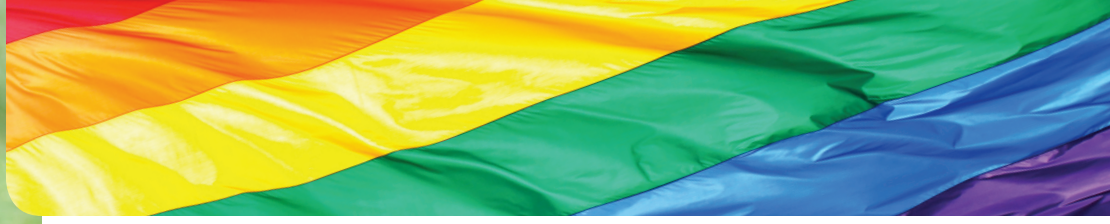


Continuing Care Situational Examples

Teams Providing Care for Sexual and Gender Diverse People

Working together for your health

Outline

1. Overview

Continuing Care providers offer inclusive care environments and value diversity which includes sexual and gender diverse clients. It is recognized that determinates of health such as physical environments, social supports and gender have an important influence on health (Government of Canada, 2019).

This resource was created to support you in applying the concepts from the Continuing Care LGBTQ2S+ Resources for Providers and the Safer Places Toolkit. You can review this individually or with your care team.

Recommended resources:

1. Alberta Health Services (AHS) Lesbian Gay Bisexual Transgender Questioning Two-Spirit Plus (LGBTQ2S+)/ Sexual and Gender Diversity webpage: ahs.ca/lgbtq2s

   Includes awareness resources such as:

   - Being an Ally
   - Inclusive Language
   - Safer and Inclusive Spaces
   - Best Practice Guide: Inclusive Washrooms
   - Terms to Know
   - Terms and Phrases to Avoid

2. Sexual Orientation, Gender Identity & Expression

   Staff foundational awareness resources:

   - Safer Places Toolkit

3. Seniors and Continuing Care – LGBTQ2S+ Resources for Providers

   Resources such as:

   - Tips for Providing Safer Welcoming Care
   - Historical Perspective
   - Tips for Activity Programming
   - Tips for Establishing a Site Champion

4. Other resources
   - Alzheimer Society of Canada, 2018. Conversations about Dementia, Intimacy and Sexuality
   - Continuing Care Connection. Clinical Resources – click on the Sexuality icon
   - Documenting Sexually Responsive Behaviours: Language has Meaning. Presenter Lori Schindel Martin (RN, PhD), 2018. Brought to you by brainXchange, Alzheimer Society of Canada and Canadian Consortium of Neurodegeneration in Aging.
   - Government of Canada, 2019. Social determinants of health and health inequalities.
   - Vancouver Coast Health Authority, 2013. Supporting Sexual Health and Intimacy in Care Facilities: A Pocket Reference Guide.

Terms

Sexual and gender diverse people represent the community of people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Gender Queer, Asexual, Transsexual, Androgynous, Intersex, Two-Spirit, Pansexual or other identities. Many initialisms to describe this community have been advocated. AHS uses the term LGBTQ2S+.

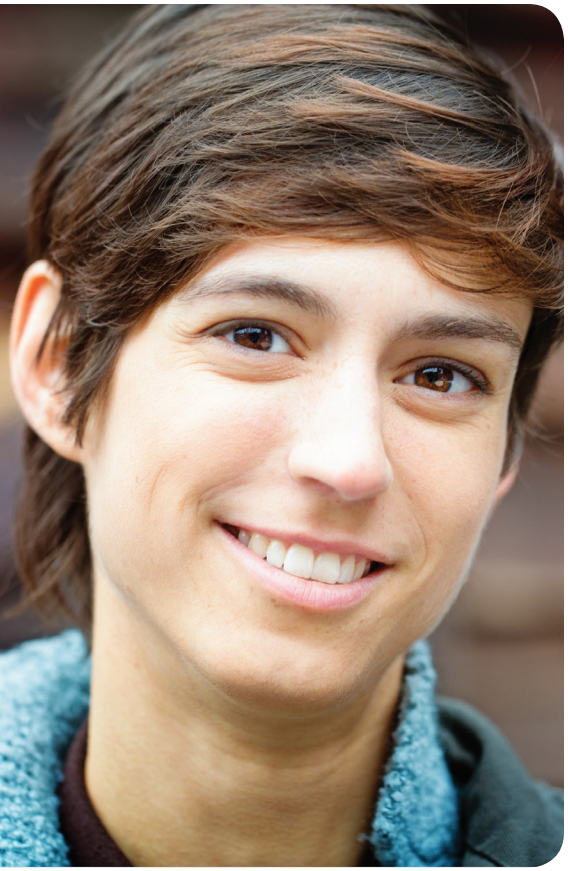
What you may not know

Many older LGBTQ2S+ clients have experienced poor societal treatment in their lifetimes. Many grew up in a time when identifying as LGBTQ2S+ was considered a criminal offence or a mental health condition.

Many suffered social isolation, family rejection, abuse, job loss or even imprisonment. Some hid their true identity to ensure their safety. Many suffered abuse, bullying and discrimination throughout their lives. Over the years, however, advocacy for LGBTQ2S+ rights has realized many advances in the area of human rights and gay rights: decriminalization, inclusion in the Canadian Human Rights Act, and extended benefits, pension and income tax for same-sex couples.

Far too many LGBTQ2S+ clients have experienced stigma and discrimination when trying to access healthcare services, not just in the past but now. These experiences can create a fear of the healthcare system and a reluctance to access care resulting in avoiding medical check-ups, routine screening, and testing. As a result, LGBTQ2S+ clients may be at greater risk for undetected cancers, diabetes, cardiovascular disease, HIV, depression, and anxiety.

It's essential to understand the background of LGBTQ2S+ seniors so that when they access continuing care services, they feel safe and welcome to live their life as they choose, and do not feel they need to hide their sexual or gender identity.



Situational Examples

2a. Meeting your continuing care client

This is an example of a healthcare aid meeting a new client that identifies as queer.

Case Study

You are the healthcare aid who will be providing personal care services to a new client named Jo who is a 25-year-old agender-person (does not identify with a specific gender or have a recognizable gender expression).

Tips for the first time you meet your client

It's important to remember that each person you meet is diverse, including those that identify as sexually and gender diverse. It's essential you do not make any assumptions.

Name

You can introduce yourself by including your name and title such as "Hi, my name is Alex. I work for Home Care and I will be your healthcare aid today." Ensure to ask "What name do you go by?" This provides Jo the opportunity to clarify if they go by another name.

Pronouns

Within AHS, some staff have been incorporating their personal pronouns when they introduce themselves (e.g., my name is Alex and I use he and him pronouns). By including your pronouns you are supporting clients and staff to live authentically. Next you can ask Jo "What pronouns do you use?" Jo can respond by saying "I use they and them pronouns." Never assume the pronouns a person uses is based on their name, how they look or the sound of their voice. For more information, see the Inclusive Language resource.

By incorporating these tips every time you meet a new client, you will support the client to feel safer, live their life as they identify and not feel the need to go back in to the closet (i.e., hide their true identity).

Symbols

Consider wearing rainbow symbols such as a rainbow coloured lanyard or a rainbow pin. You can also wear a pin that identifies the pronouns you go by.

These symbols identify you as an ally, will reduce client fear when accessing health services, encourage sharing of health related information and support sexual and gender diverse people to live their lives authentically.

2b. Learning about gender expression

This is an example of a clinician meeting a new client and learning about their gender identity.

Case Study

You are the clinician (i.e., nurse, physiotherapist, recreation therapist, occupational therapist) who is reviewing the client's file to prepare for their assessment: Lea is a 33-years-old cisgender female (assigned female gender at birth).

Introduction

You can introduce yourself and include the pronouns you go by. This will support Lea to feel safer and more welcome to share information about her or himself such as "my name is Lea and I go by he and him pronouns". To learn more about Lea's gender expression you can provide a sheet of paper/chart document with checkboxes providing gender expression options to select or provide open boxes so he can write it down for you. You can also ask "Lea, how do you express your gender". By using these tips you will learn that Lea identifies as a transgender male.

2c. Home Care

This is an example of a case manager meeting a new client who identifies as lesbian.

Case Study

You are the case manager/clinician (i.e., nurse, physiotherapist, recreation therapist, occupational therapist) who is reviewing the client's file to prepare for their assessment: Anne is a 48-year-old cisgender female (assigned female gender at birth) living in her home who recently had a stroke. She is being referred for home care services for assessment and support with mobility, dressing, bathing and speech. Anne identifies as a lesbian and has a partner, Shanice. They have been together for 15 years. Shanice is a 42-year-old of African Canadian heritage. Sharing her sexual orientation with others has always been difficult and she has an uneasy feeling with Home Care coming into their home. Shanice has been supporting Anne with her medical needs and is feeling worn out and reports feeling depressed.

How could I respond using a patient and family-centred approach when I see a photo of Anne and Shanice wearing wedding dresses in a loving embrace?

Anne will share information about herself and her relationship when she is ready. If she has not already disclosed her sexual orientation to you, you have a couple of options. You can acknowledge the photo by saying "This is a beautiful photo". You can also ask Anne to tell you more about it. By learning more about Anne, this will allow you to better understand her needs to provide person-centred care. After learning more about Anne and Shanice, remember to ask her if she is comfortable with you sharing this information with the care team so the team can provide inclusive and welcoming care.

How can I support care practices so that Shanice feels welcome?

You may or may not know of Shanice's uneasy feelings about sharing Anne's and her relationship with you and the care team. By reviewing the Historical Perspectives resource, you will gain some understanding of the need to feel safe and this will provide you with some perspective on your care approach.

Home care, along with supportive living and facility living services, are provided in the client's home. It's important that your care practices support Anne and Shanice to live authentically. During the assessment, it's important that you inform Anne that her family is welcome to be present, be a part of the care routine and is encouraged to be involved in care planning. This approach is vital to provide person-centred care and avoid isolation for Anne.

How can I support Shanice with her reported feelings of depression?

We know there is a higher incidence of depression for partners and family members who provide care support. You now have the opportunity to acknowledge Shanice's feelings and offer her some supportive resources such as Caregiver Tips and/or suggest to her to follow up for additional support with her family physician, Primary Care Network or community agency (e.g., Caregivers Alberta).

2d. Supportive Living Dementia Unit

This is an example of case manager meeting a new client, Tilly, who identifies as a transgender female.

Case Study

You are the nurse reviewing the client's file to prepare for admission: Tilly Smith is a 54-year-old transgender woman diagnosed with moderate-severe dementia who has been living alone with no identified family. She is being admitted to designated supportive living level 4D (DSL4-D). Tilly has limited short-term memory and has difficulty making decisions but can carry on a conversation. She requires staff cueing and limited assistance with dressing and bathing. Tilly has many health complaints and reports daily pain. She also repeatedly asks 'is it safe here?'

How can staff best support Tilly to feel safer and more welcome in her new home?

Staff need to use the name and pronouns that Tilly goes by to support her to live in her felt gender regardless of other names indicated on legal documents. (e.g., Tilly, she/her/hers pronouns). Next, to learn more about Tilly's family, you can ask "Who is a part of your family?" You can also tell her that family is defined by her and may include their biological family and/or friends. Remember to use inclusive language such as partner, spouse, parents or guardian. For Tilly, she has no one she considers or can remember as part of her family. It's important to share this information with the care team; everyone will have an essential role to support Tilly to feel welcome to live in her felt gender and this will help Tilly to feel safer in her new environment.

Would a private or shared accommodation be best to meet Tilly's needs?

There are a few considerations that will guide the room assignment process. In general, it's considered best practice to provide a private room to ensure a resident who identifies as transgender has a safer space to live; a private room also supports privacy for care activities. However, to align with patient-centred care principles, it is also important to ask the resident their room assignment wishes. The additional costs for private accommodation should not be the limiting factor for a resident in this decision process.

For shared accommodations, placement should be based on the resident's gender identity and not on their genital anatomy. However, it's recognized that this may require sensitive and creative consideration. We want LGBTQ2S+ clients to feel safe in their new shared home. It's important to take into consideration if the roommate will treat their new roommate with respect and dignity. Professional judgment will support the process of pairing roommates so they feel safer and welcome in their new home. One option to consider is having the potential roommates meet with staff supervision to provide some indication of the potential relationship.

How can staff best support Tilly with her bathing and dressing?

It is considered best practice to have consistent or the same staff to support the resident with care activities. This will build a trusting and safer care experience. For times when this is not possible, it's important for new staff to take the time to establish rapport.

For all care providers, prior to completing care activities, it is important to have a conversation with Tilly so she knows what care is to be done. This approach will support Tilly to feel safer during care activities.

How can staff best support Tilly with her health concerns and pain management?

Regular medication administration, including pain medication, should support her to feel a lot better. Given she has a diagnosis of dementia, lived alone prior to admission and there is no identified family, we do not have a lot of information about Tilly's history. Many people who identify as sexually and gender diverse may have a higher incidence of physical, mental and/or psychological trauma. They may also have experienced stigma and discrimination when trying to access healthcare services. These experiences can create a fear of the healthcare system and a reluctance to access care resulting in avoiding medical check-ups, routine screening, and testing. LGBTQ2S+ clients may be at greater risk for undetected cancers, diabetes, cardiovascular disease, HIV, depression, and anxiety. You and the care team should include a broad assessments when assessing Tilly and can use Trauma-Informed Care principles. More in depth and frequent assessments may be required to gain a better understanding of the origin of her health complaints to resolve residual pain such as a pain assessment, medical assessment, mental health assessment, behaviour assessment, or a medication review.

The care team has a vital role to support Tilly by reminding her she is in a safe place, she can live her life as she identifies and she will be treated with respect and dignity.

More often over the last few months Tilly seems confused about how she expresses her gender. Sometimes Tilly identifies her name as Tom. How can staff support Tilly?

A client living with dementia or another form of cognitive impairment may have trouble remembering their sexual orientation, gender identity or gender expression. It's important you understand they may be reverting to an earlier part of their life and it does not mean they wish to change their sexual orientation, gender identity or gender expression.

Tilly sometimes forgets how she expresses her gender and this can be confusing for staff too. Care providers can greet Tilly each day with neutral gender language such as "Good Morning. How are you? What would you like to wear today?" Next, care providers can hold up a couple of different outfits such as dress/blouse or pant/shirt to support the decision. The chosen outfit may guide the care team in deciding how to greet and groom the client for that day.

Tilly may also forget if she had full or partial gender-affirming surgery. She may be confused as to why her anatomical body parts have changed. The care team can support Tilly by acknowledging she had a surgery and reassure her everything is alright.

Tilly often requests to eat her meals in her room and declines to participate in recreation programs in the common area. Is Tilly exhibiting symptoms of depression?

Tilly may be experiencing symptoms of depression and further assessment can be explored. However, there are other considerations to keep in mind. Reflecting on the lived experiences for sexual and gender diverse people, Tilly may have a history of experiencing abuse, low trust when interacting with others and not feeling safe. With the diagnosis of dementia, these elements may fluctuate from day to day and may impact Tilly differently each day. It is important that the care team engages with Tilly to enhance her social interaction to improve her quality of life. A variety of approaches can be suggested such as 1:1 recreation programs offered in Tilly's room (e.g., playing cards) with progression to participating in small groups.

Also, Tilly may not feel safe in the facility and this too may fluctuate from day-to-day. The care team may need to assess, plan and implement processes to support Tilly to feel safer in her new home. For example, staff can offer frequent reminders to Tilly that she is in a safe place. The care team will want to ask Tilly or observe which supportive practices reinforce a safer environment for Tilly. It's also crucial that staff monitor peers and other staff to ensure that she is being treated with respect and dignity.

2e. Long Term Care

This is an example of a gay man moving in to his new home in a long term care setting.

Case Study

You are the nurse reviewing the client's file preparation to prepare for their admission assessment: Fred Taylor is a 72-year-old cisgender male (assigned male gender at birth) experiencing significant deterioration in his health due to reoccurring pneumonia and a recent broken hip due to a fall. Fred is wheeled into long term care by another male.

Welcoming family and friends

Remember to not make assumptions about people's sexual orientation and their relationships with others. After introductions with Fred, you can ask the name of the other male person and ask them to tell you about their relationship or connection. From this, you will learn that Lyle is Fred's partner and they have been together for 26 years and married since 2005. Next, ask "Who else do you consider family?" and you will learn that Lyle has four children from a previous relationship and together Fred and Lyle have seven grandchildren.

It's important you ask Fred and Lyle:

- For their permission to share their personal information with the care team. This will support the care team to provide person centred care.
- If the care team can openly talk with them about their relationship and family. This will allow the care team to get to know them better and support social engagement. The care team will have an important role to convey to Fred, Lyle and their family that they are welcome to visit, support care activities, join in facility life/activities and participate in care planning.
- If it is okay for other residents to know about their relationship.

How can the care team support Fred and Lyle as a couple in the facility?

You can ask Fred and Lyle "How can our care team support you as a couple and to live your lives authentically?" You will learn that Lyle would like to help with some of the care activities such as shaving, dressing and eating. This is important information that can be added to the plan of care and shared with the care team. Having Lyle's involvement will reduce social isolation for Fred and improve his quality of life. You may also inquire "Tell me about your needs for intimacy and how the care team can provide support?" You will learn that Fred and Lyle enjoy holding hands and would like to do this in Fred's room and while enjoying other facility activities. Lyle has asked that the care team manage other residents' comments so they feel safer and more welcome to live authentically.

The care team can prepare some key messages to support staff with responses to comments by peer residents such as:

- It's healthy to hold hands and feel connected to others.
- We want everyone to feel safer and more welcome to live their life as they wish.
- Our facility welcomes all people and values diversity and the provision of an inclusive, safe environment for everyone.

How can the care team respond when a peer resident expresses concerns about Fred and Lyle's relationship?

It's important for you to listen to the peer residents' concerns. Reassure them that everything is okay and no one is doing anything wrong. Remind the peer resident of site expectations to treat all residents, visitors and staff with respect; they may not know who identifies as sexual and gender diverse and everyone has a role to have a safer and more welcoming care home.

You can review the Tips to Support LGBTQ2S+ Friendly Activity Programming in Continuing Care information sheet which highlights five programming ideas. These tips will support residents, visitors and the care team with creating inclusive and welcoming spaces for all people that identify as diverse.

If the peer resident continues to have concerns, you can remind the peer resident (again) of site expectations to treat all residents, visitors and staff with respect. You can suggest the peer resident move to a different space such as a TV area or atrium when Fred and Lyle are in the dining room. In situations where the resident rooms are near one another, a room change to a different wing/pod can be considered. At any point, you can provide the peer resident with the contact information for the AHS Patient Concerns and Feedback department phone: 1-855-550-2555.

A Continuing Care case manager has assessed Lyle for needing long term care services. Fred and Lyle would like to be together. How should the care team respond?

During the assessment process, Lyle can request the same care facility as Fred and also request a shared room, if available. You and the care team can support Fred and Lyle to have a shared room; this will reduce their feelings of social isolation and enhance their quality of life.

2f. Long Term Care Dementia Unit

This is an example of a married heterosexual female who is moving to a long term care dementia unit and who develops a relationship with another female.

Case Study

Iris Young is an 88-year-old cisgender female (assigned female gender at birth) diagnosed with moderate dementia. She was admitted to a long term care dementia unit six months ago. She is married to Rob and they celebrated their 65th wedding anniversary in 2018. Iris makes friends easily and developed a closer relationship with another female resident, Raven, on the unit. Raven is an 82-year-old female of Indigenous heritage who identifies as two-spirit. Over the last few months, Iris and Raven have been known to spend a few hours each day sitting together and often hug each other when they say goodbye. Rob is happy that Iris has a friend. More recently, Iris and Raven have been holding hands and kissing. Rob came in today to visit Iris and found her and Raven cuddling in Iris's bed.

How should the care team respond to the situation?

To some care staff, families and their spouse/partner, the concept of seniors living with dementia having the need for sexual expression and sexual intimacy can be considered taboo or foreign. It's normal and healthy for seniors including those with a dementia diagnosis to continue to have sexual and intimacy needs. While for some people there may be legal, ethical and moral considerations, it's important that a patient-centred care approach is applied, along with professionalism and sensitivity, to support the resident.

For people living with dementia, sexual expression may increase the overall quality of life, enhance self-esteem, contribute to healing from depression, prevent loneliness and enhance overall energy.

As Iris's dementia progresses, she may no longer recognize or remember her spouse Rob and may be seeking companionship and physical intimacy with Raven.

Iris has been in a heterosexual relationship for 65 years and now has a female partner. How can the care team respond to her lesbian relationship?

Sometimes a resident with dementia may form a new relationship with another resident in care who may be of the same sex even if this was not their orientation in the past. This can challenge personal values and beliefs and can create concerns about sexual safety for the residents involved. It's important that the care team has a conversation to understand Iris's sexual intimacy needs and the therapeutic benefits to her relationship with Raven. The care team may need some education and counselling to adjust to and support the new relationship.

What does two-spirit mean and how should the care team respond?

Two-spirit is a cultural term used by some Indigenous people to mean a person who has both a male and a female spirit which may include concepts of spirituality, sexual orientation and gender identity (see Terms to Know resource). You and the care team should continue to treat Raven with professionalism and respect as you would any other resident.

Are there legal implications of Iris's expressed sexual intimacy needs?

Canada's sexual-consent law applies to everyone, including those who have been diagnosed with dementia. Consent can be spoken or unspoken, but it needs to be affirmative and happen in the moment; passivity cannot be construed as a "yes", and nobody can consent (or dissent) on anyone else's behalf, not even with alternate decision making authority. (e.g., Personal Directive, agent or legal guardian).

The law is clear but this may be difficult to put into everyday healthcare practice recognizing each resident is unique including their sexual needs and expression. The care team should review Iris's sexual needs (i.e., assessment of sexual behaviour), the therapeutic benefits and ways to support her. If possible, reach out to a clinical ethicist, counsellor or sexual health expert for support.

The care team should meet with Iris and Raven to ensure they have given consent for the new relationship. The care team may also have a conversation with Rob, and Raven's authorized decision-maker, about the new relationship, consent, therapeutic benefits for the residents and respond to any concerns that may be identified.

Rob misses the intimate relations he had with Iris. How can the care team support Rob and Iris's intimate relations?

The care team can meet with Rob and Iris to have a conversation to better understand their sexual intimacy needs and determine if they are capable of supporting each other's sexual needs. Professional expertise from a clinical ethicist, counsellor or a sexual health expert may be of assistance. The care team can explore ways to support Rob and Iris with their sexual intimacy, i.e., provisions of safer sex, privacy, protection of vulnerable older adults. There may also be some hurt feelings due to the change in their relationship; counselling and ongoing support may help them adjust to the changes in their relationship.

Rob would like the relationship between Iris and Raven to stop. How can the care team respond to this?

The care team can meet with Rob to have a conversation to better understand how he is feeling about Iris and Raven's relationship. The care team should provide the Alzheimer Society of Canada's Conversations about Dementia, Intimacy and Sexuality resource to Rob and educate him about Iris's dementia process and the therapeutic benefits of her relationship with Raven. The care team and Rob can explore ways to support Iris's and Raven's quality of life by practicing person-centred care planning. The option for Iris to be moved to another dementia unit should be carefully reviewed to ensure Rob understands the implications for Iris's quality of life.

Rob has a new female companion, Phyllis, and brings her in to visit Iris and Raven. How should the care team respond to this new relationship?

Rob has missed his close relationship with Iris and has sought to meet his relationship needs with someone new. Rob may have feelings of guilt and his family and friends may not be supportive of this new relationship. The care team can support Rob by asking how he is feeling.

Our care team could benefit from ongoing support in leading conversations about sexuality with the care team, families and residents. What would you recommend?

A healthcare professional, such as a social worker, occupational therapist, mental health worker or nurse, could be identified within your care team who could lead conversations about resident sexual intimacy and provide education for the care team, families and residents. They could act as a liaison with a clinical ethicist, counsellor and/or sexual health expert and participate in the identified education in this resource and other sexual health education.

3. Debrief

After the care team and you have reviewed the situational examples in this resource, a debrief can be facilitated by discussing the following questions:

- How was this for you as staff? Does anyone wish to share any feelings around this activity that we just did together?
- Did anyone learn something new?
- Did anyone become aware of any unconscious bias?
- Are there any outstanding questions, issues, curious thoughts?

For more information, email continuingcare@ahs.ca