

LGBTQ2S Adult Housing Needs Assessment

Final Report

Prepared by Dr. John Ecker

Director of Evaluation, Canadian Observatory on Homelessness

Affiliated Researcher, Centre for Research on Educational and Community Services,
University of Ottawa

Prepared for Alice Kubicek

Executive Director, Daybreak Non-Profit
Housing



Funded by the Ontario Trillium
Foundation



Table of Contents

ADVISORY COMMITTEE MEMBERS.....	3
EXECUTIVE SUMMARY	4
INTRODUCTION TO THE PROJECT.....	10
RESULTS: INDIVIDUAL INTERVIEWS	13
RESULTS: FOCUS GROUPS.....	24
RESULTS: STAFF SURVEY	35
CONTEXTUALIZING THE RESULTS: DISCUSSION	50
BRINGING IT ALL TOGETHER: RECOMMENDATIONS	53
REFERENCES	60

Special thanks to our Advisory Committee members:

Caroline Andrew

Mike Bulthuis

George Hartsgrove

*Kind

Alice Kubicek

Paul Lavigne

Alyssa Louw

David Pepper

Lee Pepper

Jennifer Rae

Youth Services Bureau

A very big thank you to all of participants, particularly the LGBTQ2S adults with lived experience of homelessness. We were humbled by your openness and honesty with us.

Executive Summary

Background

This report presents findings from the LGBTQ2S (lesbian, gay, bisexual, transgender, queer, Two-Spirit) Adult Housing Needs Assessment. The report is prepared for Daybreak Non-Profit Housing and the study received funding from the Ontario Trillium Foundation. The purpose of the needs assessment was to examine the housing and support needs of LGBTQ2S adults who have experienced homelessness. It is an important area of research, as there is a dearth of information on the topic and it is not known if LGBTQ2S adults feel supported in the current homeless and housing system.

Method

Three separate sources of data were collected:

- 1) The research team interviewed 22 adults (18 years of age and older) who identified as LGBTQ2S and who had experienced at least one episode of homelessness as an adult.
- 2) The research team conducted four focus groups with staff members from agencies representing four different types of service models (an emergency shelter, a drop-in agency, a supportive housing agency, and a scattered-site supported housing agency).
- 3) An online survey was conducted with 47 staff members from a wide range of agencies (e.g., emergency shelters, drop-in agencies, supportive housing agencies, scattered-site supported housing agencies, and community health centres).

Results

Interviews with LGBTQ2S Adults

- Half of the participants had an experience of homelessness prior to the age of 21.
- Causes of participants' most recent episode of homelessness included financial insecurity, substance use, mental health challenges, and relationship breakdowns.
- Thirteen participants discussed the impact of their LGBTQ2S identity on their entry into homelessness, particularly in regards to landlord discrimination, harassment from other tenants, and struggles with their gender identity and/or sexual orientation.
- The participants generally felt supported by staff members of agencies across the homeless serving sector, but some participants did recount interactions with staff that were homophobic, biphobic, and/or transphobic. Further, not all participants felt comfortable disclosing their gender identity and/or sexual orientation with staff.
- Many of the participants did not feel safe disclosing their gender identity and/or sexual orientation with other clients. This discomfort arose from the potential of verbal and physical harassment from the other clients. Housing experiences followed a similar pattern, as some participants felt safe in their housing and other participants experienced verbal harassment from other tenants.
- The housing needs of clients were diverse. Over half of the participants stated that they would access housing specific to the LGBTQ2S community. There was no consensus on the type of housing that participants wanted, although a majority of the participants stated that they preferred to live independently.
- Some participants expressed that housing options specific to certain identities and orientations within the LGBTQ2S spectrum are warranted, including housing specific to transgender individuals.
- Neighbourhoods were important, as some participants expressed wanting to live in a LGBTQ2S-friendly neighbourhood and others wanting to live outside of the downtown core.
- Regardless of the type of housing that is potentially developed, participants thought it was important to include supports for those who needed it and to staff the housing with individuals who identify as part of the LGBTQ2S community.

Focus Groups With Program Staff

- Some agencies had specific policies in place when working with LGBTQ2S clients, particularly around intake procedures.
- There was consensus among the focus groups that it was important to address a client's gender identity, as it was important for transgender clients to access housing that they felt safe and comfortable in. The same consensus was not found when addressing sexual orientation, as some focus group participants did not see a link between sexual orientation and housing needs despite witnessing homophobic and biphobic behaviours within their agencies.
- Shared living arrangements, such as those in emergency shelters and supportive housing, were sometimes described as hostile for LGBTQ2S clients as a result of the homophobic, biphobic, and transphobic behaviours exhibited by other residents. Staff members intervened when this type of behaviour was witnessed, but the sustained occurrence of these behaviours indicates that homophobia, biphobia, and transphobia may be commonplace within the sector.
- The participants endorsed no single, specific housing intervention. Some participants thought that there should be a mix of housing options, such as transitional housing and scattered-site permanent housing options. Either way, participants felt that supports should be attached to any housing that is developed and that LGBTQ2S clients should choose the housing that they want to live in.

Online Survey With Program Staff

- Survey participants had varying experiences working with LGBTQ2S clients, with some working with only a handful and others working with over 100.
- Many of the participants (40%) thought that an individual's LGBTQ2S identity contributed to their homelessness, but one-third of participants did not know if this was the case.
- Only 15% of participants thought that LGBTQ2S clients were treated well by other clients in the system, with over half stating that they thought that LGBTQ2S clients were treated both well and not well by other clients.
- Several participants described how some heterosexual clients identified as allies of the LGBTQ2S community.

- When considering treatment by staff at their agencies, two-thirds of participants thought that LGBTQ2S clients were treated well.
- Three-quarters of participants thought that LGBTQ2S adults would benefit from having housing options that are directly targeted to the LGBTQ2S community.
- No single, specific housing intervention was endorsed by all of the participants, as some participants thought that there should be a mix of housing options available, such as emergency shelters, transitional housing, and rent supplement-based permanent housing options.
- Some participants thought that housing should be inclusive such that heterosexual allies should be allowed to take residence, while others thought the housing should be for LGBTQ2S individuals only.
- Regardless of the type of housing that is made available to LGBTQ2S adults, the participants agreed that individuals should have choice in selecting housing that best suits their needs.

Recommendations

Based upon these results, a series of recommendations were developed. They are framed as recommendations specific to the development of housing and specific to the homeless serving sector. A rationale for each recommendation is presented in the full report.

Housing

1. Develop housing that meets the needs of LGBTQ2S individuals. A wide range of housing options should be created, such as emergency shelters and congregate supportive housing, but the emphasis should be placed on permanent independent living with supports. Housing interventions should be piloted on a small-scale prior to full implementation across the sector.
2. In developing LGBTQ2S housing, ensure that:
 - a. LGBTQ2S individuals are at the forefront of its development.
 - b. The majority of staff members identify as part of the LGBTQ2S community.
 - c. Supports focused on substance use, mental health, and identity development are included and framed in a trauma-informed care approach.
 - d. Social supports and community development opportunities are included.
 - e. The multiple layers of oppression that individuals may face are addressed using an intersectional approach.
 - f. The principles of Housing First are applied.
 - g. The location of housing is in a safe and welcoming neighbourhood
 - h. Research and evaluation plans are included.
3. Consider the needs of older LGBTQ2S adults when developing housing.
4. Work with landlord associations to provide LGBTQ2S training and develop a LGBTQ2S-friendly rental list.

Sector

1. Protect the rights of transgender, gender non-conforming, and Two-Spirit individuals.
2. Enhance the training and support needs of staff in the homeless serving sector.
3. Formalize policies that entrench LGBTQ2S rights within the homeless service sector, both at municipal and agency levels. Ensure that LGBTQ2S adults with lived experience of homelessness are part of this policy development.
4. Dedicate one City of Ottawa Housing First case manager to the LGBTQ2S community.
5. Address the multiple layers of oppression that individuals may face using an intersectional approach.
6. Develop a weekly drop-in for LGBTQ2S adults in the community.
7. Collaborate with the youth sector.
8. Develop allyship training opportunities for non-LGBTQ2S adults in the homeless serving sector.
9. Collect formalized data on gender identity and sexual orientation within intake procedures.
10. Ensure that LGBTQ2S staff members are supported within the sector.
11. Develop and grow the LGBTQ2S advisory committee and expand it to include greater representation from those with lived experience of homelessness and ensure that there is gender parity (e.g., transgender individuals, gender non-conforming individuals, Two-Spirit individuals, cisgender females).

Community

1. Collaborate with the broader LGBTQ2S community in Ottawa.

INTRODUCTION TO THE PROJECT

Introduction

This report presents findings from the LGBTQ2S (lesbian, gay, bisexual, transgender, queer, Two-Spirit) Adult Housing Needs Assessment. The report is prepared for Daybreak Non-Profit Housing and the study received funding from the Ontario Trillium Foundation. The purpose of the needs assessment was to examine the housing and support needs of LGBTQ2S adults who have experienced homelessness.

Background on the Topic

Few studies have examined the prevalence rates of LGBTQ2S adults within homeless samples. One study found that 9% of their sample of 366 adults experiencing homelessness identified as LGBTQ2S (Khandor et al., 2011). Homeless enumeration efforts have demonstrated that anywhere from five percent (Toronto Street Needs Assessment, 2013) to 30 percent (City of San Francisco & Applied Survey Research, 2013) of adults who experience homelessness identify as LGBTQ2S. However, it must be noted that several factors can influence enumeration efforts, potentially leading to the underreporting of LGBTQ2S individuals. These factors include those related to the individual (e.g., willingness to disclose gender or sexual identity), the context of the study site (e.g., urban or rural areas), and the methodology used (e.g., questions that adequately capture gender and sexual identities).

Based upon the limited amount of literature available, there are various pathways into homelessness among LGBTQ2S adults. Enhanced vulnerability to family rejection, mental health issues, income disparities, and housing discrimination potentially place LGBTQ2S adults at a greater risk of homelessness (Ecker, Aubry, & Sylvestre, in press).

Service use experiences among LGBTQ2S adults also vary. LGBTQ2S adults who have experienced homelessness tend to be high utilizers of health (Khandor et al., 2011) and social services (Winkle & Ward-Chene, 1992). Positive service use experiences were characterized by knowledgeable staff (Arend, 2005; Melendez & Pinto, 2009) and medication awareness (e.g., hormone replacement therapy) (Melendez & Pinto, 2009); however, LGBTQ2S adults who experience homelessness also reported feelings of stigma when accessing health services (Arend, 2005; Meris, 2001) and some individuals avoided using these services as a result.

There is no available evidence on exits out of homelessness among LGBTQ2S adults.

Given the lack of research available on the topic, it is not known if LGBTQ2S adults feel supported in the current homeless and housing system. Therefore, this needs assessment fills an important research gap and will help to inform service planning and delivery.

Method

Prior to the start of data collection, an advisory council was created to guide the research process and provide feedback on the result. Members of the group included service providers, policy makers, and researchers.

Three separate sources of data were collected:

- 1) The research team interviewed 22 adults (18 years of age and older) who identified as LGBTQ2S and who had experienced at least one episode of homelessness as an adult.
- 2) The research team conducted four focus groups with staff members from agencies representing four different types of service models (an emergency shelter, a drop-in agency, a supportive housing agency, and a scattered-site supported housing agency).
- 3) An online survey with 47 staff members from a wide range of agencies (e.g., emergency shelters, drop-in agencies, supportive housing agencies, scattered-site supported housing agencies, and community health centres).

Each of the three studies is discussed in detail in the proceeding section.

INDIVIDUAL INTERVIEWS WITH LGBTQ2S ADULTS
WHO HAVE EXPERIENCED HOMELESSNESS

Background of the Interviews

Individual interviews were conducted with 22 adults who identified as part of the LGBTQ2S community and had experienced homelessness in their lifetime. The purpose of the interview was to discuss their housing and service needs. The interviews were conducted by two graduate students working toward their doctorates in psychology.

Participants were recruited from emergency shelters ($n = 4$), drop-in agencies ($n = 3$), and community health centres ($n = 3$) in Ottawa. A flyer outlining the purpose of the study was placed in the common area within each participating agency. Participants were compensated \$20 for their time.

The length of interviews ranged from 14 minutes to 64 minutes, with the average interview lasting approximately 35 minutes.

Data Analysis

All of the interviews were audio recorded and later transcribed. The data was analyzed by Dr. Ecker using a thematic approach. The transcripts were read line-by-line and codes were developed for each segment of the data. The codes were later compared across the transcripts and higher level themes were developed. The themes were presented to the two research assistants who conducted interviews to serve as a form of member checking. The research assistants provided feedback, which contextualized the results. These themes were then presented to the advisory council, who provided their feedback.

About the Participants

The demographic profile of the participants was diverse and is described below.

Gender

Eleven participants identified as cisgender male, five participants identified as cisgender female, three participants identified as transgender female, one participant identified as transgender male, one participant identified as Two-Spirit, and one participant identified as agender or bi-gender.

Sexual Orientation

Eleven participants identified as bisexual (six cisgender male, four cisgender female, and one transgender female), six participants identified as gay, two participants identified as lesbian, one participant identified as Two-Spirit, one participant identified as heterosexual, and one participant identified as on the spectrum between pansexual and asexual.

Current Living Situation

Nine participants were currently living in an emergency shelter, six participants were living in a private market apartment, two participants were couch surfing, two participants were living on the street, one participant was staying with their son, one participant was in detox, and one participant was staying in a motel.

Age

The participants ranged in age from 19 to 68. The average age was 39.

Ethnicity

Thirteen participants identified as white, five participants identified as Indigenous (First Nations, Métis, Mi'kmaq), two participants identified as mixed race, and two participants identified as black.

Employment

Eight participants had worked either part-time or full-time within the past 12 months.

RESULTS

Entries into Homelessness

First Experience of Homelessness

Eleven participants had their first experience of homelessness as a youth (21 years of age and under). The remaining participants had their first experience of homelessness across a wide age spectrum, with some experiencing it in their twenties and others in their forties or fifties.

Number of Episodes of Homelessness

The participants had varying episodes of homelessness. The majority of participants spoke of experiencing up to five episodes of homelessness, while some participants had only one experience of homelessness. A minority of participants discussed being chronically homeless.

Cause of Homelessness

The causes of homelessness were varied. Many of the participants noted that their homelessness resulted from financial difficulties. For example, one participant stated *“No money, no job. And social services wouldn’t give me no money ‘cause I didn’t have a place to live.”* Some participants listed alcohol and substance use as contributing to their homelessness. Mental health challenges were a contributing factor to homelessness for some participants, as were experiences of trauma. A handful of participants discussed the breakdown of a relationship as the cause of their homelessness.

Role of Gender Identity and Sexual Orientation

Participants were asked if their gender identity and/or their sexual orientation contributed to their homelessness. Seven participants stated that their gender identity and/or sexual orientation had no role in their homelessness, while two participants were unsure. The remaining thirteen participants said that their gender identity and/or sexual orientation had some role in their homelessness. This included experiences of discrimination and internal struggles with their identity. In terms of discrimination, a transgender female participant stated, *“My last housing I lost because the landlords know [I’m] transgender.”* Another transgender female participant discussed how they felt discriminated against by potential employers.

A gay cisgender male participant spoke of encountering homophobia and AIDS-phobia from his neighbours. He stated:

I was living with homophobia and AIDS phobia from my neighbours. And for about a year I was trying to get that taken care of through the landlord and with the police, and at the end of it all nothing was happening, nothing was changing and I was going absolutely bananas, and I was in a huge depression.

In relation to identity struggles, one Two-Spirit participant shared:

... not only was I dealing with my racial identity, I was dealing with my sexual and gender as well. It all just kind of amalgamated into one big 'Oh shit.' So I'd definitely say I had a contributing factor that was part of what I was dealing with.

Similarly, an agender or bi-gender participant discussed how they did not feel comfortable expressing their identity at home. They stated:

I guess it contributed to me not feeling comfortable living with my parents. They weren't Really homophobic or anything, but they were – they just did not understand at all, so I didn't – I didn't feel unwelcome necessarily, but I didn't feel comfortable living there. I didn't feel comfortable being myself living with them I guess.

Service Use Experiences

The participants had various experiences accessing services in the community. Their experiences ranged from positive to negative.

Staff Members

The participants generally spoke of positive interactions with staff members in the homeless service sector. Many of the participants were open with their gender identity and/or sexual orientation with staff members. Participants who did not disclose their gender identity and/or sexual orientation provided several explanations for this non-disclosure. These included gender identity and/or sexual orientation not being addressed by staff, fear of disclosure, and a belief that it was not a relevant discussion topic.

Although many of the agencies were described as helpful, open, and accepting, several participants shared their negative experiences within the homeless service sector. Participants discussed how some agencies had a strong understanding of the LGBTQ2S community, whereas other did not. Further, some staff members were described as homophobic and transphobic. For example, one transgender female participant stated, *"I stayed at the [name of shelter] for two months. And I was totally disregarded for being trans and as a lesbian and I was hated by staff so I moved out back to the street."*

One agender or bi-gender participant spoke of the need for more staff training on pronouns. They said:

Like they mix up pronouns a lot and they don't really – they get very confused about how to talk about people who are transgender, especially if they don't present a either male or female. So I had a friend who's FTM but he just dresses however the hell he wants, it doesn't necessarily come off as masculine, so people are like, 'Well I don't know what to call him.'

A gay cisgender male stated that agencies should look to the LGBTQ2S community for support in developing their knowledge on LGBTQ2S issues.

Other Residents/Clients

Many of the participants spoke of concerns with disclosing their gender identity and/or sexual orientation with other clients. A gay cisgender male participant summed these concerns up in the following quote:

It's an automatic safety measure when you walk into a shelter because it's just like you don't know how people are going to react because some people are okay with it and some people aren't and some people are dead pressed against it. So it's just like okay, do I want to get my ass kicked and be open and honest with myself or do I be open and honest with some, keep my mouth shut with others.

Some participants also spoke of the homophobic and transphobic language used by other clients. A participant who identifies as agender or bi-gender noted this transphobic experience:

I don't know anybody who is MTF [male-to-female] who has been at the men's shelter, but there are a lot of trans people who have been at the women's shelter. My friend was there for most of a year, she was MTF and she had a lot of complaints about – some of the people there were like, "What, guys can be here too", it's like yes, this person who's very clearly dressed very femininely is a guy.

A bisexual cisgender female participant recounted an experience she had at one of the adult shelters.

No I don't go to shelters, I don't like them because I feel really unsafe at most of them and when I go to the women's shelter a lot of the girls are like, 'Oh well you like girls too,' blah, blah, blah, blah, like, 'Don't stare at me like that, how do not know that you do not have a crush on me,' I've had a lot of that. Okay so in the youth shelters it's fine because they're mostly more open but in the older people shelters I find a lot of them are really backwards.

Other participants stated that they felt safe in the shelter system and that they largely kept to themselves.

Housing Experiences

Landlord discrimination was a common experience for many of the participants, particularly among transgender individuals. In fact, almost all of the transgender participants spoke of challenges with landlords. For example, a transgender female stated, *"And for the transgender it's very difficult for them because not all landlord accept transgender."*

An agender or bi-gender participant spoke of the fear of encountering a homophobic landlord in their housing search. They explained:

... like if I come across a homophobic landlord then I won't get the apartment, and it's hard enough to find a place that will take me anyway. So it hasn't personally been that big of a problem to me, but there has always been a lot of potential for it to be a problem.

A gay cisgender male shared the following:

I remember, I saw an apartment that was still there for six additional months, for me when I was living in transitional housing I and another guy went and looked at the place and we loved the place and we wanted to take it and we could afford, and they wouldn't let us take it. But they never rented it out for, like, six months. It was really weird. Yeah. And I got that sense from the guy right away.

A few participants discussed harassment from their neighbours, particularly in social housing buildings. A gay cisgender male described the following situation, *"I was watering my plants over my balcony, my neighbours yelling up from the ground outside saying, 'you're a fucking faggot'."*

Other participants stated that they did not encounter any harassment or discrimination from their landlords or neighbours. These participants were more likely to state that their gender identity and/or sexual orientation was not relevant to their housing experiences. Some participants hinted at the importance of identity management in their housing, with one bisexual cisgender male participant stating that he comes across as heterosexual, shielding him from harassment due to his sexual orientation.

Recommendations for LGBTQ2S Housing

The participants were asked what their ideal housing situation is and if they would access housing specific to the LGBTQ2S community.

Over half of the participants stated that they would access housing specific to the LGBTQ2S community. In fact, many of these participants were very positive in their reaction to the idea of LGBTQ2S housing being made available. It was thought this kind of housing would fill a void in Ottawa and that it is a safer alternative to mainstream housing options.

Many of the participants spoke of wanting to live alone in scattered-site apartments. For example, a gay cisgender male stated:

but as far as public housing goes it should be spread out throughout the city and it shouldn't be specific buildings, it should just be a rent subsidy to someone's support cheque or something, with a direct pay to whatever landlord so they make sure that it does actually go to housing.

Some participants stated that there should be LGBTQ2S-specific shelters and supportive housing developed. In terms of the development of a shelter, an agender or bi-gender participant stated that a LGBTQ2S shelter is necessary since some LGBTQ2S individuals currently avoid the shelter system. Considering the development of supportive housing, a gay cisgender male participant expressed that he would prefer living in a shared building with supports available on-site. He stated:

if it was an environment, a building, a building they have those in Toronto, and so you get your – you get the supports, there's always an office, somebody downstairs and then they have other programs that you - the community that they're connected to, but you know, you have to have your own self-contained unit.

Some participants expressed that housing options specific to certain identities and orientations within the LGBTQ2S spectrum would be beneficial. A lesbian cisgender female noted that living in housing with other individuals who identify as lesbian would be nice. A few transgender participants felt that housing specific to transgender individuals would be beneficial. For example, a transgender female participant stated:

I guess like if people were to treat gender identity clients better, I think maybe have their Own certain services for clients who have gender issues, but they don't have any programs like that in shelters for women who identify as transgender, it's kind of like you either identify as male or female.

Many of the participants discussed the importance of having supports attached to any housing that is developed. These supports centered on mental health and substance use. Participants also expressed the need for community-building and social opportunities. For example, a bisexual cisgender male stated that LGBTQ2S housing would allow for, *“people like me to support me and I can support them. Like, I could make lasting friendships, bonds.”*

The importance of neighbourhoods was discussed by several participants. Some participants wanted housing that was close to services and in a central location, such as Centretown. Other participants preferred housing that was outside of the downtown core, particularly participants in recovery from substance abuse. Either way, participants preferred to live in neighbourhoods that were accepting and welcoming of LGBTQ2S individuals.

The staffing of LGBTQ2S housing was an important feature mentioned by many of the participants. In particular, participants felt that staff of LGBTQ2S housing should identify as part of the LGBTQ2S community. An agender or bi-gender participant described how LGBTQ2S staff is vital since they have similar experiences. They stated:

... like I know a lot of people who are kind of weary of like people who are running even

LGBT services who aren't LGBT because a lot of the time you go to them and they're kind of – like they're trying to help and it's great, but they're just not as understanding because you're not talking to somebody who's had the same experiences you've had.

For staff members who do not identify within the LGBTQ2S spectrum, participants thought that training on LGBTQ2S issues would be important. An agender or bi-gender participant shared that:

... especially the staff who aren't LGBT would need a lot more education because even though they are a bit educated, they're not educated enough to run an LGBTQ shelter because like they don't understand just the huge spectrum that everybody is on... they just kind of you're gay or you're trans and that's it, but they don't really know how to react to people who are like at the far end of the spectrum or right in the middle, so that's something they would need to work on.

Lastly, a handful of participants thought that the housing needs of LGBTQ2S seniors should be highlighted. A lesbian cisgender female discussed the importance of housing for LGBTQ2S seniors in the following quote:

I mean it's come up a couple of times, especially for ageing, because our ageing system is very heterosexually-based even though most- You know, as- as almost a senior, most senior housing is predominantly women, it's still very heterosexually-based, it's based on heterosexual needs, and don't- You know, it's fascinating when they talk about, you know, having to hide their sexuality when they're in these places again.

Although many of the participants indicated that they approved of LGBTQ2S-specific housing, some participants stated that they would not access this type of housing. These participants did not attribute their gender identity and/or sexual orientation as an important factor in their housing; therefore, this result makes sense. One gay cisgender male participant discussed how he would not want to be associated with LGBTQ2S housing for fear of stigma and one bisexual cisgender male participant stated he would not want the “*drama*” that would come with LGBTQ2S housing.

What Do These Results Mean?

- The results from the individual interviews show the diversity of the LGBTQ2S community in their homeless and housing experiences. One of the first things to note is the varying demographic profile of the participants. The profiles included a wide range of gender identities, sexual orientations, ages, and ethnicities. This demonstrates the complexity in finding trends within the data, as each participant brings a unique, and valid, perspective. Despite this diversity, some commonalities emerged in the data.
- Half of the participants had experienced homelessness as a youth. This is perhaps unsurprising given what we know about the disproportionate rates of LGBTQ2S youth in the homeless youth population. This result demonstrates that LGBTQ2S adults may require supports in working through this traumatic experience of youth homelessness and that proper supports should be part of any housing dedicated to LGBTQ2S individuals.
- The causes of homelessness were largely focused on financial difficulties, but some participants also attributed their homelessness to mental health challenges, substance use, and relationship breakdowns. These causes of homelessness are well founded in the literature and may not come as a surprise. Financial difficulties, particularly among transgender clients, may be the result of discrimination from employers. As well, we know that the LGBTQ2S community has higher rates of mental health challenges and substance use issues than the general population. The interplay of these factors may have resulted in some participants becoming homeless.
- About half of the participants attributed their homelessness to their gender identity and/or sexual orientation. This was largely focused on experiences of discrimination and struggles with identity. Landlord discrimination, or fear of landlord discrimination, was common occurrences for participants, particularly transgender participants. As a result, accessing housing was particularly challenging for the LGBTQ2S community. This demonstrates the uniqueness of LGBTQ2S homelessness and the need for a targeted response.
- The participants also described how they encountered homophobia, biphobia, and transphobia within the homeless service sector and their housing. Although services in the homeless sector were largely viewed as open and supportive, some participants recounted witnessing and experiencing harassment from other clients due to gender identity and/or sexual orientation. As a result, some participants were hesitant to disclose their gender identities and/or sexual orientations and did not always feel safe accessing services. This provides further evidence that LGBTQ2S adults could benefit from services that foster a sense of inclusivity and safety.

- Based upon the results, it is evident that targeted housing options are important for LGBTQ2S adults who experience homelessness. Many of the participants agreed with this and indicated that they would be interested in accessing housing specific to the LGBTQ2S community. The type of housing described by the participants was not uniform, but many of the participants wanted independent housing options. It was thought that the housing should be accompanied by supports administered by staff who identify as part of the LGBTQ2S community and located in a neighbourhood that is LGBTQ2S-friendly. Although distinct housing for the entire LGBTQ2S community is important, it may be particularly vital for transgender individuals. Transgender participants often recounted experiences of transphobia within the shelter system and private market housing, which led to unsafe living conditions. Therefore, various models of housing for the LGBTQ2S community may be required.

FOCUS GROUPS WITH PROGRAM STAFF

Background of the Focus Groups

Focus groups were conducted with staff members from four agencies that work with individuals who experience homelessness in Ottawa. The purpose of the focus groups was to examine the participants' experiences working with LGBTQ2S adults who have experienced homelessness. The focus groups were conducted by two graduate students working toward their doctorates in psychology.

About the Focus Groups

The focus groups took place at each of the participating agencies. The agencies represented the perspectives of an emergency shelter, a supportive housing provider, a scattered-site housing provider, and a drop-in agency. The participants were mostly front-line workers and case managers. The number of focus group participants ranged from 1 to over 5 and the length of the focus groups ranged from 34 to 58 minutes. The focus groups took place from May to June 2017. Participants were not compensated for their time.

Data Analysis

All of the focus groups were audio recorded and later transcribed. The data was analyzed by Dr. Ecker using a thematic approach. The transcripts were read line-by-line and codes were developed for each segment of the data. The codes were later compared across the transcripts and higher level themes were developed. The themes were presented to the two research assistants who conducted the focus groups to serve as a form of member checking. The research assistants provided feedback, which contextualized the results. These themes were then presented to the advisory council, who provided their feedback.

RESULTS

Understanding of LGBTQ2S Homelessness in Ottawa

Number of LGBTQ2S Adults Participants Have Worked With

The participants had varied experiences working with LGBTQ2S adults. Participants from the shelter and supportive housing agency had fewer experiences working with LGBTQ2S adults than the scattered-site housing agency and the drop-in. It should be noted that the drop-in agency specifically targeted the LGBTQ2S community, thus participants from this agency reported extensive histories.

Working with LGBTQ2S Adults who Have Experienced Homelessness

Disclosing Gender Identity and/or Sexual Orientation

Participants spoke of the various ways in which gender identity and/or sexual orientation discussions arose with their LGBTQ2S clients. One commonality was that all participants agreed that disclosure was ultimately up to the client.

Disclosure Strategies

Most participants spoke of the time it takes for some clients to disclose their gender identity and/or sexual orientation and that trust had to be developed between the worker and the client before disclosure could happen. In some circumstances, clients disclosed in passing conversation. For example, one participant stated, *“Yeah, sometimes I’ll - if they’re saying it in passing, I’ll say oh I didn’t know that you were into guys, oh cool.”* In other circumstances, clients disclosed during counselling or therapy sessions. Further, some participants spoke of learning of a client’s LGBTQ2S identity through client files or through agency surveys and one participant learned of their client’s sexuality when another client disclosed it to them.

Some LGBTQ2S clients who disclosed their gender identity and/or sexual orientation were described as being “out” for a substantial period of time. For example, one focus group participant spoke of a transgender client she was working with who had transitioned approximately twenty-five years ago. As a result, this client was described as comfortable with her identity and readily disclosed her gender identity to her worker.

Disclosing in an Emergency Shelter

Interestingly, some participants from the emergency shelter spoke of LGBTQ2S disclosure as something that was not always relevant in service provision. One participant stated that, *“When I’m with clients the sexual orientation isn’t something that comes up and they don’t really disclose it.”* A different participant stated that:

I think for a trans person they're more likely to disclose because it affects where in the shelter they're staying. So if someone identifies as a female they stay in the women's, if someone identifies as male they stay in the men's shelter. But as far as being gay, lesbian or bisexual that doesn't affect anything anywhere.

In this sense, participants thought it was essential for transgender clients to disclose their gender identity in order to acquire the appropriate gender-specific services, but it was not essential for LGBTQ individuals to disclose their sexual orientation. Relatedly, one participant from the emergency shelter stated that LGBTQ2S identity does not come up during discussions of housing needs. Participants from the emergency shelter did not place much weight on the impact of LGBTQ identity on one's receipt of services or housing placements, but did acknowledge the importance of supporting transgender clients.

Some participants attributed the hesitancy to disclose to the environment of emergency shelters. For example, one participant stated, *"I think there's probably a lot more clients that we work with who are part of that community than, who don't identify themselves to us because, I mean, within the shelter it gets pretty complicated."* This observation relates to the, at times, chaotic nature of shelters, but it also relates to safety concerns. One participant from the emergency shelter noted, *"I think it might also have to do with their safety while staying here...They feel like if they disclose that information that they may be in danger."*

Client Reluctance to Disclose

There were several reasons listed as to why clients may be hesitant to disclose their gender identity and/or sexual orientation. This included societal influences (*"Heteronormative society that we live in, right, like there's still a lot of homophobia in our society"*), interpersonal reasons (*"Maybe they might not feel comfortable in where they're at in their life to disclose"; "And then there's probably other people that we've worked with that just haven't identified or shared that information"*), or fear of judgment (*"They might have a fear of being judged pretty differently or not as supported or encouraged, or there might be fear of like stereotypes."*).

Staff Hesitation to Discuss Gender Identity and/or Sexual Orientation

One focus group participant described how he was hesitant to discuss sexuality with his clients because these kinds of discussions were *"taboo."* This participant thought that he did not need to know about his clients' sexuality as this was a private matter. If issues arose as a result of a client's sexuality, then the participant stated that he would inquire further.

Disclosure Related to Service Provision

For some focus group participants, client disclosure was important as it allowed for appropriate referrals to be made. For example, one focus group participant stated that upon learning of the sexual orientation of one his clients, he made a referral to a LGBTQ2S social group. Had the client not disclosed, this referral may not have happened.

Disclosure Tied to Sexual Behaviour

One participant described how some clients discussed their sexuality in terms of sexual behaviours, particularly sex work, rather than sexual identity. For example, this participant stated that it can be:

... really confusing as to whether you're identifying as a person who's part of the queer community or whether you're explaining things that you've had to do for survival, that you are willing to continue to do. So like sexual orientation isn't necessarily the topic but like practices that you've engaged in to get yourself the resources that you need.

This finding highlights the blurred lines that can arise when discussing sexuality with clients.

Intake Procedures

Related to client disclosure, focus group participants spoke of the influence of intake procedures. Participants from one agency spoke of having specific gender identity and sexual orientation questions as part of their agency's intake process. Participants from the other agencies did not appear to have intake measures addressing LGBTQ2S identity, however one agency did report conducting a survey which asked gender identity and sexual orientation questions.

For the agency that did include gender identity and sexual orientation questions, the question was not mandatory. Clients from this agency were told that they did not have to answer the question if they did not feel comfortable and that their responses would remain confidential and anonymous. The clients were also told why this information was collected and how this type of data collection can positively impact service offerings. Lastly, the inclusion of gender identity and sexual orientation questions allowed for opportunities for deep discussion on LGBTQ2S identity with some participants.

Participants from an agency that did not include LGBTQ2S questions thought that these questions were unnecessary and unrelated to finding housing. One participant stated, *"...it's not going to be like, 'Oh, you're gay so we're not going to put you in this neighbourhood, we're going to go over here.' Like, that doesn't really change anything."* Further, one participant stated that some clients felt insulted by these questions, as sexuality was a private matter; however, it was thought that asking about a client's gender was important, as this was important for a client's safety and comfort. Staff from this same agency also noted that the environment in which intakes were conducted was often chaotic and not conducive to private information being collected.

Treatment of LGBTQ2S Adults in the Homelessness System

Treatment By Other Clients

The focus group participants were asked how LGBTQ2S adults were treated by other clients in their respective agencies. The responses were diverse and perhaps best summed up in the following quote, *“I wouldn’t say it’s super-bad, but I wouldn’t say it’s super-good either. I think we’re getting there, definitely, so ...”*

There was acknowledgment from most participants that they had witnessed some homophobia and transphobia occurring within their agencies, but that there were also clients who welcomed LGBTQ2S individuals or were indifferent.

Homophobia and Transphobia

Much of the homophobia and transphobia that was described focused on isolated incidents and not agency-wide practices. These incidents included client behaviours such as starting rumours regarding the sexuality of other clients, joking about sexuality and gender, and using improper language and slurs. It was noted that transgender clients were often targeted. Some of this behaviour was attributed to the age of some of the perpetrators, as it was thought that the older generation was unaware of proper language use or grew up in *“different times.”* Derogatory language among older adults was corrected through education from staff, which resulted in some clients discontinuing their use of homophobic and transphobic language. Other clients were less likely to change their behaviours.

Some focus group participants attributed the use of homophobic and transphobic slurs as habitual and common slurs that people use. In this sense, LGBTQ2S individuals were not targeted but the use of homophobic and transphobic language was used as a means to elicit a reaction out of another client. These focus group participants explained that they were not condoning this behaviour, but instead providing an explanation as to why some individuals may use this language.

Service Use Experiences

Poor Treatment By Other Clients

The service use experiences of LGBTQ2S clients were varied. One focus group participant from a supportive housing agency noted that because the agency operates shared living spaces, LGBTQ2S clients were hesitant to disclose their gender identity and/or sexual orientation with other residents for fear of not being accepted.

The emergency shelter environment was described as particularly challenging for LGBTQ2S adults. One participant from a supportive housing agency stated that in the male shelter culture, one has to posture themselves as strong and masculine. For those that violate this hypermasculinity, repercussions could occur. A participant from the scattered-site housing agency described how one of his clients who identified as a gay cisgender male recounted being

robbed at the shelter he was staying at and attributed the theft to his sexuality. The focus group participant continued to explain that while his client was being robbed, one of the perpetrators stated that they were doing it because he was *“a disgrace to God.”*

Treated Well By Other Clients

The focus group participants identified ways in which LGBTQ2S clients were supported by other clients in their agencies. A participant from the supportive housing agency described how there was some common ground among their LGBTQ2S clients and their clients with mental health issues, as both groups experienced stigma from society. Clients with mental health issues were described as knowing what it is like to feel ostracised, get bullied and picked on because of who they are, thus relating to the experiences of some LGBTQ2S individuals. Other focus group participants stated that clients at their agencies were generally accepting of the LGBTQ2S community.

Supports by Staff Within Agencies

The focus group participants all agreed that they did their best to support LGBTQ2S clients, but that further work was required.

Participants stated that LGBTQ2S clients were treated with respect within their agencies. For example, one participant recounted advocating for her transgender female client during a doctor’s appointment. The client was appreciative of this support, as she stated that she was used poor treatment from medical professionals.

Some participants spoke of the inclusive policies and practices that occurred at their agencies. These policies and practices were wide ranging and included placing pride flags on office doors and creating gender neutral washrooms. Participants from one agency also spoke of having staff members who identified as part of the LGBTQ2S community. The inclusion of LGBTQ2S staff was important, as one participant stated that a *“peer effect”* occurs with clients allowing for the client to be open with someone who has similar experiences as them.

As a result of these policies and practices, some participating agencies were described as safer spaces. One focus group participant stated that, *“... I feel like I hear that a lot, that people really appreciate having a space that’s like confidential and safe for them to disclose...things.”* In this space, a sense of community could also develop among LGBTQ2S individuals. For example, one focus group participant noted that, *“...what I find beautiful sometimes...you’ll have a new participant...and you just had everybody like giving them information...So it’s just good when you step back and you just see the community just like helping themselves.”*

As a result of the development of inclusive policies and practices, focus group participants from one of the agencies discussed how their agency serves as a reference point for other agencies when working with LGBTQ2S clients. A participant recounted how she received a call from a similar agency on how best to work with a transgender client and was able to share her agency’s best practices.

The focus group participants also spoke of ways to improve their services for LGBTQ2S individuals. This largely centered on improving staff capacity through training. One agency offered training to community partners and another agency was developing in-house training. Many of the participants thought that their staff was willing and open to take LGBTQ2S-specific training.

LGBTQ2S-Specific Housing

The majority of focus group participants thought that LGBTQ2S adults in Ottawa would benefit from a housing program specific to LGBTQ2S individuals. One participant said that LGBTQ2S-specific housing is valuable because it would fill a need that currently does not exist in Ottawa. The housing would benefit LGBTQ2S adults, as it would provide a setting where they could be open with their sexuality and reduce the stress associated with managing their identity. One focus group participant thought that LGBTQ2S-specific housing could serve as an important space for LGBTQ2S adults, particularly older adults, to build community and would allow for LGBTQ2S adults to learn and share with others with similar experiences.

The need for LGBTQ2S housing was often tied to the discrimination from landlords and potential roommates. Focus group participants noted that some landlords may hold homophobic and transphobic attitudes, which reduces the number of housing options for LGBTQ2S adults. Similarly, participants discussed that some LGBTQ2S clients may be hesitant to acquire shared accommodations (e.g., sharing an apartment) with a roommate that they do not know for fear that this individual may be homophobic or transphobic.

Other participants expressed some concerns in the development of LGBTQ2S-specific housing. One participant thought that housing specific to LGBTQ2S adults could result in segregation from the general community. Another participant thought that a LGBTQ2S-specific environment would not necessarily be beneficial or healthy for all LGBTQ2S adults. A different participant thought it would be difficult to ensure that all residents of a LGBTQ2S-specific housing genuinely identify as LGBTQ2S.

What Should LGBTQ2S Housing Look Like?

Many of the participants expressed that a mix of housing options, including scattered-site permanent housing and transitional housing, should be developed. One participant thought that a small housing program should be developed at first to show the need for this type of housing in Ottawa. Although consensus was not established on the type of housing that would best fit the needs of LGBTQ2S adults, the majority of participants stressed that individuals should have choice in the type of housing they have. This indicates that LGBTQ2S adults may have different housing preferences and that these preferences should be recognized.

It was thought that supports should be tied to any housing program that is offered. The longevity of supports was important, as many participants shared that it is important to have sustained

supports made available to LGBTQ2S clients. These supports should include general supports for all LGBTQ2S clients, but also specific supports recognizing the unique gender identities and sexual orientations of clients. Specific supports for transgender individuals and Two-Spirit individuals were thought to be particularly important. It was thought that these supports should range from those focused on health and wellbeing, to social supports and advocacy.

What Do These Results Mean?

- The results from the focus groups illustrate the diverging policies and practices in existence among service agencies in Ottawa. Some agencies had specific policies and procedures in place to work with LGBTQ2S clients, whereas other agencies were in development of these policies and procedures. This was particularly evident in the intake procedures that were used in the agencies. One agency asked their clients about their gender identity and sexual orientation as part of their intake procedure, while the other agencies did not. Participants from one of the agencies stated that only questions about gender identity were relevant during intake procedures and that questions about sexual orientation were irrelevant. In part, this sentiment makes sense. Asking the gender identity of clients is vital, as it allows for clients to access services that meet their gender identity. However, asking the sexual orientation of clients could also be important, as some of the service environments and housing settings were described as hostile towards the LGBQ community.
- It was thought that the emergency shelter environment was particularly hostile for LGBTQ2S clients, but that congregate living situations could also be challenging for LGBTQ2S clients. These challenging environments were the result of homophobic and transphobic behaviours exhibited by other residents. Although focus group participants noted that they always intervened in these situations, the sustained occurrence of this behaviour indicates that homophobia and transphobia may be commonplace within the homeless serving sector.
- All focus group participants stated that they were respectful and supportive of LGBTQ2S clients. Several examples provided in the focus groups support this, including advocating for clients and addressing homophobic and transphobic language. There were also indications that focus group participants were keen to acquire more training on working with the LGBTQ2S community. The majority of participants rightfully acknowledged that transgender clients are particularly vulnerable in the homeless serving sector and that measures are required to ensure that they are well supported. These measures include private rooms, private bathing facilities, and residing in spaces that affirm their gender identity.
- Despite these positive examples, some participants felt that a client's LGBQ identity had little impact on their housing needs. This is despite acknowledging that LGBQ clients experience challenges in emergency shelter and congregate housing settings. This type of disconnect indicates the need for training within the homeless service sector on LGBTQ2S issues. Although internal training measures were being developed by some agencies, the inclusion of external training providers could also be important.

- No single, specific housing intervention was endorsed by all of the participants, which follows that of the survey results. Some participants thought that there should be a mix of housing options available, such as transitional housing and scattered-site permanent housing options. Either way, participants felt that supports should be attached to any housing that is developed and that LGBTQ2S clients should choose the housing that they want to live in.
- Some participants felt that tailored supports should be included within any housing that is developed for the LGBTQ2S community. These participants expressed that services specific to transgender clients and services specific to Two-Spirit clients should be offered. This point once again demonstrates the importance of acknowledging the diversity within the LGBTQ2S community.

SURVEY WITH PROGRAM STAFF

Background of Survey

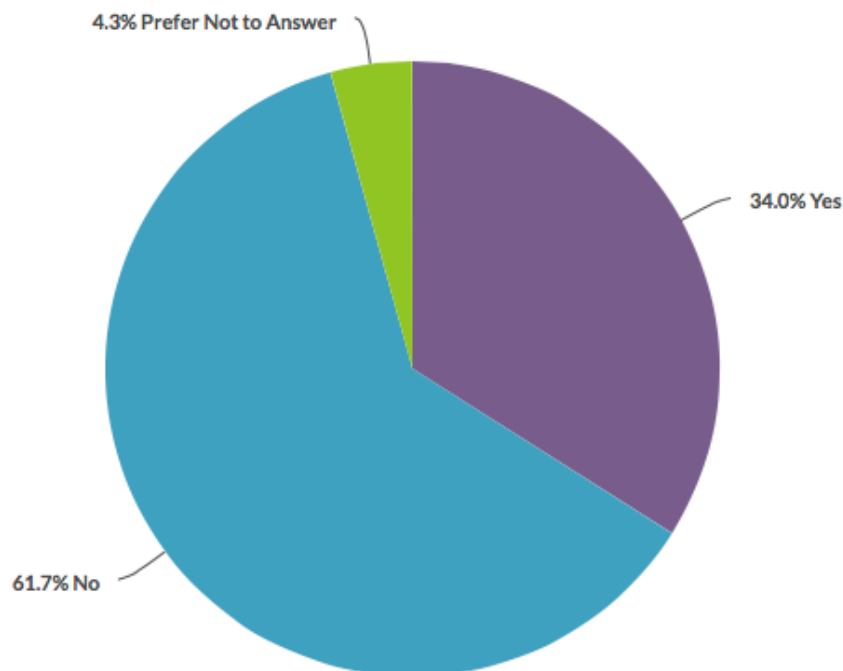
An online survey was conducted to examine staff perceptions of LGBTQ2S adults who have experienced homelessness. The survey targeted staff members of adult emergency shelters, drop-in agencies, community health centres, mental health agencies, and housing agencies in Ottawa. The survey was first sent to executive directors and program managers who then distributed it to their staff members. The survey consisted of both close-ended and open-ended questions.

About the Participants

A total of 47 participants consented to participate in the online survey. The survey was available from early April to late July 2017. Participants were not compensated for their time.

LGBTQ2S Identity of Participants

Participants were asked if they identified as part of the LGBTQ2S community. Sixteen (34%) individuals identified as part of the LGBTQ2S community, two (4%) individuals declined to answer, and twenty-nine (62%) individuals did not identify as part of the LGBTQ2S community.



Current Position of Participants

Participants were asked how they would describe their current position. The most common answer was case manager/frontline worker/support worker ($n=30$). The remaining positions fell under the following categories: healthcare worker (e.g., registered nurse, nurse practitioner) ($n=7$), program manager/executive ($n=7$), and other job titles ($n=3$) (e.g., community development worker, volunteer, mobile greeter).

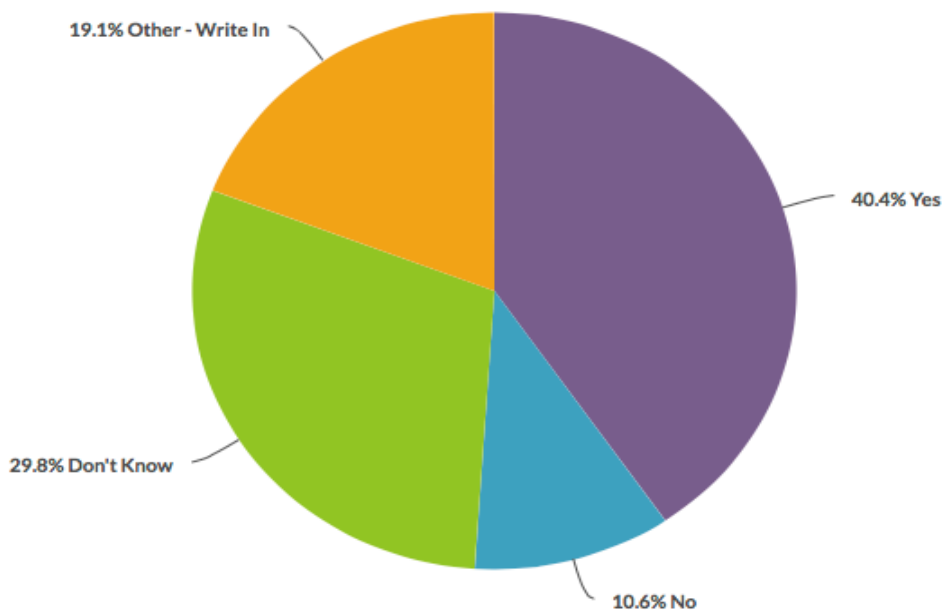
Understanding of LGBTQ2S Homelessness in Ottawa

Number of LGBTQ2S Adults Participants Have Worked With

Participants were asked how many adult LGBTQ2S clients they have worked with over the past few years. The majority of participants ($n=18$; 41%) said that they had worked with 10 or fewer LGBTQ2S individuals. Other participants stated that they had worked with 50 or fewer LGBTQ2S individuals ($n=12$; 27%) or more than 50 LGBTQ2S individuals ($n=12$; 27%). Two individuals provided responses that were not quantifiable (e.g., provided answers of “many” or “a lot”).

Role of Sexual Identity and/or Gender Identity in Homelessness

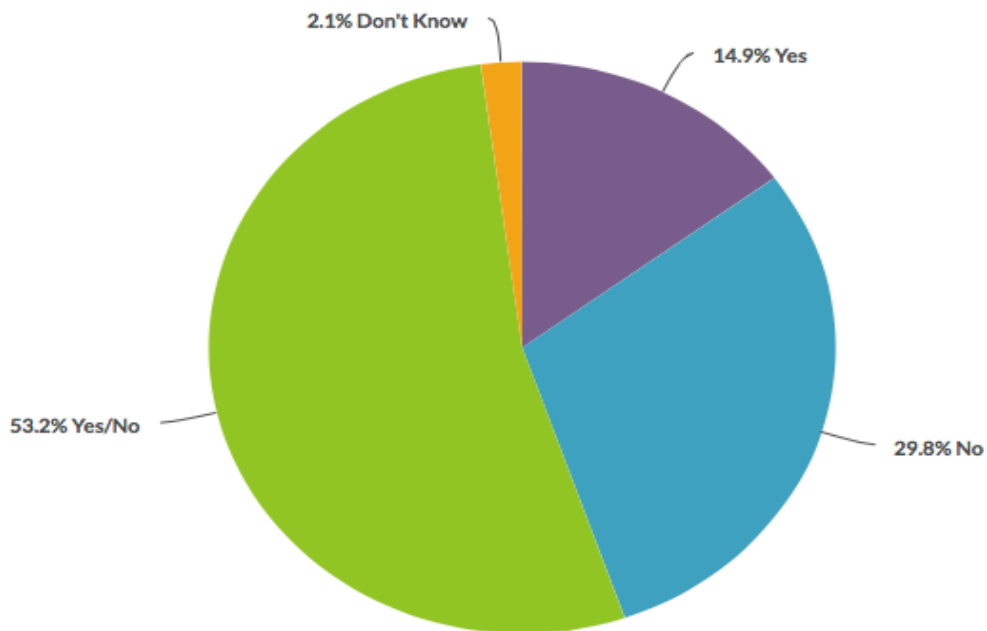
Participants were asked if they thought an individual’s sexual orientation and/or gender identity had a role in their homeless entry. Nineteen individuals (40%) said “yes”, five individuals (11%) said “no”, fourteen individuals (30%) said “don’t know”, and nine individuals (19%) provided alternative responses (“Other – write in”). For individuals who provided an alternative response, several noted the interplay of mental health, stigma, and substance use in the lives of LGBTQ2S individuals, particularly transgender individuals, who experience homelessness.



LGBTQ2S Adults Treatment in the Homelessness System

Treatment By Other Clients

Participants were asked if they thought LGBTQ2S adults were treated well by other clients/consumers/service users. Seven individuals said “yes” (15%), fourteen individuals stated “no” (30%), twenty-five individuals said “yes/no” (53%), and one person did not know (2%). The “yes/no” option was included as it was expected that participants would feel that clients were both treated well and not well by other clients in the system. As a result, participants were asked to explain their answers.



Treated Well

Interestingly, many of the respondents who answered “yes” worked at agencies with mandates focused on HIV/AIDS. These individuals stated that their clients treated others with respect. One individual witnessed very little animosity towards LGBTQ2S adults at his agency, but did acknowledge that issues have arisen regarding the HIV status of individuals.

Not Treated Well

For those who stated that LGBTQ2S adults were not treated well by other clients, the majority stated that there is a climate of homophobia and transphobia within the homeless service system. Participants stated that non-LGBTQ2S service users were often not accepting of LGBTQ2S individuals, particularly transgender individuals and gay cisgender males. For example, one participant witnessed transgender women being referred to as “men” by other service users. This lack of acceptance was due to “old generation” prejudices that some individuals held, as well as a lack of education and awareness of the LGBTQ2S community. As a result, a few of

the participants stated that many LGBTQ2S individuals were not open with their sexual and/or gender identity with other service users due to fear of violence and/or discrimination.

Treated Well and Not Well

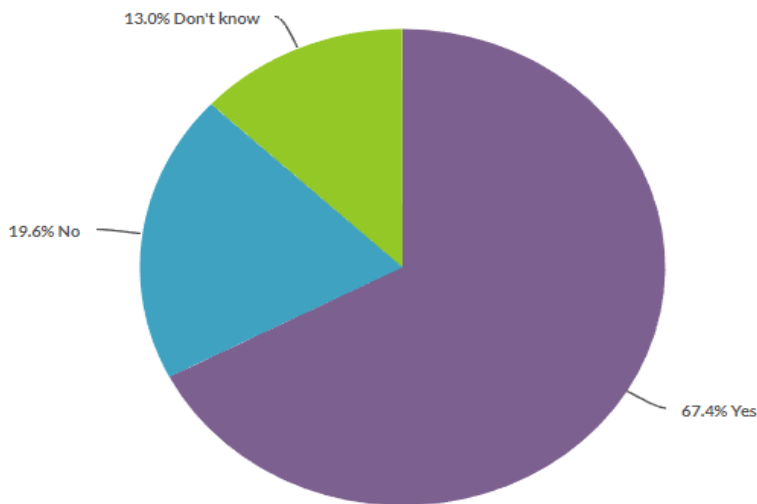
Participants who stated that LGBTQ2S adults were treated both well and not well by other service users, spoke of the context of service environments. The participants noted that some clients held homophobic, biphobic, and transphobic attitudes which were manifested through the use of homophobic, biphobic, and transphobic language. Several participants described that a client's gender identity and/or sexual orientation was sometimes used against them through slurs and insults. In particular, transgender individuals were often targeted, with other service users misgendering them on purpose.

It should be noted that a small number of participants stated that harassment was based upon a client's personality opposed to their sexual and/or gender identity, indicating that sexual and/or gender identity had little impact. Relatedly, a few participants spoke of homophobic and transphobic language often being used in volatile and emotion-driven situations and not something that occurred on a regular basis.

On the other hand, several of the participants provided examples of other service users standing up for LGBTQ2S individuals, including through the use of inclusive language. In this sense, these clients could be seen as LGBTQ2S allies. One participant expressed that individuals experiencing homelessness are sometimes more tolerant than society in general, but not always

Treatment Within the Agency

Participants were asked if LGBTQ2S individuals were well supported while accessing services at their own agency. Over two-thirds of participants ($n=31$; 67%) thought that LGBTQ2S adults were well supported at their agency. Close to 20% ($n=9$) of participants thought that LGBTQ2S adults were not well supported at their agency and 13% ($n=6$) did not know if LGBTQ2S adults were treated well at their agency.



Treated Well

For participants who thought that LGBTQ2S adults were well supported at their agency, many expressed that all individuals, regardless of gender identity and/or sexual orientation, receive equal support when accessing services. Participants expressed that all clients are welcomed and that their services operate in a non-judgmental manner. Staff at these agencies were described as respectful of queer and trans identities and strive toward creating a safe and positive space for the LGBTQ2S community. Two participants also noted that some of their colleagues identified as part of the LGBTQ2S community.

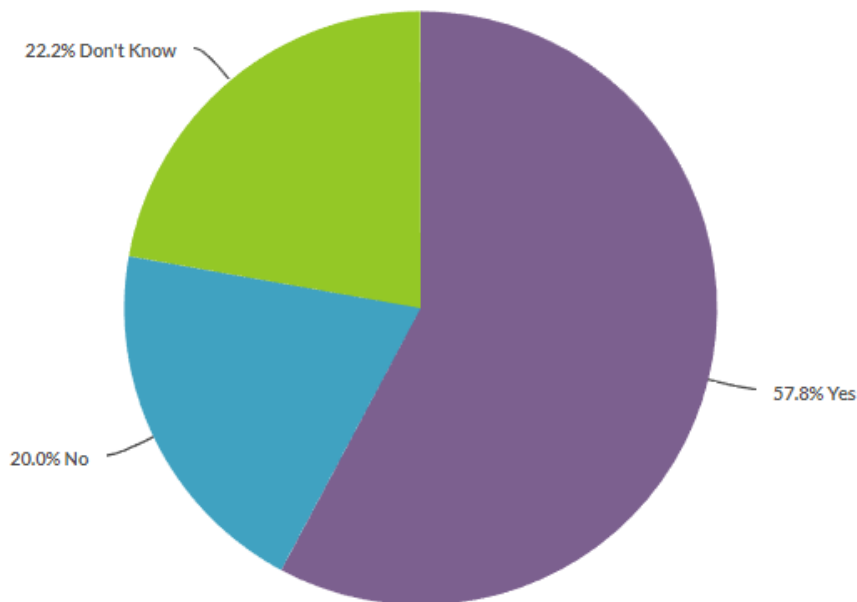
Other participants discussed the importance of inclusive policies and training opportunities within their agencies. Policies were described as anti-discriminatory and anti-oppressive. One participant stated that their agency does their best to acknowledge the unique barriers faced by LGBTQ2S clients and strategize ways to remove those barriers. Some participants noted that their agencies had signage and materials with LGBTQ2S symbols (e.g., rainbow flag). One participant described how their agency was respectful of pronouns and used a client's preferred name opposed to their legal name. In terms of training, a few participants spoke of having external training provided to staff on the LGBTQ2S community.

Not Treated Well

For participants who did not think that clients were treated well within their agencies, they identified staff attitudes, training needs, and systemic issues as the cause for this. Some staff members were described as having prejudicial attitudes against the LGBTQ2S community and not properly addressing homophobic, biphobic, or transphobic behaviours. As a result, four participants stated that there were educational needs within their agencies in regards to LGBTQ2S issues. One participant noted the systemic barriers within the sector, such as the inability of the homeless service sector to address unique populations. Similarly, another participant stated that their agency does not employ LGBTQ2S-identified staff and that there are few discussions of the community resources available to LGBTQ2S clients.

Unique Aspects of LGBTQ2S Clients

Participants were asked if there was anything unique about working with LGBTQ2S individuals compared to working with non-LGBTQ2S clients. Twenty-six participants (58%) thought that LGBTQ2S adults were unique. Nine participants (20%) thought that LGBTQ2S adults were not unique and ten individuals (22%) did not know if LGBTQ2S adults were unique in comparison to non-LGBTQ2S adults.



LGBTQ2S Adults Are Unique

Participants noted many ways in which LGBTQ2S participants were unique. Five participants stated that transgender clients were especially unique. These participants expressed that transgender clients' needs are often not met and that transgender clients are the least supported group in the city. One participant noted the gender divide of shelters leaves non-binary individuals in difficult situations as they may not feel comfortable in cisgender male or female shelters. Participants also mentioned that other non-LGBTQ2S clients are not always accepting of transgender clients.

Six participants noted that LGBTQ2S adults experience high rates of mental health and substance use issues. Mental health issues were often framed around the high levels of trauma encountered by the population. Some participants linked the stress of coming out as a member of the LGBTQ2S community to these elevated rates of mental health and substance use. Relatedly, other participants shared that the stress of coming out resulted in some clients becoming isolated and avoiding services all together, with other clients hesitant to disclose their gender and/or sexual identity for safety reasons.

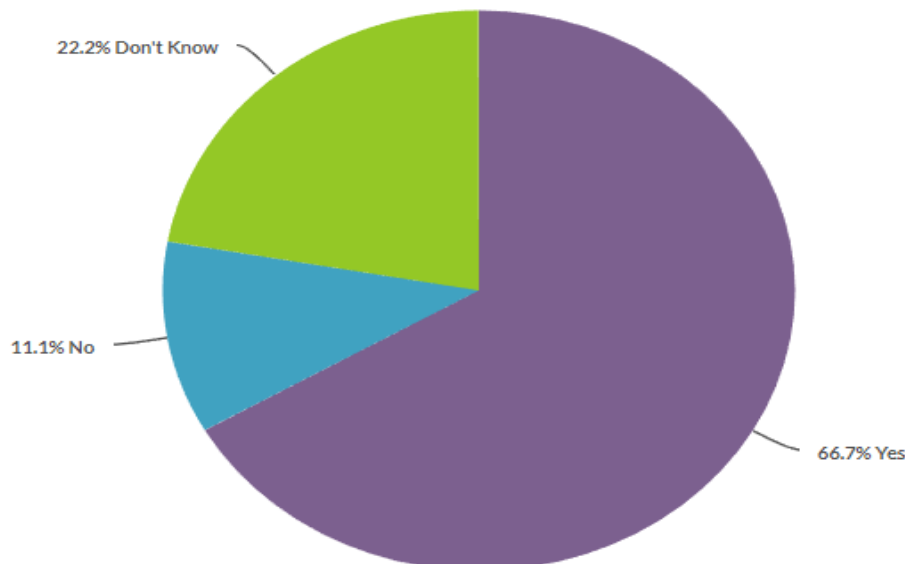
Two participants noted that LGBTQ2S adults have stronger support networks than non-LGBTQ2S adults. These participants stated that LGBTQ2S adults are often part of informal and formal circles with other LGBTQ2S adults. One participant attributed this difference in social support due to society's belief that heterosexual cisgender men do not need this kind of support because they are "strong".

LGBTQ2S Adults are Not Unique

For participants who did not think that LGBTQ2S adults were unique, they stated that all clients, regardless of gender identity and/or sexual orientation, are going through unique issues and have unique life experiences. These issues included substance use, financial difficulties, racism, and sexism. Some participants also expressed that they treat all clients the same regardless of gender identity or sexual orientation.

Barriers to Accessing Housing

Participants were asked if they thought there were significant barriers faced by LGBTQ2S clients in getting housing. Thirty participants (67%) thought that LGBTQ2S adults experienced barriers. Five participants (11%) thought that LGBTQ2S adults did not face barriers and ten individuals (22%) did not know if LGBTQ2S adults faced barriers in getting housing.

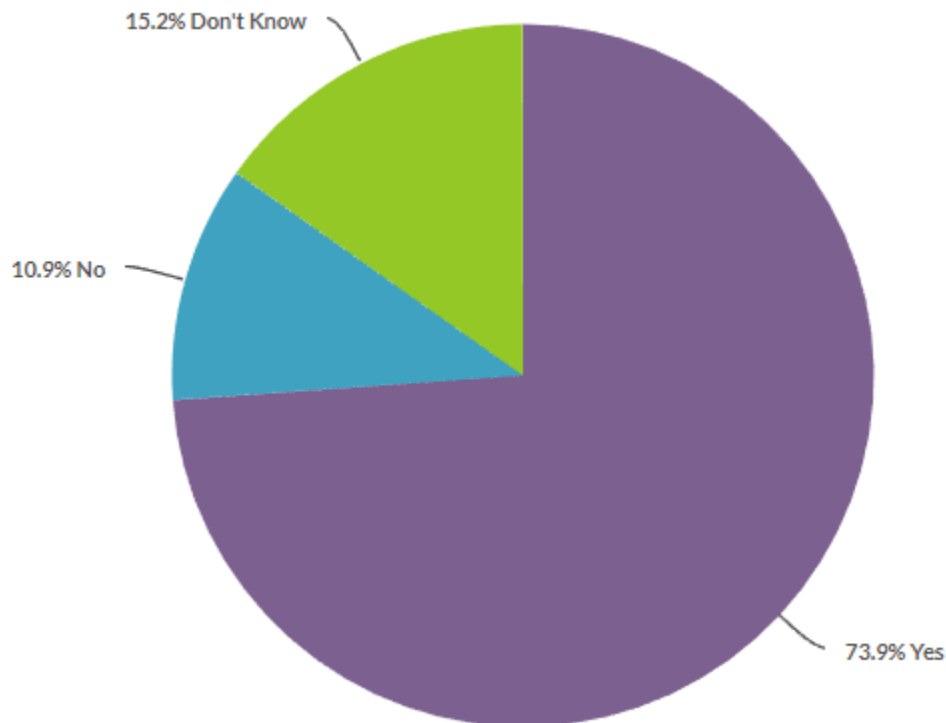


For participants who stated that LGBTQ2S adults face housing barriers, many of the participants ($n=9$) stated that they face discrimination from landlords due to their gender identity and/or sexual orientation. In particular, many participants ($n=6$) stated that transgender clients faced transphobia. Some housing options were described as gender segregated and not accepting of the gender identity of transgender clients. Other participants ($n=6$) stated that there were not

enough supports available for LGBTQ2S clients within the available housing options. One participant noted that this was particularly true for older LGBTQ2S adults. Some participants ($n=4$) simply stated that the main barrier was the lack of affordable housing options available within the city.

LGBTQ2S-Specific Housing

Participants were asked if they thought that LGBTQ2S adults in Ottawa would benefit from a housing program specific to LGBTQ2S individuals. Thirty-four participants (74%) thought that LGBTQ2S adults would benefit from LGBTQ2S-specific housing. Five participants (11%) thought that LGBTQ2S adults would not benefit from LGBTQ2S-specific housing and seven participants (15%) did not know if LGBTQ2S adults would benefit from specific housing.



What Should LGBTQ2S Housing Look Like?

Participants were asked what housing for LGBTQ2S adults who have experienced homelessness should look like (i.e., permanent housing, transitional housing, mixed gender housing, and ally friendly).

Nine of the participants expressed that a mix of housing options, including permanent housing, transitional housing, and supportive housing, should be developed. Seven participants thought that permanent housing options, with or without the option of transitional housing for individuals who require it, should be promoted. It was thought that supports should be tied to any housing program, for LGBTQ2S adults who choose to have them. One participant stated that a housing program for LGBTQ2S adults should be rent-supplement based, which would allow for individuals to choose where they would like to live. This is important since living in a neighbourhood known to be LGBTQ2S-friendly may be important for LGBTQ2S adults.

Eight of the participants stated that the housing should be ally friendly, meaning that individuals who are not part of the LGBTQ2S community, but supportive of the LGBTQ2S community, should be included. Participants also expressed that housing should be mixed gender. It was thought that if housing specific to the LGBTQ2S community is developed, it could potentially segregate LGBTQ2S individuals from the larger society; however, three participants thought that housing options for LGBTQ2S adults should be targeted specifically to LGBTQ2S individuals and not allies.

If LGBTQ2S housing is created, one participant shared that it will be difficult to confirm that someone is part of the LGBTQ2S community. Self-disclosure is the only mechanism to determine this. Given that affordable housing is in such high demand, it was thought that individuals who are not part of the LGBTQ2S community would self-identify as LGBTQ2S to attain housing.

What to Avoid When Planning LGBTQ2S Housing

The participants were also asked of things to avoid when planning housing for LGBTQ2S adults who have experienced homelessness. Eight participants spoke of avoiding the segregation of LGBTQ2S individuals from the general population. One participant thought that non-LGBTQ2S individuals who have been waiting for years on the social housing registry could view a building dedicated to LGBTQ2S individuals as unfair. This same participant thought that the knowledge that LGBTQ2S individuals bring to community spaces should not be narrowed to segregated LGBTQ2S buildings. Instead, having LGBTQ2S and non-LGBTQ2S individuals share space is the optimal housing arrangement.

In terms of the structure of the housing, participants stated that housing should have LGBTQ2S-identified staff, be harm reduction-focused, be client-centered, be judgment free, and provide a safe space for LGBTQ2S individuals. Staff training was viewed as an important step to ensure that these structures are in place.

Five of the participants stated that the development of housing for LGBTQ2S adults needs to be informed by the LGBTQ2S community. This involves the inclusion of LGBTQ2S in the planning and structure of the housing.

Other Comments Provided by the Participants

The survey concluded by asking participants if they had any other thoughts to share about LGBTQ2S adult homelessness and housing. The participants spoke of several issues. Two participants noted that older LGBTQ2S adults require specific supports, as they may be hesitant to disclose their sexual and/or gender identity due to historical factors.

One participant stated that it is important to remember that the LGBTQ2S community is unique and one that includes various identities. This participant thought that it is important for individuals to be given choice in accessing resources so that they can tailor the services to meet their own specific needs. Relatedly, one participant reinforced that any decision making on LGBTQ2S issues should be informed by the LGBTQ2S community.

Two participants stated that there is a need for staff training across agencies, including non-front line staff (e.g., maintenance staff, kitchen staff, etc.). One participant noted that there is a need for non-binary shelter options and another participant stated that the focus should be on LGBTQ2S youth who experience homelessness since they are most at risk. One participant thought that an individual's homelessness is the bigger issue, opposed to one's sexual and/or gender identity. In this sense, the impact of identifying as part of the LGBTQ2S community holds less power than the impact of being homeless.

Lastly, four participants expressed gratitude that this research project was happening and were looking forward to reading the results.

What Do These Results Mean?

- The results from the staff survey demonstrate the complexity in assessing the housing needs of LGBTQ2S adults. The participants had varied experiences working with LGBTQ2S adults. More than 40% of participants indicated they had worked with 10 or fewer LGBTQ2S adults experiencing homelessness in the past few years, while 54% stated they had worked with over 10 LGBTQ2S adults who have experienced homelessness. These numbers indicate that LGBTQ2S adults are indeed utilizing the general homeless service sector; however, the numbers may actually be an underestimation, as many adults may not be willing to disclose their gender and/or sexual identity to staff for fear of stigma or discrimination.
- While 40% of participants thought that the role of gender and/or sexual identity had a role in LGBTQ2S adults becoming homeless, one-third of participants stated that they did not know the impact of gender and/or sexual identity on homelessness. This latter statistic is somewhat telling of the lack of emphasis placed on gender identity and/or sexual orientation within the homelessness system. On the other hand, some participants noted the interplay of mental health, stigma, and substance use in the lives of LGBTQ2S individuals, particularly transgender individuals, who experience homelessness. This type of response indicates that some service agencies are attuned to the multiple factors involved in LGBTQ2S adult homelessness (e.g., intersecting identities).
- Only 15% of participants thought that LGBTQ2S adults were treated well by other clients when accessing homeless services. Interestingly, only one participant stated that they “did not know” if LGBTQ2S adults were treated well. This indicates that almost all of the participants were aware of the treatment of LGBTQ2S adults, with the majority stating that LGBTQ2S were not treated well (30%) or treated both well and not well (53%). It appeared that transgender clients were particularly mistreated. These results clearly indicate that staff members are witnessing homophobia, biphobia, and transphobia within the homeless system and provide evidence that a targeted response is required, particularly among transgender adults.
- One participant attributed the mistreatment to the personality of LGBTQ2S clients, rather than their gender identity and/or sexual orientation. This type of statement negates the systemic oppression that LGBTQ2S individuals face and seems to excuse the behaviour of individuals with homophobic, biphobic, and transphobic beliefs. This result demonstrates the need for increased staff training and engagement on issues related to the LGBTQ2S community.

- A positive result to emerge regarding the treatment of LGBTQ2S adults by other clients was the acknowledgment of the role of allies within the system. Participants described how LGBTQ2S adults benefited from the support of allies when encountering homophobic, biphobic, and transphobic clients and that allies helped to foster an inclusive and supportive environment. As specific ally training exists, homeless serving agencies should consider offering ally training to interested clients and staff. The role of allies in the homeless serving system should also be investigated to a greater degree.
- Over two-thirds of participants felt that LGBTQ2S adults were treated by staff within their agencies. Many of the participants stated that they treat all clients, regardless of gender identity and/or sexual orientation, with respect and dignity. Several participants noted that they have LGBTQ2S-identified staff working at their agency, which corroborates the finding that close to one-third of survey participants also identified within the LGBTQ2S spectrum. This is an important finding and one that demonstrates that LGBTQ2S staff members should be leveraged within the system.
- The participants who thought that LGBTQ2S adults were treated well by their agencies noted that they implemented inclusive policies within their agencies. These types of inclusive policies are important for agencies to adopt, as they entrench LGBTQ2S rights within the system. LGBTQ2S policy development should be investigated in greater depth and applied across the homeless service sector. As part of these policies, training on LGBTQ2S issues should be included, as participants who thought that LGBTQ2S adults were not treated well within their agencies highlighted the need for more staff training. As well, some participants did not know if LGBTQ2S adults were treated well by their agencies, potentially indicating a lack of understanding of the LGBTQ2S community and a need for more training.
- Over half of the participants thought that LGBTQ2S adults were unique compared to non-LGBTQ2S adults. Many of these participants noted that transgender clients were particularly unique and that there were few supports available to them within the city. This is an important finding and one that demonstrates the need for tailored services to transgender individuals. The participants also listed several programming needs of LGBTQ2S adults, including harm reduction supports and mental health supports. The availability of LGBTQ2S staff members may be particularly important in delivering this programming, as LGBTQ2S adults may feel comfortable discussing mental health and substance use issues with someone from the community. This support should be offered using trauma-informed principles, as participants stated that LGBTQ2S adults often have histories of trauma.
- There was also a discussion of the support networks of LGBTQ2S adults. Some participants felt that LGBTQ2S adults had large support networks. This is an important finding and one of the few strengths-focused answers that was provided. Social support is extremely important

for individuals experiencing homelessness and is related to exits out of homelessness. Many of these networks were described as informal, which demonstrates that these networks are naturally occurring. It may also be prudent to develop formal support networks through the development of group programming and social opportunities for LGBTQ2S adults within the sector.

- Over two-thirds of participants thought that LGBTQ2S adults experience barriers when accessing housing. These participants thought that the gender segregation in shelters and housing agencies particularly impacted transgender and non-binary individuals, as they may be denied access to housing that is aligned with their gender identity. Landlord discrimination was also discussed, particularly among transgender individuals. One participant also noted that older LGBTQ2S adults encounter within the housing sector, as they may not feel comfortable disclosing their gender and/or sexual identity. These results demonstrate the need for targeted housing interventions and educational opportunities for landlords.
- Three-quarters of participants thought that LGBTQ2S adults would benefit from having housing options that are directly targeted to the LGBTQ2S community. The nature of this housing was less clear. No single, specific housing intervention was endorsed by all of the participants. Some participants thought that there should be a mix of housing options available, such as emergency shelters, transitional housing, and rent supplement-based permanent housing options. Some participants thought that housing options should be mixed gender, but there was no consensus on LGBTQ2S-specific or ally-friendly housing.
- Some participants thought that housing should be inclusive such that allies should be allowed to take residence, while others thought that the housing should be for LGBTQ2S individuals only. There were concerns that LGBTQ2S-specific housing would cause segregation and limit the opportunities for integration with the community as a whole. There are merits to both points of view. On the one hand, LGBTQ2S adults experience homophobia and transphobia within the homelessness system, which demonstrates the need for inclusive, LGBTQ2S-specific housing. On the other hand, allies were described as important supports within the homelessness system to combat this homophobia and transphobia.
- The answer to the housing conundrum lies within participant responses as to what to avoid in developing housing for LGBTQ2S adults who experience homelessness. Although many participants discussed the importance of not segregating the LGBTQ2S community through LGBTQ2S-specific housing, some participants also spoke of the importance of choice. These participants expressed that LGBTQ2S individuals should be instrumental in deciding what LGBTQ2S housing supports should look like. In this sense, the choice of LGBTQ2S adults is paramount. Some LGBTQ2S adults may prefer congregate living with other LGBTQ2S adults,

while others may prefer to live independently in the community through the acquisition of a rent supplement. This idea of choice in housing follows the tenets of a Housing First philosophy and thus reflects a best practice.

CONTEXTUALIZING THE RESULTS: DISCUSSION SECTION

- The results from the individual interviews, focus groups, and online survey demonstrate the complexity in developing housing that meets the needs of the LGBTQ2S community. As the LGBTQ2S community is unique and encapsulates a number of varying identities and orientations, determining one type of housing option appropriate to the LGBTQ2S community is challenging; however, LGBTQ2S housing is clearly need within the Ottawa context. Despite the efforts of staff members, some of whom identify as LGBTQ2S themselves, the climate of homeless serving agencies, particularly emergency shelters, can be hostile towards the LGBTQ2S community. Further, the LGBTQ2S community may also encounter homophobic, biphobic, and/or transphobic landlords and tenants. Thus, housing options that are safe and accepting of LGBTQ2S individuals are needed.
- Supports specific to the LGBTQ2S community are also needed. Several of the LGBTQ2S participants noted that their homelessness was partly related to their substance use and mental health challenges, including experiences of trauma. Additionally, over half of the participants experienced homelessness as a young person (age 21 and under) and some participants expressed difficulties in accepting their gender identity and/or sexual orientation. These results demonstrate that substance use and mental health supports specific to the LGBTQ2S community are needed for any housing that is developed. Supports should also be developed to foster a sense of community amongst LGBTQ2S individuals. Several of the LGBTQ2S participants described how they would appreciate developing bonds and friendships with other LGBTQ2S adults.
- The inclusion of LGBTQ2S individuals in the development and staffing of housing is imperative. Interviewees, focus groups participants, and survey respondents all noted that housing should be developed in conjunction with the LGBTQ2S community and staffed by individuals who identify as LGBTQ2S. The inclusion of LGBTQ2S staff members is important since several of the interview participants noted that they would feel more comfortable interacting with staff members who have had similar experiences.
- It is particularly important to develop services for transgender male and female adults and gender non-conforming individuals. As it currently stands, there are few options available in Ottawa for transgender and gender non-conforming individuals who have experienced homelessness. This is concerning given the transphobia that transgender and gender non-conforming individuals experience within the homeless service sector. Targeted services are important, as one interview participant stated that she has a goal to create housing for other transgender women. Therefore, it is a clear that a targeted response for trans and gender non-conforming participants is required. As mentioned above, it will be vital for transgender and gender non-conforming individuals to be at the forefront of this process.

- Although not discussed in great detail in this report, it will be important to address the housing needs of LGBTQ2S adults through an intersectional lens. An intersectional lens takes into account the multiple layers of oppression that individuals face (e.g., racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, ageism, etc.). The interview participants in the study represented a diverse group of identities. These spanned gender, age, and ethnicity. In regards to ethnicity, close to one-quarter of participants identified as Indigenous and close to one-fifth identified as a racialized minority. These numbers demonstrate that services should not only address gender identity and sexual orientation, but also ethno-racial identity, and how these multiple identities intersect with one another. Examples of intersectional approaches to LGBTQ2S homelessness can be found in the recently released book, “Where Am I Going to Go? Intersectional Approaches to Ending LGBTQ2S Youth Homelessness in Canada & the U.S.”
- In terms of service provision in the current system, it was clear that there is a need for greater staff training. Some of the survey and focus group participants appeared to be quite informed on matters related to the LGBTQ2S community, but other participants were less knowledgeable. LGBTQ2S interview participants noted that they had encountered homophobic, biphobic, and/or transphobic staff members within the homeless serving sector and one participant expressed a training need on the use of pronouns. This training should be delivered by members of the LGBTQ2S community.
- There is also an opportunity to make the current system a safer space for LGBTQ2S individuals. This includes embedding LGBTQ2S rights and protections in shelter and housing policies. These policies should be grounded in anti-discrimination and anti-oppression principles. Examples of the implementation of these policies can be found within the City of Toronto’s shelter standards and the Government of Alberta’s LGBTQ2S youth housing and shelter guidelines.
- There is also the opportunity to affirm the allyship of heterosexual individuals within the homeless serving sector. Some heterosexual clients were described as supportive of the LGBTQ2S community and combatted homophobia, biphobia, and transphobia within the system. This allyship is crucial in making the homeless serving sector safe for LGBTQ2S individuals, thus allyship training should be offered within the sector. This training should be delivered by the LGBTQ2S community.
- As many of the interview participants described experiencing, or fearing, discrimination from landlords, workshops and training opportunities should be developed for landlords. It may also be important for housing workers to accompany LGBTQ2S individuals when they search for housing in the community, to advocate for their clients and ensure that landlords are not acting in discriminatory practices.

BRINGING IT ALL TOGETHER: RECOMMENDATIONS

Based upon these results, a series of recommendations were developed. They are framed as recommendations specific to the development of housing and specific to the homeless serving sector.

Housing

1. **Develop housing that meets the needs of LGBTQ2S individuals. A wide range of housing options should be created, such as emergency shelters and congregate supportive housing, but the emphasis should be placed on permanent independent living with supports. Housing interventions should be piloted on a small-scale prior to full implementation across the sector.** It is clear that housing options specific to the LGBTQ2S community are needed, particularly due to the homophobia, biphobia, and transphobia that many of the participants encountered within emergency shelter and housing environments. The structure of this housing should be varied (e.g., emergency shelter, supportive housing), but the end goal of any housing option should be quick placement into client-chosen, independent housing. Housing First is an appropriate model of housing given its emphasis on client choice and self-determination. The consideration of housing for specific groups within the LGBTQ2S community, such as transgender individual, is also warranted.
2. **In developing LGBTQ2S housing, ensure that:**
 - a. **LGBTQ2S individuals are at the forefront of its development.** Further consultations should be made with LGBTQ2S individuals who have experienced homelessness in developing housing options for the LGBTQ2S community. LGBTQ2S individuals who participate in the consultations should be compensated. Once housing is developed, a resident advisory council should be created to allow for residents to provide feedback
 - b. **The majority of staff members identify as part of the LGBTQ2S community.** It will be important for any housing development to hire staff members who are part of the LGBTQ2S community. LGBTQ2S-identified staff are essential, as tenants may feel more comfortable forming a therapeutic alliance with another LGBTQ2S individual.
 - c. **Supports focused on substance use, mental health, and identity development are included and framed in a trauma-informed care approach.** It was clear that some, but not all, LGBTQ2S adults will require supports that target substance use, mental health, and LGBTQ2S identity development (e.g., growing to accept one's identity as a LGBTQ2S individual). It

will be important to ensure that this support is based upon a trauma-informed care approach.

- d. **Social supports and community development opportunities are included.** LGBTQ2S adults were looking to connect with other LGBTQ2S adults, thus it will be important for social opportunities to be included within housing options.
 - e. **The multiple layers of oppression that individuals may face are addressed through the use of an intersectional approach.** It will be important to develop housing that is sensitive to the particular needs of people who are Indigenous (First Nations, Inuit, or Métis) and/or racialized. The intersecting identities of LGBTQ2S adults who are Indigenous and/or people of colour requires a specific response that is cognizant of the multiple layers of oppression that they encounter. This will involve providing services that are both informed by and responsive to cultural and/or racial identities and making referrals to appropriate cultural agencies.
 - f. **The principles of Housing First are applied.** It is clear that a housing model that aligns with the Housing First model is a good fit for some LGBTQ2S adults. A Housing First model recognizes the importance of choice in housing and supports, and places individuals directly into housing without any pre-conditions. The Housing First model is based upon recovery-oriented, strengths-based, and harm reduction principles, all of which are crucial in supporting LGBTQ2S individuals.
 - g. **The location of housing is in a safe and welcoming neighbourhood.** LGBTQ2S housing should be located in areas that are LGBTQ2S-friendly (e.g., Centretown) and where residents feel safe and comfortable. A safe and comfortable neighbourhood location will help to develop a sense of community among LGBTQ2S individuals, something which several of the participants expressed was important.
 - h. **Research and evaluation plans are included.** Given the lack of research and evaluation on LGBTQ2S adults who experience homelessness, it will be important to develop a research and evaluation plan. This plan will help to determine the efficacy of the housing and the potential modifications required.
3. **Consider the needs of older LGBTQ2S adults when developing housing.** Several interview participants and survey participants noted that the needs of older

LGBTQ2S adults will be different. The Ottawa Senior Pride Network should be consulted and collaborated with in further examining these needs.

4. **Work with landlord associations to provide LGBTQ2S training and develop a LGBTQ2S-friendly rental list.** It is clear that LGBTQ2S adults who experience homelessness may encounter homophobic, biphobic, and transphobic landlords. Targeted outreach to landlord associations should occur, with the objective of providing training. A list of LGBTQ2S-friendly landlords and buildings should also be developed so that LGBTQ2S adults who prefer independent living can make an informed choice on welcoming buildings.

Sector

1. **Protect the rights of transgender, gender non-conforming, and Two-Spirit individuals.** Transgender, gender non-conforming, and Two-Spirit individuals were often the target of transphobic actions from other clients in the homeless serving system. Transgender rights should be part of all agency mandates and include rights to privacy, access to gender-appropriate services, and medical care. In developing these policies, transgender, gender non-conforming, and Two-Spirit individuals should be consulted and entrenched in this process.
2. **Enhance the training and support needs of staff in the homeless serving sector.** There is a need for focused training on LGBTQ2S issues within the homeless serving sector. This training should be delivered by a LGBTQ2S agency, preferably one in the Ottawa area. Several resources are available online, with some focused on LGBTQ2S youth who have experienced, others on LGBTQ2S seniors, and others focused on LGBTQ2S newcomers.

The links to each training resource can be found below:

LGBTQ2S youth: <http://lgbtq2stoolkit.learningcommunity.ca>

Seniors: <http://ospn-rfao.ca/en/list-of-training-resources/>

Newcomers: <http://www.positivespaces.ca>

3. **Formalize policies that entrench LGBTQ2S rights within the homeless service sector, both at municipal and agency levels. Ensure that LGBTQ2S adults with lived experience of homelessness are part of this policy development.** Policies that entrench LGBTQ2S rights and focus on anti-discrimination and anti-oppression should be implemented across the homeless serving sector and at the agency level. Examples from other jurisdictions (e.g., City of Toronto's shelter

standards, Alberta's LGBTQ Youth Housing and Shelter Guide) and from other agencies (e.g., YMCA Toronto's Spratt House) should be examined. Further, agencies could offer anti-homophobia, anti-biphobia, and anti-transphobia workshops for their residents and work toward becoming a safer space for LGBTQ2S individuals. With any policy development, LGBTQ2S adults with lived experience of homelessness should be consulted.

The link to Toronto's and Alberta's policy documents can be found below:

Toronto: <http://www.toronto.ca/legdocs/mmis/2015/cd/bgrd/backgroundfile-83315.pdf>

Alberta: <http://www.humanservices.alberta.ca/documents/LGBTQ2S-youth-housing-and-shelter-guidelines.pdf>

4. **Dedicate one City of Ottawa Housing First case manager to the LGBTQ2S community.** As stated by the participants, housing with supports is crucial for the wellbeing and recovery of LGBTQ2S adults who have experienced homelessness. As the Housing First model recognizes the importance of independent living with supports, this type of intervention may be particularly salient to the LGBTQ2S community. As previously mentioned, the model also emphasizes choice in housing and supports, something which is vital to LGBTQ2S adults who often have limited choice in the types of housing and support services they receive. Therefore, the City of Ottawa should dedicate one of their Housing First case managers to work with LGBTQ2S adults. This case manager should ideally identify as part of the LGBTQ2S community.
5. **Address the multiple layers of oppression that individuals may face using an intersectional approach.** It is important for the sector to acknowledge the particular needs of LGBTQ2S adults who are Indigenous (First Nations, Inuit, or Métis) and/or racialized. The intersecting identities of LGBTQ2S adults who are Indigenous and/or people of colour require a specific response that addresses the multiple layers of oppression that they encounter. This involves providing services that are culturally informed and culturally responsive and making referrals to the appropriate cultural agency.
6. **Develop a weekly drop-in for LGBTQ2S adults in the community.** Several of the participants expressed an interest in participating in social programming with other LGBTQ2S adults. Currently, no formal social opportunities exist in the community for LGBTQ2S adults with lived experience of homelessness. Therefore, social programming should be developed which allows LGBTQ2S adults to socialize with one another and provide supports to each other. The programming should be located in a space that is

determined by the LGTQ2S community, as participants must feel comfortable to enter the space.

7. **Collaborate with the youth sector.** We know that LGBTQ2S youth are overrepresented in the population of youth experiencing homelessness and data from the current project demonstrates that half of the participants experienced homelessness as a youth. Given these statistics, it will be important for both the youth and the adult sector to come together to support LGBTQ2S individuals of all ages.
8. **Develop allyship training opportunities for non-LGBTQ2S adults in the homeless serving sector.** There are many heterosexual clients in the homeless service sector who advocate for LGBTQ2S individuals. This allyship should be formalized through training delivered by LGBTQ2S agencies. By formalizing this training, individuals who complete the training can be looked to as an example and help to normalize LGBTQ2S rights in the homeless serving sector.

Examples of what being an ally means can be found at the following link:

<http://lgbtq2stoolkit.learningcommunity.ca/being-an-ally/>

9. **Collect formalized data on gender identity and sexual orientation within intake procedures.** Many agencies were unaware of how many LGBTQ2S individuals were accessing their services and many LGBTQ2S individuals did not feel comfortable disclosing their gender identity and/or sexual orientation. By including a nuanced and clear intake procedure that lays out why information on gender identity and sexual orientation is being collected and the privacy standards attached to this information, LGBTQ2S clients may feel more comfortable disclosing their identity, which may lead to quicker referrals to appropriate LGBTQ2S services.
10. **Ensure that LGBTQ2S staff members are supported within the sector.** The homophobia, biphobia, and transphobia discussed by the interviewees, the focus group participants, and the survey respondents is something that is also inevitably felt by LGBTQ2S staff members. Therefore, it will be important for agencies across the sector to support their LGBTQ2S staff members and make their work environments safer spaces. The development of a safer work environment can be ensured through supportive policies and practices that make employees feel safe and welcome.
11. **Develop and grow the LGBTQ2S advisory committee and expand it to include greater representation from those with lived experience of homelessness and ensure that there is gender parity (e.g., transgender individuals, gender non-conforming individuals, Two-Spirit individuals,**

cisgender females). The advisory council that was part of this project should be sustained and membership should grow to include individuals with lived experience of homelessness, transgender individuals, gender non-conforming individuals, Two-Spirit individuals, and cisgender females. Individuals with lived experience should be compensated for their time, thus funding opportunities should be sought. The chair of the committee should identify as part of the LGBTQ2S community, but the committee should include LGBTQ2S allies.

Community

1. **Collaborate with the broader LGBTQ2S community in Ottawa.** The broader LGBTQ2S community should be approached to advocate for community responses to LGBTQ2S homelessness. This can happen through lobbying, marketing, and fundraising opportunities.

REFERENCES

- Arend, E. D. (2005). The politics of invisibility: Homophobia and low-income HIV-positive women who have sex with women. *Journal of Homosexuality, 49* (1), 97-122.
- City and County of San Francisco, Office of the Controller. (2013). 2013 city survey report. Retrieved from <http://co.sfgov.org/webreports/details.aspx?id=1572>. Calculated by San Francisco Human Services Agency.
- City of Toronto. (2013). 2013 Street Needs Assessment.
- Ecker, J., Aubry, T., & Sylvestre, J. (In press). A review of the literature on LGBTQ adults who are homeless. Submitted to the *Journal of Homosexuality*.
- Khandor, E., Mason, K., Chambers, C., Rossiter, K., Cowan, L., & Hwang, S. W. (2011) Access to primary health care among homeless adults in Toronto, Canada: Results from the Street Health survey. *Open Medicine, 5* (2), E94-E103.
- Melendez, R. M., & Pinto, R. M. (2009). HIV prevention and primary care for transgender women in a community-based clinic. *Journal of the Association of Nurses in AIDS Care, 20* (5), 387-397.
- Meris, D. (2001). Responding to the mental health and grief concerns of homeless HIV-infected gay men. *Journal of Gay & Lesbian Social Services, 13* (4), 103-111.
- Winkle, C. R., & Ward-Chene, D. G. (1992). Power, social support and HIV-related service use: The roles of community and homelessness. *Journal of Health & Social Policy, 4* (2), 47-72.