.<sup>50</sup> This is one of many tragic stories being shared by community members who fear for their loved ones living in LTC. Prior to COVID-19, 2S-LGBTQ+ seniors asked LTC facilities to rethink their policies on chosen families.<sup>51</sup> To date, changes have not been made and 2S-LGBTQ+ seniors continue to suffer.

The OSP report recommends action the government needs to take to improve LTC facilities. Journalists claim that the second-wave was worse for LTC homes than the first. Government ministries failed to adequately respond to the LTC crises, concerning both workers and public health officials.<sup>52</sup> To date, the Long-Term Care Homes Act (2007)<sup>53</sup> does not recognize gender and sexual diversity in their Resident Bill of Rights. The OSP LTC commissioner report recommends the government reform this act to recognize gender and sexual diversity in LTC.<sup>54</sup> This means adopting inclusive, non-discriminatory policies that protect all persons regardless of their sexual orientation, gender identity, and gender expression. These policies must be enforced amongst all staff, volunteers, and residents in LTC homes. LTC administrators are

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<sup>50</sup> Harris, “Huge Disadvantage for LGBTQ Long-Term Care Residents.”

<sup>51</sup> Kimberly Wilson, et al., “Staying Out of the Closet: LGBT Older Adults’ Hopes and Fears in Considering End-of-Life,” *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement* 37, no. 1 (March 2018): 22–31, <https://doi.org/10.1017/S0714980817000514>.

<sup>52</sup> Miller, “Canada Failed to Protect Elderly.”

<sup>53</sup> “Long Term Care Homes Act,” Ontario, (S.O. 2007, C.8), Accessed 2021, <https://www.ontario.ca/laws/statute/07108>

<sup>54</sup> “Long-Term Care,” Ontario Senior Pride, 1-32.

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responsible for designating a 2S-LGBTQ+ friendly staff member or a neutral party in the home that 2S-LGBTQ+ residents can report to if they experience discrimination, harassment, or neglect. This is simply a recommendation, and not all LTC homes designate a 2S-LGBTQ+ friendly staff member. I suggest this liaison be enrolled in intersectional diversity training with a clear understanding of the diverse needs of 2S-LGBTQ+ seniors. The LTC commissioner report stresses the need to train all staff and volunteers in LTC homes using a cultural sensitivity approach that dismantles dominant assumptions about sex, gender, sexuality, and age.

The OSP asserts that Ontario LTC homes should be mandated through government regulation to implement inclusion and diversity training that uses a cultural sensitivity approach. All staff, administrators, volunteers, and service providers should complete this training upon being hired by a LTC home.<sup>55</sup> According to researchers, training must include ways of confronting internal biases and must address faith-based discrimination.<sup>5657</sup> To improve how care is provided, LTC homes need to understand the diversity of their 2S-LGBTQ+ residents and how their experiences differ based

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<sup>55</sup> Tamara Sussman et al., "Supporting Lesbian, Gay, Bisexual, & Transgender Inclusivity in Long-Term Care Homes: A Canadian Perspective," *Canadian Journal on Aging* 37, no. 2 (2018): 121-132, <http://dx.doi.org.ezproxy.library.yorku.ca/10.1017/S0714980818000077>.

<sup>56</sup> "Long-Term Care," Ontario Senior Pride, 1-32.

<sup>57</sup> City of Toronto, Long-Term Care homes and Services, "LGBT Tool Kit: Creating Lesbian, Gay, Bisexual and Trans-Inclusive and Affirming Care and Services," Ontario Centres for Learning, Research and Innovation in Long-Term Care, February 12, 2018.

on their race, class, gender, sex, sexuality, and ethnicity. This can reduce both health complications and barriers to accessing care as 2S-LGBTQ+ people get older.<sup>58</sup> Ongoing training is required because of the frequent turnovers of staff and volunteers in LTC homes.<sup>59</sup> The LTC Commissioner report identifies the need for less precarious employment in LTC homes, more funding for 2S-LGBTQ+ inclusivity training and accountability of LTC homes to ensure they are welcoming environments for 2S-LGBTQ+ staff, volunteers and residents.<sup>60</sup>

Finally, the OSP coalition recognizes the importance of using an intersectional framework to better understand the unique experiences of 2S-LGBTQ+ older adults and their support networks.<sup>61</sup> The OSP acknowledges that “many [2S-LGBTQ+] elders, seniors and older persons, including [2S-LGBTQ+] elders, seniors and older persons who identify as Black, Indigenous, people of color, lesbians, transgender and people with disabilities, or who came to Canada as immigrants or refugees, live at the intersections of two or more of these identities.”<sup>62</sup> When accessing Western health care systems, racialized 2S-LGBTQ+ older adults encounter discrimination, “on both their status as [gay, lesbian, bisexual, trans, - two-spirit] people and on their status as ethno-‘racial’ minorities.”<sup>63</sup>

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<sup>58</sup> Brotman et al., “The Impacts of Coming Out,” 11.

<sup>59</sup> Brotman et al., 11.

<sup>60</sup> “Long-Term Care,” Ontario Senior Pride, 1-32.

<sup>61</sup> “Long-Term Care,” Ontario Senior Pride, 1-32.

<sup>62</sup> “Long-Term Care,” Ontario Senior Pride, 1-32.

<sup>63</sup> Brotman et al., 15.

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More research is required to fully understand the experiences of queer Indigenous and two-spirit people. For this reason, Indigenous elders' experiences with LTC must be examined through a de-colonial framework separately from 2S-LGBTQ+ settlers' experiences, which is not possible within the scope of this paper. Continuing research on COVID-19's impact on seniors must be done from an intersectional framework; ensuring concerns relating to social isolation and loneliness are not taken up through a monolithic lens.

### **Conclusion:**

All seniors in LTC are experiencing some level of social isolation and loneliness; as such, resources that connect them with their family and community in a safe way are necessary for their overall well-being.<sup>64</sup> I contend that concrete actions can be taken by Government ministries to reform LTC homes and provide these resources. First, the proper technological supports and devices need to be provided for seniors to connect virtually and reduce social isolation. Second, LTC administrators should expand their definition of family to include non-biological chosen family that 2S-LGBTQ+ seniors may rely on for support. Third, LTC homes must be adequately staffed with caregivers who can ensure residents are having their physical, social, spiritual, and psychological needs met. Finally, patient-centred care plans with cultural sensitivity training must be

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<sup>64</sup> Brooke and Jackson, "Older People and COVID-19."

incorporated to improve how LTC providers treat residents, specifically 2S-LGBTQ+ seniors.

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