

Article

“It Becomes a Catch-22 Situation”: Housing Experiences and Possibilities for LGBTQ+ Aging

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Abstract

As shelter costs in Canada continue to rise, housing affordability and questions about what housing will be available and accessible in older age are a concern for many marginalized groups, including among LGBTQ+ older adults. This paper shares housing-related findings from a national study on aging and living well among LGBTQ+ older adults across the country, in which we conducted semi-structured interviews with 48 LGBTQ+ older adults between the ages of 64–81. In it, we elaborate four key themes: (1) housing (in)security and cost; (2) housing safety; (3) how to age in place; and (4) mixed perspectives on shared housing models, and discuss systemic and social changes needed to support access to housing that is affordable, accessible, predictable, and safe for LGBTQ+ older adults that will enable them to age in the “right place”.

Keywords: LGBTQ+; queer; trans; housing; aging; Canada

1. Introduction

In 2019, the Canadian parliament passed the National Housing Strategy which, in part, recognized housing as a human right and committed the federal government to “further the progressive realization of the right to adequate housing” ([National Housing Strategy Act 2019](#), c. 29, s. 313, 4.d). This Act recognized the need to focus government efforts on the needs of “vulnerable groups” including seniors, people with disabilities, and people who identify as 2SLGBTQIA+ ([Canadian Human Rights Commission 2026](#)).

Since this year, shelter costs across Canada have continued to rise, growing by 20.6% nationally between 2018 and 2022 ([Statistics Canada 2024](#)). In 2021, 20.9% of Canadians lived in unaffordable housing, spending 30% or more of their income on shelter costs ([Statistics Canada 2022](#), p. 17). Among renters living in poverty, 58.6% lived in core housing need (in dwellings considered unaffordable, inadequate, or unsuitable and having to spend more than 30% of total before-tax income for alternative local housing that is affordable, adequate, and suitable) ([Thurston 2023](#), p. 3), with the core housing need rate for senior renters higher than that of the total renter population at 22.4% ([Thurston 2023](#), p. 5).

There have been calls to address housing needs among seniors or older adults, among Two Spirit, lesbian, gay, bisexual, trans, and queer (2SLGBTQ+) communities, and specifically for 2SLGBTQ+ older adults. The Federal 2SLGBTQI+ Action Plan ([Women and Gender Equality Canada 2022](#)) identified housing discrimination based on actual or perceived sexual orientation or gender identity as an issue for 2SLGBTQI+ survey respondents (p. 45) and identified a need to increase understanding of barriers experienced by 2SLGBTQI+ older adults aging in place (p. 28). Canadian research has found that 2SLGBTQ+ people



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navigate unique barriers in finding and maintaining housing, including fear of homophobia, transphobia, and other forms of identity-based discrimination from landlords and neighbors (Pang and MacLennan 2023; Redden et al. 2021; Thomas et al. 2023), with transgender and Two-Spirit people reporting higher rates of housing discrimination based on gender identity or sexual orientation (Government of Canada 2024). Data from the 2018 Canada Housing Survey revealed that 2SLGBTQ+ households were more likely to live in unaffordable housing (in cases both of owner-occupied dwellings and renter-occupied dwellings), in unsuitable housing (wherein the dwelling does not have enough bedrooms for the size and composition of the household, per the National Occupancy Standard), and in dwellings in need of major repairs (Randle et al. 2021, pp. 5–7).

Advocates for older adults have called extensively for measures to improve older adults' access to affordable housing and ability to age in place. This includes measures to support housing innovations such co-housing solutions, naturally occurring retirement communities (NORCs), and integrated affordable seniors' housing (CanAge 2025), and to improve long-term care and community-based care (CARP 2022). Advocates have also called for supports to better enable older adults to "age in the right place", defining aging in the right place as "the process of enabling healthy aging in the most appropriate setting based on an older person's personal preferences, circumstances, and care needs" (National Institute on Ageing 2022, p. 8).

This paper examines the intersection of LGBTQ+ identity and older age as it relates to access to current realities and imaginings for the future of housing. While there is considerable discussion within LGBTQ+ communities about aging and housing, research (including Canadian research) to date has mainly focused on issues of housing and homelessness among youth, (Abramovich 2016, 2017; Abramovich et al. 2025; Ecker et al. 2019; McCarthy and Parr 2025), with limited research focused on older adults. One paper by Redden et al. (2021) based on a study which engaged LGBT older adults and housing providers in focus groups identified concern about congregate living environments (such as long-term care homes or other seniors' housing) including fears of discrimination (pp. 119–25), and detailed ways that older adults were making housing work for them such as through co-housing models (p. 127). Survey data associated with this same study found, among other key themes, barriers to safe and affordable housing among LGBT older adults and the importance of creating LGBT inclusive accommodations (Thomas et al. 2023, pp. 94–96). Finally, Employment and Social Development Canada's (2026) "Helping 2SLGBTQI+ Older Adults to Age in Place: What We Heard Report" reporting back on a mixed methods study that was part of the Federal 2SLGBTQI+ Action Plan identified four interconnected pillars of safety, stability, social support, and society to inform policy and program design for helping 2SLGBTQI+ older adults age in place (p. 11) and shared strategies from survey and interview respondents including supporting alternative aging and housing models and improving financial and housing security (pp. 44–45).

This paper is based on semi-structured interviews conducted with 48 LGBTQ+ older adults from across Canada who took part in the Aging and Living Well study. This study examined how LGBTQ+ older adults conceptualize "wellbeing" and what is needed for LGBTQ+ communities to live well into old age across a range of material and social domains. Recognizing the dearth of research focused on LGBTQ+ older adults and housing, within this broader study housing was a key area of investigation. One interview question explicitly asked participants to discuss their housing situation. In addition, concerns about housing were articulated in participants' reflections on their financial situation, on what a fulfilling social life was for them, and in relation to availability of healthcare and social services including homecare and long-term care options. Analyzing these housing-related findings, this paper provides critical information about housing security and insecurity among

LGBTQ+ older adults and elaborates possibilities for housing and care models that could enable LGBTQ+ older adults to age in their homes and communities.

2. Materials and Methods

This qualitative study was led by the first author (Pang) with research assistance from the second author (MacLennan) at Egale Canada, a national organization for Two Spirit, lesbian, gay, bisexual, trans, queer, and intersex people and issues. As a community-based study, the project was based on community calls for further research focused on the circumstances of LGBTQ+ older adults, identified gaps in the research literature, and the researcher's prior research experience working with the community on questions of LGBTQ+ aging. To further ensure the research recognized LGBTQ+ community knowledge and expertise (Rainbow Health Ontario 2012) and would be considered meaningful by communities (Ross et al. 2024; Vance et al. 2024) we created two community advisory committees. One was composed of five LGBTQ+ older adults, and one was composed of five representatives from community organizations serving LGBTQ+ older adults, drawn from across Canada and selected for their range of expertise including lived experience (Newman et al. 2011). These committee members provided feedback during the study design phase, in which they provided guidance on the content and refinement of the interview questions and on recruitment methods, and during the knowledge mobilization phase, in which they reviewed the final report (see Pang and MacLennan 2023 for the full original report) and provided ideas on where and how the research findings could be further disseminated.

2.1. Recruitment and Sampling

We used purposive sampling to engage 2SLGBTQ+ individuals aged 65 and older residing in Canada, who could participate remotely (via phone or video conferencing) in English or French. While other aging research in 2SLGBTQI+ communities engages younger participants, we chose to sample age 65 and older because in Canada age 65 is when significant changes to different benefits and pension eligibility occur. Recruitment materials were shared through the advisory committees and community organizations serving 2SLGBTQ+ older adults. Egale Canada, the organization where this research was conducted, shared the materials through their newsletter and social media platforms. In total, we received 109 eligible submissions for participation in the study, of whom 34 did not respond to a follow-up email or phone call. Of the remaining potential participants, 48 were selected and agreed to participate.

A core limitation of research focused on sexual and gender minority aging is that it has predominantly engaged participants who are white and live in urban areas (Pang and MacLennan 2023). Thus, to increase representation, selection was based on including up to one-third of participants living in rural areas and up to one-third of participants who were racialized. Ultimately all eligible people fitting those criteria were invited to participate. From there, we included all eligible Francophones, and then selected for regional breadth. Exceptionally, we included one participant who was nearly 65 to increase representation in a western province and experience of living with multiple chronic conditions.

Participants ranged in age from 64 to 81 (average age: 70) and were based in eight Canadian provinces. They reflected a wide range of subject positions. While we had aimed for one-third of participants to be people of color, ultimately the majority of participants (41) were white, while seven identified as people of color including one person who was Black and Indigenous and one who was Métis. One-fourth of participants (12) were living in rural areas, also lower than our one-third aim. More than half (27) lived with a disability and/or chronic condition. Table 1 shows additional Participant Demographics. Among the

48 participants, 31 owned their home and 17 rented. Table 2 shows Housing Composition. Ultimately there were no participants who identified as Two Spirit, and for this reason we use the “LGBTQ+” acronym when describing the study findings.

Table 1. Participant Demographics.

LGBTQ+ Older Adults (<i>n</i> = 48)	
Age	
64	1
65–69	23
70–74	17
75–79	6
80+	1
Gender *	
Ciswoman	25
Cisman	18
Transwoman	2
Transman	1
Genderqueer woman	1
Intersex	1
Nonbinary	1
Sexual Orientation *	
Lesbian	25
Gay	18
Queer	6
Dyke	2
Bisexual	1
Trans (self-identified sexual orientation)	1
Working Status	
Retired	37
Working part/full-time to meet basic needs	7
Working part/full-time, already meeting basic needs	3
Seeking work to meet basic needs	1

* Some participants used multiple terms to describe their gender identity and sexual orientation; therefore, the sum of responses in these categories is greater than the number of participants.

Table 2. Housing Composition.

Housing Composition	
Living alone	27
Living with a partner/spouse	16
Living with roommates	3
Living with others (an adult child; ex-partner)	2

2.2. Data Collection and Analysis

The lead author and two research assistants conducted the interviews, which were conducted over a video-conferencing platform and lasted between 25 min and 90 min. Interviews were guided by a semi-structured interview guide designed to elicit perspectives on aging and wellbeing, with interview questions grouped to focus on material considerations (housing, finances); social life and wellbeing; care and support; and end-of-life considerations. Each interview was audio-recorded and later transcribed and de-identified. Each participant received a \$50 gift card in thanks.

Both authors initially conducted a thematic analysis (Braun and Clarke 2022) of all interviews using NVivo 15 qualitative data software. Through an iterative process that involved multiple readings of the transcripts the authors developed a preliminary codebook, and then higher-order and then lower-order themes (or sub-themes). This initial analysis resulted in the publication of a community-facing report that explored themes of employment, housing, social connection and disconnection, healthcare access, and death and end-of-life wellbeing (see Pang and MacLennan 2023 for this analysis). This paper draws on this analysis, specifically refining the housing-related subthemes and expanding on related findings.

Two conceptual frameworks guided interpretation of the data: an intersectional approach, and a relational approach to aging-in-place. An intersectional approach draws attention to the ways systems of power and oppression work together to shape the distinctive social contexts and experiences of multiply marginalized people (Cho et al. 2013). When we analyzed the housing-related findings, we paid attention to how broader social inequities and dynamics shaped participants' housing experiences and to the similarities and differences in differently situated participants' experiences (e.g., with regard to gender, race, class, ability). A relational approach to aging-in-place, as part of a relation turn in social sciences, unfixed "space" and "place" to consider how spaces and places "are highly related to, and produced by, many other spaces and places at multiple scales" (Andrews et al. 2013, p. 1348). Specifically, we adopt Andrews et al.'s (2013) approach to how relational and affective spaces and places constitute and impact older people's lives, and Yarker et al.'s (2024) further attention to both the relational and "territorial" aspects of aging-in-place to examine social exclusion and the unequal capacity of places to support aging in place (e.g., unequal capacity of neighbourhoods; social infrastructure). This also helps us to consider what social and systemic changes are needed to support "aging in the right place" for different LGBTQ+ older adults.

3. Results

The four themes established from this analysis are: (1) housing (in)security and cost; (2) housing safety; (3) how to age in place; and (4) mixed perspectives on shared housing models.

3.1. Housing (In)Security and Cost

Participants shared several concerns about the cost of housing. These concerns were mediated by several factors, including income (especially income or lack thereof from pensions), accumulated wealth (in savings), and anticipation of future housing costs including costs associated with making a home accessible or future rental costs. Geographic location and local costs of renting and buying also impacted participants' senses of (in)security in their housing. Some felt secure in their current housing, while others faced insecurity in their shorter- and longer-term housing situations.

Homeowners and renters alike expressed concerns about rising housing costs, including their financial ability to meet rent and other living expenses. Many participants described their income and finances as tight or limiting in their respective housing markets, which increased fears surrounding their future housing options. Others described the challenges of being house-rich but cash-poor, meaning that while they had equity in their homes meeting day-to-day needs was still challenging. For instance, one lesbian woman in her 70s living in an urban area in Ontario with her partner shared "All our income is tied up in the equity in the house, which you have no access to, so we live on only security and Canada Pension, which is a tight squeeze. That's what it is, you know. We have to manage as such."

Multiple other participants described the financial decisions and implications of selling their homes and renting instead. One participant, a lesbian woman in her 70s living alone in an urban area of Nova Scotia who was a retired social service worker discussed how her options for housing were related to her pension and the "middle zone" she fell into with her monthly income:

I just finished selling my house, right before COVID [...] Now I'm living in an apartment, a very tiny one, but I'm just happy right here for now. It costs me about \$1275 a month. My house was costing me probably \$1800 a month. Too much for me. My income is only around \$3800 a month. And that puts you in that crazy middle zone everywhere.

Another participant, a lesbian woman in her 60s who had recently sold her house and moved with her partner to urban British Columbia reflected on their new rental situation:

We feel quite stable but if they ever sell this building, we probably won't be able to stay here, which will be a problem. [...] But together we're quite comfortable, given how we've chosen to live. We could be seriously house-poor, if we insisted on ownership.

Participants also spoke about fears of developers buying up rental properties and driving up housing costs in the urban areas where they had lived for many years and established social networks. Discussions about private development and the impact of large-scale developments on the security and affordability of housing also led to discussions about public housing projects. A shared concern for the LGBTQ+ older adults we interviewed was that governments had not been putting resources into affordable housing for many years, while big developers bought older buildings to be developed into unaffordable condominiums.

One participant, a lesbian woman in her 70s living alone in an apartment discussed the lack of affordable housing in her province, Prince Edward Island. She saw integrating affordable housing into multi-generational housing projects as the way of the future:

The province isn't building anymore [affordable housing] units, per se. They're usually tagging units onto complexes that are being built just generally. The

builders are supposed to have a certain percentage of units available to low income. Or subsidized housing. I think that's the way of the future, rather than having seniors all congregated into one unit, one building.

Housing rental costs were so great for some participants that they described needing to work to meet their basic needs. This was particularly the case for people without private pensions and with low government pensions, reflecting broader dynamics of privilege and economic precarity related to workforce participation and informal versus formal paid work. One participant, a queer man in his 70s living in an urban area in Ontario spoke about the benefits of his central location and rent control but also the continued burden and sense of insecurity produced by rising housing costs and re-development:

Literally every building I can see is being torn down, literally every month. And I considered moving to [another location] although this is so central and good [...] I am concerned because my housing costs, even though my rent's controlled, go up every year. So I'm grateful to be getting this part time job, because I can make a little money.

Others described sharing housing with roommates or renting parts of their home to offset housing costs. One lesbian woman of colour in Saskatchewan who was single and had worked in not-for-profits with a modest salary, for example, owned her home and rented out the basement for extra income. Another participant, a retired gay man in his 70s renting an apartment in an urban area in Manitoba described his rental situation with a part-time roommate:

I live basically on my own. I do have a, quote, unquote, part-time roommate. He works up north [...] He wanted a place where he could hang his hat when he comes to [the city], so he's there about three months out of the year.

Retired with a fixed income under \$40,000 per year, having this part-time roommate was important for covering housing costs. Finally, we found notable differences in housing security among people who were living on a single income as compared to those who pooled income with partners or spouses. Being in a dual income household provided increased financial stability and ability to share the burden of housing costs. This included partners who were living together and each receiving pensions, and partners where one had a pension and another was still working. Conversely, participants who were single and/or living on a single income (for example, with a partner or family members who did not have an income) did not have this safety net.

The situation of one participant who was amid a separation from her spouse exemplified these differences. Separated, but still living in the same apartment as her spouse, she discussed her precarious situation and worries about where she could end up:

I will not be able to carry this mortgage. If she goes on her merry way, she's going to have to sell this place, and I'm going to be out on the street. And I'm already providing for myself and my meals. I don't make enough money; I don't have enough money left over for groceries and I do use the food bank for myself [...] I am very worried. I'm scared to death. I don't know how I'm going to end up.

These findings demonstrate the impact of structural drivers of housing insecurity on LGBTQ+ older adults, including the financial challenges that LGBTQ+ older adults can face in securing or maintaining access to affordable housing, and the measures—from continuing to work, to selling homes, to finding roommates—that some take to stay in their

homes and meet basic needs. They also highlight the sense of uncertainty that unaffordable housing and rental markets can create, as many participants lived with the knowledge that they may not be able to afford their homes in the future.

3.2. Housing Safety

Experiences and/or senses of safety related to gender and sexuality was another key theme identified, especially among people who were renting and/or living in apartment or condominium buildings. Some participants, especially those living in houses that they owned, felt relatively safe and secure. Others described experiences of discrimination in buildings where they lived, and concerns about facing identity-based discrimination when looking for new places to live.

Participants described mixed experiences of being “out” when living in apartment or condominium buildings. Some described positive experiences of connecting with their neighbours, and of having a critical mass of fellow LGBTQ+ people nearby, especially when living in or near queer neighborhoods. Others described more negative experiences, including overt homophobia and transphobia.

One gay man in his 60s living in an urban area in British Columbia spoke about his experience living with his partner in their small condominium building:

Everybody knew that we were the gay couple on the first floor. There was never any attempt at hiding that. We only had one real negative thing happen to us, but one year in Pride we hung up the rainbow flag and a neighbor, she didn't like it... she complained to us directly, and then she complained to the building council, and she was told, “You know, there's nothing, nothing wrong with it. They're not breaking any rules, regulations or bylaws.” So there we are.

In this case while they did experience this one negative reaction ultimately they were supported by their building council. This participant further described the positive relationships he had with his neighbours, who would come over for a drink or to sit outside. Another participant, a lesbian woman of colour in her 60s also living in urban British Columbia, described the community she had in her apartment building, and how she and her neighbours supported one another. This had included banding together to resist being “renovicted” when the building was sold to a new company. During the COVID-19 pandemic, neighbors in the building formed a “bubble”, a practice that increased their collective sense of safety:

There are quite a few queer people in our building. We also had our bubble during COVID. That was kind of nice, too. So that's our little community within the building. [...] We checked on each other because there's the older folks involved, and our other neighbour has back issues, and so on and so forth. But we keep a constant check on each other and meet for dinner, or hockey games.

Other participants also valued the community that could be established from living in the same building for a long time. For instance, one gay man in his 60s living alone in an urban area in Ontario spoke about the importance of community organizing and the sense of safety he and fellow neighbours experienced in his building where he had lived for over three decades. This applied not only to LGBTQ+ community, but community care including for aging neighbours more broadly:

My neighbour said to me, “I couldn't feel safer.” And there's a woman about 83 years old who said, “I chose this complex because I said to myself, if ever I go out and something happens, I just have to yell for help.” And she said, “I know that no one in this community is indifferent—someone will come to my rescue.”

Experiences and fears of discrimination were of particular concern among trans and intersex participants, who had faced or anticipated facing gender-based harassment and discrimination. This included in the buildings where they lived, and in anticipated encounters with landlords. One trans woman in her 60s renting alone in a rural area, for example, compared her current and past housing situations:

It's good because other places I was living at I was having trouble with some of the tenants. Like the fact of me being trans, and then harassing me and calling me names and all that. It got to a point of, you know I need to find a place where I don't have any problems. Here it's nice and peaceful, I don't run into problems.

Another participant, an intersex woman in her 70s spoke of her concerns about finding a new place to live. She emphasized how difficult it can be to seek protection from rental discrimination, as landlords can provide more palatable excuses to refuse housing:

When I go out looking for a place to live, I can just imagine the time I'm going to have. It's just going to be, "Oh sorry, it's rented." I'm just imagining the excuses I'm going to get when I won't be able to find a place to live. That needs to be corrected. It needs to be a situation whereby, yes, this is a senior citizen. She is intersex. Or she is transgender, or she is whatever. We need to be assured and really well advised that there are legal means in place to protect this person.

Concerns about safety, belonging, and being LGBTQ+ were also major considerations for participants when moving. This included moving to new rental housing, as in the instance above, and among participants who were moving from larger cities to smaller urban or more rural areas. For some, these concerns were realized. For others, their concerns were based on beliefs and biases that smaller communities would not be welcoming to LGBTQ+ people and did not materialize. For example one participant, a dyke in her 60s, spoke about her experience being "out" in a rural community in western Canada:

I moved down to [partner's town]. That was interesting because she is more butch looking, and she calls herself a tomboy. And having her with me outed me in this small town... When I didn't have a partner there really wasn't an opportunity to say, "I'm a lesbian". It kind of didn't come up, but I've never not said it when it's appropriate. But then walking down the streets with her, suddenly I'm out. I was interested to observe my own reactions because it's very different than living in downtown Toronto where you're pretty anonymous. You are not anonymous in a town of 900 people.

For her, this lack of anonymity was not a problem, but simply a difference from past experience, and also came with a new experience of becoming involved in community work in a small town. Another participant, a gay man in his 60s facing an aggressive cancer explicitly described the benefits of the comparatively close-knit community in his current town, as opposed to the estrangement of living in a big city:

I like it here very much. The people are terrific... they're real people. I think I was sent to a small town at the last stage of my life in order to understand what it's like [...] There's a grassroots thing here that's happening that I've never been aware of, because, well frankly, you get onto [public transportation in the city] and you have a newspaper, and you've finished it by the time you get to your stop, and you leave it on the bus, and that's it. You see pages of obituaries and you don't know anybody, and you leave it on the bus for the next person.

Participant experiences highlight the contingencies in being and feeling safe and accepted in their housing situation, including in their buildings and communities. They also underscore how safety is an element of housing for many LGBTQ+ people, and can be considered alongside other measures such as affordability, adequacy, and suitability of housing. For our participants, it was not urban as opposed to rural living of other binaries that defined their sense of safety, but rather, experiences of identity-based discrimination, belonging, and community care. As we describe below, these elements also formed part of participants' mixed experiences and ideas about how to age in place and about shared housing models.

3.3. *How to Age in Place*

Thinking about the future, participants reflected on what they would need to age in their homes and communities. Some participants had very specific plans for what they wanted their housing situations to be as they aged, while others had not yet given this much thought. Regardless, all participants expressed a desire to remain in their homes or communities as long as possible. With this came explicit calls for support and action.

Many participants noted how being able to access community-based support would allow them to stay in their homes for longer. This included help with household chores and other care-related support. Indeed, participants shared several suggestions and innovative ideas about what could enable them, and others like them, to remain in their homes and chosen communities longer. One lesbian woman in her 70s living alone in an urban area described what she would need to age in her community:

As long as my health enables me, I would like to stay in an apartment and maybe have someone come in two or three mornings a week or something [...] My kids, I could call them if I really needed to. But [to have the kids] to rely on more for my social fun and happiness. So [help] to get things done like grocery shopping, or cleaning house and stuff and helping me to maintain it.

Another lesbian woman in her 60s shared the idea of a “dyke-run homecare company”, a service that, with humour and realism, she suggested she and many others would benefit from:

I think in order that people stay in their homes, what we're really dreaming for is that some dykes should start a PSW [personal support work] company, like for a PSW visiting your house... We need to put the word out there, we need those young women, or older women, whatever. Because we'd prefer to stay where we're at.

Access to healthcare and social services, as well as transportation and walkable neighbourhoods, also impacted where some participants chose to stay or to move later in life. This included decisions about remaining in unaffordable urban areas that had a higher density of services nearby. One participant, a lesbian woman in her 60s living with her partner spoke of her strategic decision to remain living in a big city due to the proximity to resources it could provide:

We've got every possible resource here. And I mean though it's a matter of choice, right. It'd be nice to live in the country, it'd be so pretty, but why the hell would I do that? When I can just walk across the street and get my vegetables and stuff. I think it's about choices, and that's why I live here. And I was born in [this city], but I've chosen to stay here.

Another participant, a lesbian woman of colour in her 70s, summed up this trade-off in explained her thinking surrounding the costs-resources trade-off:

If help was easily available and accessible, you'd be able to stay in your community and not have to move, because the moment you move to somewhere that's more affordable, you're further away from everything. It becomes a Catch-22 situation. You move to where it's cheaper, but have less access to stuff, or do you stay where you have more access, but it costs more. So, that is the problem.

Making home structures more accessible was a related topic of discussion. Many participants who owned houses discussed emerging and progressing mobility limitations, and their prospects of modifying their homes to make them accessible or having to move. However, like accessing community-based support, this posed challenges, especially due to cost. One participant, a pansexual woman in her 70s and living alone spoke about the challenges in the layout of her current home, and the high cost of modifications:

I have a two-story home. Now that's a problem now because I've got bone-on-bone arthritis in my left knee. And I'm on a long waiting list for surgery for knee replacement. And then my foot has to be operated on [...] I have to go up and down stairs because I only have one bathroom, which is upstairs. Bedrooms upstairs, kitchen down here, living room and dining room down here. And there's not enough room to build another bathroom down here. Unless I destroy my beautiful garden and have contractors and everything coming in to put on an extension off the back, which would cost me sixty thousand dollars. And I don't have it. So I know I have to move eventually.

Another participant, a lesbian woman living with her partner also discussed the financial strain of staying in their home, the challenge of stairs with arthritis, and the emotional toll of imagining what could be next:

We're both in our 70s. And who knows what the future holds. We have talked about the possibility of selling our home, because we might just move into an apartment [...] We worry about finances constantly [...] The biggest worry is about if something happens to one of us. Now she has rheumatoid arthritis and I have osteoarthritis. We both have artificial knees. I think we do very well for our age, and we attempt to eat properly and to stay strong. It's a battle every day. It's hard climbing the stairs. And it's a worry because we might end up being forced to sell the house. It's not possible to do all the packing and all that sort of thing. If I think about it, I get overwhelmed.

Aging in their own homes and communities was a clear priority among participants. The comfort and familiarity of their own homes as well as access to nearby resources were among the reasons that participants hoped not to have to move. However, availability of community-based supports such as homecare, and the cost of creating an accessible home emerged as major barriers, the latter particularly for participants who lived in multi-level homes with stairs.

3.4. Mixed Perspectives on Shared Housing Models

Finally, in describing potential future housing scenarios many participants shared ideas about seniors' residences and shared housing models. Some described a desire to live among other LGBTQ+ people in shared housing arrangements, while others expressed a desire to be near community, such as in a building or neighbourhood, but not to live communally.

Throughout these conversations, participants described wanting independence, respect, and choice in where and how they would live, as well as assurance they would not face exclusion or maltreatment.

Ideas surrounding shared housing models were often fueled by a desire to live in a caring and supportive community. This included feeling connected to LGBTQ+ community and living in LGBTQ+-focused housing arrangements, and to live in mixed-demographic housing among like-minded people. One participant, a lesbian woman of colour in her 70s living in Ontario, shared:

I think there could be sort of cooperative living, buildings more geared to LGBTQ people in a community environment. More like a massive sort of complex, as opposed to a nursing home type of thing. More individual units in more cooperative, inclusive, sort of living. People could depend on each other, as opposed to totally on the government. Interdependent.

Another lesbian woman in her 70s living in rural Quebec shared her hopes for living collectively among friends and like-minded others:

There's always the dream that we had... friends, because most friends my age aren't lesbians, they're either widows or alone. We always thought of having aging centers constructed, places we could live the way we want. Not institutions, like... sharing tasks, coming together... we have friends of all ages, from all kinds of fields, there are some who are managers, doctors, artists. Everyone has something to contribute. And that was the dream, to build ourselves a place where we could continue to live with the most autonomy and the most sharing of different things, like food, chores, laundry, all that.

While some participants welcomed the idea of living in LGBTQ+-specific or LGBTQ+ friendly shared housing, others expressed strong hesitations. Some simply did not find the idea appealing, preferring to continue to live alone or with their partner. Others expressed concerns about being targeted, or about being lumped together as a singular group and not having unique needs considered. For instance, one lesbian woman in her 60s described how collective living did not appeal to her:

I know that people talk about, you know, "purple acres", a gay guest home, or retirement communities. That's the last thing on earth that I'd want, to have to face people every day. I'd rather be at home with my partner. Some people really will not want gay retirement homes. And palliative care, it could be in the home.

Another participant, a lesbian woman in her 70s living in Nova Scotia expressed safety concerns about LGBTQ+-specific or "gay-friendly" seniors' homes. She noted that while there has been progress regarding LGBTQ+ inclusion, public opinion of the LGBTQ+ community varies and has recently shifted backwards:

A number of people have expressed in our different groups, "Oh, I want to live in a gay-friendly senior's home." I immediately thought, I don't, because I don't want to be targeted. I would like to see it as sort of a place where they had gay-friendly people, and maybe on one floor you could have lesbians that didn't want to be with men, and don't want to be with straight people, you know... so that it's not like standing out with a pink triangle. Today, things are more up and down. We went through phases of feeling very afraid, and then we felt sort of safe, and now it's not as safe anymore... The environment is changing on us.

One trans woman in her 60s living in Manitoba described her hesitancy towards LGBTQ+ seniors' homes because of the unique differences and needs within LGBTQ+ communities. She worried the creation of LGBTQ+ specific housing could lead to seeing the community as homogenous and an inability to recognize important differences:

I would still have a little bit of hesitancy. Because if I do want a situation like that, I'd rather have somebody that knows care of a transgender person than a gay person or lesbian or nonbinary person. Everybody has different needs and different ways of being looked after.

Participants also discussed the challenges of successfully creating LGBTQI seniors' homes or shared housing for older adults. Notably, multiple participants from across Canada discussed how promises of the development of LGBTQ+-specific housing for older adults rarely, if ever, seemed to come to fruition despite community efforts. Cost concerns were noted as the primary barrier, along with political will, organizing capacity, and administrative hurdles. Property prices were also cited as a core barrier, and an explanation why so many queer housing projects have failed in the past. This problem was coupled with participants' concerns about making LGBTQ+ seniors' housing affordable and to avoid further marginalizing people who are not wealthy.

One participant, a lesbian woman in her 70s living in Quebec, described her dream of creating home-based care. She had tried to make this happen, and experienced first-hand the organizational labour and financial burden it would take to get such an idea off the ground:

I bought this house myself, I wanted to make it into a boarding house. I wanted to host people who don't have a home. I wanted to look out for them, to cook for them, to go with them to get government support. Home-based care. But you need papers for this, papers for that. There's always something wrong, the size, the height, a ton of things, and you have to arrange everything with the government [...] It's not easy, no matter how much I want to do it, but in some way, I need support to do it.

Another participant, a queer woman in her 70s living in British Columbia discussed how given the failure of past initiatives, different alternative living models and home-based supports might be more viable despite current gaps:

None of the queer residential homes that we were promised [happened]. It was all a big thing, wasn't it, 10 years ago. We had Plum Living, Rainbow Coalition. [...] And they all got overtaken by property prices, at least here in B.C. They couldn't afford to go through with it, so in the absence of queer residential care, aging in place becomes the more comfortable option. Alternative living models, co-ops, I think we need to be looking at that. I hope somebody is. And in-home support. Where are the queer organizations that are organizing, that I could call maybe when I'm 84 and I need help? Who can I call who's going to say here's the medical support, here's food delivery? It seems to me that it should be a growth industry.

Overall, participants were in favor of expanded shared housing options, whether they saw shared housing or collective living as ideal options for themselves. Community, affordability, and new forms of interdependence and support were all positive associations that participants made. The idea of LGBTQ+-friendly or specific seniors' homes elicited more mixed responses, reflecting participants' individual preferences but also concerns with rising anti-LGBTQ+ hate.

4. Discussion

Within a relational understanding of aging-in-place, participants' desires as to where and how they wished to age and how this related to their housing situation clearly involved relational and affective elements ([Andrews et al. 2013](#)). Participants in our study desired to live in housing that felt and was safe, and that they could afford without cutting back on other basic expenses and experiencing stress. While living in a particular neighborhood (such as a gay neighborhood) was not necessarily important, living in a place where they could access various resources (such as grocery stores, health and community-based services), where they could enjoy their desired degree of familiarity or anonymity as an LGBTQ+ person, and where they might maintain or build a sense of community and belonging was.

Housing affordability and stability was top of mind for most participants, underscoring how housing security and insecurity is a class issue that, while different, can impact owners, renters, and single and coupled households alike. Among renters one of the core concerns expressed was about what would happen if their building was sold and they were forced to leave and to navigate even more expensive and potentially discriminatory rental markets. Meeting the rent each month was also a concern for many, including those who covered this gap by finding part-time work and/or living with a roommate. Among homeowners, core concerns included not being able to carry a mortgage or to renovate to keep a home accessible, possibilities that conjured the stressful prospect of finding a new place to live. Thinking with a territorial conceptualization of place alongside a relational one ([Yarker et al. 2024](#)) can help us to think about how our LGBTQ+ older adult participants had developed a sense of home and attachment to a place that, due to financial constraints and structural drivers, they felt was threatened. While this threat was not necessarily immediate—i.e., only one participant needed to immediately seek new housing—it was a cause of stress and acute uncertainty. Identifying this and how housing insecurity can also impact owners and renters further positions access to affordable and stable housing as an issue for cross-class solidarity.

Housing advocates have already developed a range of solutions to the housing affordability crisis that would address some of these concerns. The financialization of housing—in which housing becomes a commodity for investment and profit extraction ([August 2022](#), pp. 1–2)—impacts affordable housing supply as financial corporations acquire properties that were once affordable to rent ([Christophers 2023](#)). In Canada, this is a key structural driver of unaffordable housing markets and detrimental to the right to adequate housing ([Farha 2017](#)). Measures to curb the impacts of financialization of housing could include expropriating vacant housing units, restricting speculative investments in residential real estate, and broadly enacting laws and policies that recognize housing as homes (not commodities) and as a human right. The creation of more non-market housing managed by non-profit providers ([Whitzman and Perwani 2025](#)) and agreements to include affordable housing into development units could also increase supply, with the caveats that definitions of affordability do not always reflect actual income levels of those in housing need ([Farha 2017](#), p. 20) and as one of our participants pointed out, such agreements would have to be for a meaningful percentage of affordable units to actually meet demand. For renters, increasing renter protections ([Canadian Centre for Housing Rights 2025](#)), implementing universal rent controls, and expanding eligibility for rent-geared-to-income options could also alleviate the financial burden for individual households and address affordability challenges. This matters for all people who rent, including more than 278,400 2SLGBTQ+ households that live in unsubsidized rental dwellings ([Randle et al. 2021](#), p. 3).

For our participants who were homeowners, the prospect of changing physical ability and the need to retrofit their homes to keep them accessible was a notable concern. This concern was most acute among participants already living with a disability, including

with conditions such as arthritis and osteoporosis, while others not currently living with a disability articulated concerns about their future potential needs. In anticipation, some homeowners had already downsized to rental apartments, while others including those still with mortgages on their homes and with fixed and limited incomes worried about what they would do in future. Increasing funding programs and eligibility for home modifications and retrofitting could increase accessibility for some households, as long as programs are accessible to people who cannot pay up front (i.e., not only reimbursement-based), are simple to navigate ([Affordability Action Council 2023](#)), and recognize family formations beyond the nuclear family unit ([Perez-Amado et al. 2025](#)).

Safety in housing is a layered issue, as 2SLGBTQ+ older adults may face unsafe housing environments for a range of reasons and in different ways depending on their positionality and how they are perceived. Discrimination against 2SLGBTQ+ people in housing including from landlords and neighbours and the material and emotional impacts of this is recognized within 2SLGBTQ+ communities and documented in the research literature ([Social Research and Demonstration Corporation 2025](#), pp. 31–32). Research examining what psychological safety means to LGBTQ+ older adults in the context of later-life housing has also found that even if older adults feel safe within their current accommodations, past experiences of discrimination and the prospect of experiencing discrimination including from neighbours impacts ability to feel fully psychologically safe ([Helmrath et al. 2025](#)). Among participants in our study, it was those who were in some way “visibly” 2SLGBTQ+ who expressed the greatest concern: whether this be visible due to being in a same-gender relationship, or due to being perceived as gender nonconforming in some way. This reflects existing research that has identified the discrimination that transgender and Two Spirit in particular face ([Thomas et al. 2023](#); [Government of Canada 2024](#)), while further raising questions about the forms of housing discrimination that some intersex people and gender nonconforming people may also face.

In Canada housing safety must also be considered within a broader context of rising anti-2SLGBTQ+ hate, and particularly anti-trans hate. While this research was conducted in 2021 participants expressed explicit concerns about identity-based discrimination and a changing socio-political environment in Canada, which since that time has only intensified. Police-reported hate crimes in Canada are at historically high levels with continuous increases in hate crimes targeting gender identity or gender expression in the last four years ([Egale Canada 2026](#), p. 3). While the federal government developed a 2SLGBTQI+ Action Plan in 2022 that includes a focus on advancing and strengthening rights and that included a focus on aging which resulted in a study that probed 2SLGBTQI+ older adults’ experiences of safety and identified experiences and fears of discrimination ([Employment and Social Development Canada 2026](#), pp. 18–19), anti-trans laws have been implemented across Canadian provinces (e.g., see [Trianon 2026](#)). This broader environment will conceivably continue to shape 2SLGBTQ+ older adults’ safety in their places of residence, whether they directly experience particular incidents of identity-motivated hate. Addressing safety concerns is thus a matter of combatting anti-2SLGBTQ+ hate on a societal level. It is also, we argue, an important area for coalition-building and for addressing other forms of hate including racism, ableism, and classism as these forms of oppression compound to impact LGBTQ+ older adults and other communities.

Participants also described positive experiences, including in living in apartment buildings with a critical mass of 2SLGBTQ+ people and others with whom they had built relationships and community. This raises an interesting possibility to think about what types of “naturally occurring” 2SLGBTQ+ communities may emerge (akin to “naturally occurring retirement communities” or NORCs), and how ideas around NORCs could be implemented to support these communities. Identified as geographic areas that have natu-

rally become home to a larger concentration of older adults including in high-rise buildings (typically more than 30%) (Hunt and Gunter-Hunt 1986), municipalities, community-based organizations, and healthcare providers, among other actors, can come together to provide integrated health and supportive service programs to support aging in place (National Institute on Ageing and NORC Innovation Centre 2022; Savage et al. 2025). Implementing such supports for areas with critical masses of 2SLGBTQ+ older adults could include providing affirming health and service programs (such as personal support work, as identified by our participants) and 2SLGBTQ+ led and focused recreational and social programming. One group of researchers further recommended that NORC models for 2SLGBTQ+ should include elements such as community-based advocates from within the community who could connect isolated individuals and connect them with services (Boggs et al. 2017, p. 1555).

In terms of thoughts on how to age in place, most participants desired to remain in their homes or communities as long as possible with several caveats around affordability, accessibility, and securing community-based support. The wish to age in their current home reflects other research findings, including within Employment and Social Development Canada's (2026) study in which 81% of respondents wished to age in their current home (p. 12), as well as that study's findings that 48% of respondents were not confident in their ability to access sufficient services as they aged (p. 15). Here, the "Catch-22" that one participant described was that of staying in a community with access to more amenities and resources or moving to somewhere more affordable but without these. In relation to homecare, much like access to affordable housing, increasing overall availability would benefit all older adults including 2SLGBTQ+ older adults. Our findings align with research that has documented desires for homecare providers that are 2SLGBTQ+ affirming (Daley and MacDonnell 2015; Pang et al. 2023). They also highlight the need to continue to expand and innovate a range of alternative housing and care options, which could include, as one participant suggested, developing 2SLGBTQ+ run homecare initiatives, increasing availability and affordability of assisted living options, and expanding funding to organizations serving older adults and 2SLGBTQ+ communities so that they can develop and deliver consistent community-based programming and potentially housing supports. As was found in community engagement for the 2022 Federal 2SLGBTQI+ Action Plan, community-based organizations are already stretched thin and may lack the capacity to offer programs such as 2SLGBTQ+ specific housing programs (Women and Gender Equality Canada 2022, p. 45). Other affordable housing models which could be adapted specifically for and be beneficial to 2SLGBTQ+ older adults include the aforementioned NORC model, as well as cohousing, homesharing, the creation of community land trusts (in which a nonprofit organization buys land and property to create an affordable housing community), and tiny homes, among others (Perone et al. 2025).

Finally, in considering options for the future there was notable enthusiasm for different types of shared housing models, congruent with documented 2SLGBTQ+ adult and older adults' support for alternative aging and housing models including LGBTQ+ friendly models, co-living projects, and intergenerational co-housing (Employment and Social Development Canada 2026, p. 44; Pang et al. 2026). There was also some skepticism and experiences of barriers to creating shared housing. For example, while some participants welcomed the idea of living in 2SLGBTQ+-specific or 2SLGBTQ+-friendly shared housing, others expressed strong hesitations, an ambivalence that confirms broader patterns of perspectives on the issue among 2SLGBTQ+ older adults (e.g., Redden et al. 2021; Rosenberg et al. 2018; Thomas et al. 2023). What was clear across perspectives is that expanded options for housing and care are broadly desired. Increasing access to housing that is affordable and to programs that help to make homes accessible, taking measures to increase housing

security in terms of stabilizing and controlling rental costs and re-developments that displace renters, and increasing the range of homecare, assisted living, and other community-based supports is critical. Moreover, our findings make it clear that safety—and namely safety from identity-based discrimination, including state-sanctioned discrimination—must be considered a key part of enabling LGBTQ+ older adults to “age in the right place”, in settings that are appropriate to their preferences, circumstances, and care needs (National Institute on Ageing 2022, p. 8), and in which they may continue to find social connection and community.

5. Limitations and Future Research Directions

There were limitations to this study. We conducted this research in 2021 during the COVID-19 pandemic, which meant that all recruitment and data collection occurred remotely. This likely influenced our participant sample, potentially excluding LGBTQ+ older adults who were not actively connected to online social media channels or email lists, and/or who did not have internet connection or stable access. While we aimed to engage one-third rural participants and one-third participants of colour, we fell short in this aim with one-quarter living in rural areas and only seven of 48 participants being people of colour. The ability to further build relationships with 2SLGBTQ+ community groups including those specifically led by and for Indigenous, Black, and racialized people, and to recruit participants in-person may have increased engagement. Future researchers should continue to strive to build these relationships with racialized communities. Future research into 2SLGBTQ+ aging and housing could also delve further into the particularities of rural and remote experiences, and learn more about intergenerational and other forms of shared households that 2SLGBTQ+ older adults may be developing and living in. Law- and policy-focused research could further examine housing-related policies and programs for how they may benefit or exclude 2SLGBTQ+ communities, and monitor developing provincial, territorial, and federal laws for their impact on 2SLGBTQ+ older adults’ abilities to age safely in their communities.

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