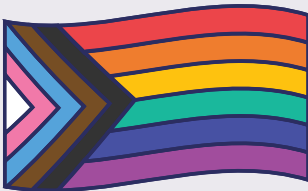
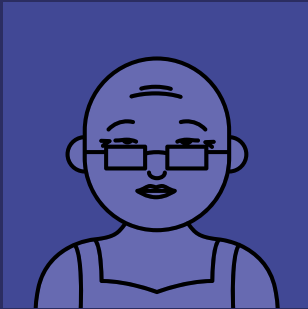
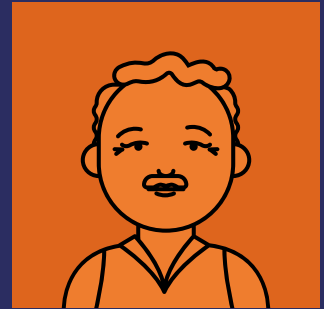
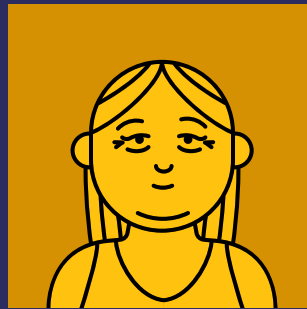
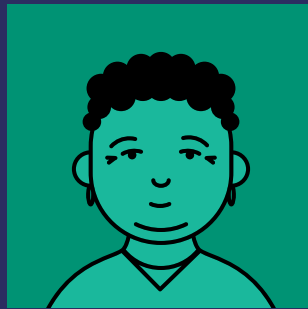
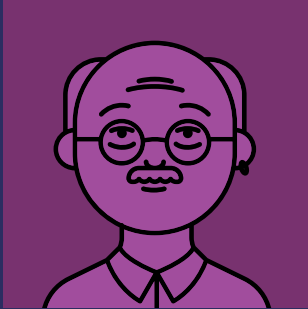


LEADING & LEARNING WITH PRIDE

Respectful, Inclusive, and Affirming
Care for 2SLGBTQI+ Seniors

Companion Resource to the Tool Kit
on Supporting 2SLGBTQI+ Seniors



CASE STUDY COLLECTION

And Facilitation Guide



Introduction

In 2022, the City of Toronto’s Seniors Services and Long-Term Care Division (SSLTC) updated a training resource, [“Leading and Learning with Pride: A Revitalized Tool Kit on Supporting 2SLGBTQI+ Seniors”](#) (“the Tool Kit”) to promote respectful, inclusive, and affirming care for 2SLGBTQI+ seniors. Co-developed by advocates and allies, the Tool Kit enables long-term care homes to build individual knowledge and skills in care delivery and build organizational capacity to create inclusive environments. This collection of case studies is a companion resource to the Tool Kit to provide case-specific education to equip homes with strategies and recommendations to respond to incidences of complex and nuanced discrimination in the long-term care home environment.

As a learning technique, each case study presents a challenging real-world scenario of discrimination in a long-term care home and asks how you and your team would respond and what you could do to prevent it from happening again. Addressing discrimination sensitively and effectively in your home is a skill and it is crucial to providing respectful, inclusive and affirming care.



Learning through these case studies will prompt your team to consider the experience and perspective of 2SLGBTQI+ seniors. Collaborating as a team to problem-solve these case studies will deepen understanding of discrimination faced by 2SLGBTQI+ seniors, stimulate curiosity, build confidence, and reveal a variety of approaches, perspectives, and innovative solutions. It will allow your team to practice and refine problem-solving and decision-making skills in a low-stakes environment, so when facing a real situation of discrimination in your home, they will be better prepared to respond quickly, sensitively and effectively.

These case studies are a suitable learning tool for all staff, however it is important to prioritize this learning with your leadership team to equip them as decision-makers in your home to identify, prevent and respond to situations of discrimination.



Your leaders can then model for staff the appropriate responses to discrimination and be empowered to facilitate these case study learning sessions with their own staff teams.

This case study collection was co-developed by The 519 in partnership with the City of Toronto Seniors Services and Long-Term Care Division and 2SLGBTQI+ Seniors with funding from the New Horizons for Seniors Program. The scenarios, questions, and recommendations were created through consultation with focus groups representing staff, residents, family members, review by a Project Advisory Group and piloting with managers from Seniors Services and Long-Term Care.

These case studies present strategies for responding to discrimination that are concrete and actionable within the parameters of the long-term care environment, while also sensitive to the unique needs and histories of 2SLGBTQI+ seniors.

Facilitator's Guide

This guide is a companion to the case studies in this collection. The purpose of the case studies is to offer material to support the development and practice of problem-solving skills among staff teams in long-term care homes, in their work to provide respectful, inclusive, and affirming care for 2SLGBTQI+ Seniors. As a facilitator, it is your responsibility to create a space where people can come together, feel brave and vulnerable, learn and unlearn, and lean into discomfort without the fear of making mistakes.

Each case study consists of a scenario, followed by a series of questions for participants to problem-solve together. The scenarios are based on real experiences of members of 2SLGBTQI+ communities living in long-term care.

Each scenario is followed by a page of recommendations, compiled by the Project Advisory team, and a list of page references for further reading in the Tool Kit. The recommendations that are included with each case study are simply guides for discussion, rather than a blueprint for the “correct” answers to the questions.

We strongly recommend that you access and refer to the online copy of the Tool Kit before and during the facilitation of these case studies. For a glossary of terms used in this case study collection, please refer to the chapter on Language and Terminology on page 39 in the [Tool Kit](#).

Bringing staff teams together to work on the case studies can be a fun, engaging, skill-building activity that does not need to be time consuming.

A session of 45 to 60 minutes in duration is recommended.

Suggested outline for a case study discussion session:

- 1.** Welcome Remarks and Land Acknowledgement
- 2.** Introductions (i.e. share your name and pronouns)
- 3.** Ice breaker consisting of one simple question for two participants to take up together (i.e., name your favourite season; name your favourite animal)
- 4.** Introduce the case study (i.e. brief background and purpose)
- 5.** Ask someone to read out loud the scenario you have chosen to work on – make sure there are printed copies available
- 6.** Provide reflection time for folks to consider the scenario on their own and how they might respond
- 7.** Small group discussion – divide into small groups to answer the questions provided, and ensure someone is taking notes in each group
- 8.** Large group report-back/discussion – have each group share their responses and reflections with the larger group
- 9.** Facilitator shares any further recommendations that were not discussed, and provides reference pages for further reading in the Tool Kit
- 10.** Conclude with suggestions for next steps for staff and the long-term care home. This may include developing or enhancing policies and procedures, additional education opportunities, working through the other case studies in this collection, etc.



General Recommendations

Regardless of your position (i.e., Administrator, Nurse Manager, Nurse or PSW), it is important to promptly address any instances of discrimination that you witness or that are brought to your attention.

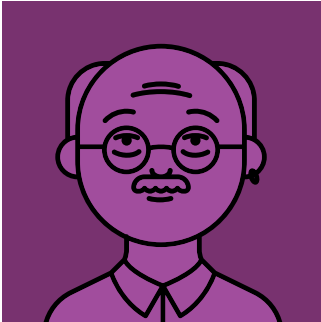
Know your reporting obligations in any scenario: all witnessed or alleged abuse must be reported.

As a proactive measure, support residents to put in place a Power of Attorney for care and treatment (POA). A supportive POA is a key component of the care team for a 2SLGBTQI+ resident, as they may advocate and support identity-affirming care and help mitigate potential challenges.

When addressing discrimination:

- Involve front-line staff in developing creative solutions, they work closely with residents and their families and can offer unique insights into a situation or dynamic
- Consider how the Residents' Bill of Rights are applicable to the situation
- Take the opportunity to educate all staff, not just the individuals directly involved
- Take time to debrief with your team, reflect on your own biases, discuss what you would do differently and reinforce learnings by working through a similar scenario in this case study collection

Case Studies



Victor

p. 9–13



Jackie

p. 14–17



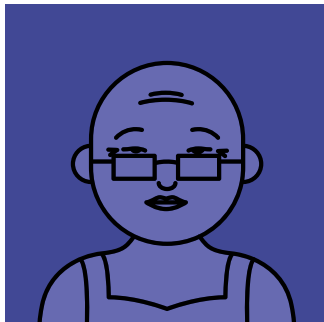
Charlie

p. 18–21



Yolanda

p. 22–26



Tenzin

p. 27–30

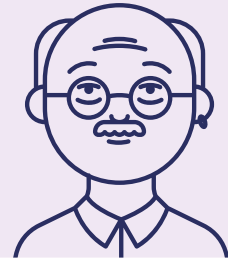


Jason

p. 31–34

CASE STUDY

Victor



Scenario

Emma, a PSW, has been assigned to a new resident, Victor. After reading Victor's care plan she enters Victor's room and greets him warmly. As she is helping Victor get dressed, she notices a small display on Victor's dresser. The display includes photos of Victor with another man, alongside a Pride flag. In one of the photos Victor and the other man are kissing.

After she finishes helping him get dressed, Emma tells Victor, "I saw your photos, I know your lifestyle and I know you will be going to hell. I only pray that I have not caught AIDS from touching you!"

Victor is visibly shocked by this language and looks as if he may begin to cry.

Questions

- 11. Imagine you are Emma's colleague and overhear this exchange.** What steps could you take to immediately address this situation? How will you respond to Victor? How will you respond to Emma?

- 12. Imagine you are Emma's supervisor, and you receive a complaint from Victor and his partner about Emma's behaviour.** What steps could you take to address Victor and his family's concerns? What long-term steps might you consider implementing to ensure this doesn't happen again? What will you do to address the HIV stigma and misinformation Emma is expressing?

- 13.** In this scenario, Emma may feel that this is an issue of 'competing rights', i.e., her right to religious belief, versus the rights of 2SLGBTQI+ residents. How might you address this?

Strategic Recommendations

Supporting Victor and his family

- Ensure Victor feels supported and heard by offering emotional support, and assuring Victor that Emma's behaviour is unacceptable and does not reflect the attitudes of staff at the home.
- Use affirming and open language when offering support. For example, you may say "I heard what happened, Victor. That kind of language and treatment is unacceptable. I will be speaking to Emma to ensure this does not happen again."
- Respect and give Victor agency by asking an open-ended question like "How can I support you right now?" or "How can I make this feel like a welcoming space for you?"
- Offer to support Victor if he would like to formally document a complaint.
- To avoid potential further harm, immediately remove Emma from Victor's care and the care of any other 2SLGBTQI+ residents.

Responding to Emma and addressing discrimination based on religious belief

- Emma's behavior constitutes discrimination under the Ontario Human Rights Code and the Resident's Bill of Rights. Staff cannot use religion as grounds to justify their mistreatment, discrimination, or abuse of 2SLGBTQI+ residents.
- Inform and explain to Emma how and why her behaviour is unacceptable, with reference to all relevant legislation and policy. Consider disciplinary action.
- Provide mandatory education and resources for Emma on the rights of 2SLGBTQI+ people in Ontario and on caring for people with HIV and AIDS, including her responsibilities as a care provider.
- Emma may claim that this is a case of 'competing rights' (religious beliefs versus 2SLGBTQI+ rights). Remind Emma that it is her legal and professional responsibility to uphold the rights of 2SLGBTQI+ residents.
- The expectation is that personal religious beliefs shall not be discussed or imposed on anyone in the workplace, and especially when providing care and service to vulnerable people.

Addressing HIV and AIDS stigma

- It is important to directly address the stigma and misinformation about HIV and AIDS that Emma is expressing.
- Emma’s claim that she may have “caught AIDS” from touching Victor is medically misinformed (HIV virus is not transmissible through touch), and may promote harmful stereotypes about the connection between sexuality/ gender identity and HIV/AIDS.
- Healthcare providers who are following proper care procedures are not at risk for HIV transmission.
- HIV/AIDS misinformation and stigma continue to exist within the medical community and people who provide care. It is important to educate staff and management about how HIV/AIDS is contracted and transmitted, how the virus is managed, including information on viral load (i.e. the importance of undetectable = untransmittable (U=U)), and how to combat stigma and misinformation.
- For further resources on HIV/AIDS, check out AIDS Committee of Toronto, as a starting point for ongoing learning at www.actoronto.org/health-information/hiv.



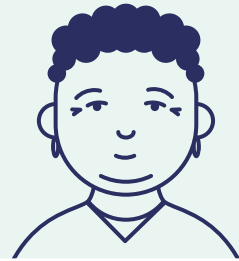
Tool Kit Reference

Policies specific to LTC and retirement settings:

[The Residents’ Bill of Rights, Living Environments and Rooming Policies, and Visiting Policies \(p. 113-115\)](#)

CASE STUDY

Jackie



Scenario

Jackie is a proud member of the Gender Sexuality Alliance committee and openly identifies as being part of the 2SLGBTQI+ community. During meal service, residents are enjoying their meal in a busy dining room. Two residents are conversing openly about the month of June while staff, other residents, and Jackie are present to hear. The two residents make comments about “Jackie’s Month”.

The two residents continue to converse over meal service, making negative comments towards the 2SLGBTQI+ community. They claim they should not be “forced” to participate in a month that normalizes “that kind of behaviour.” At some point, they start making comments directed at Jackie, calling her a “dyke”, and claiming that women need to watch out for her.

Jackie becomes more visibly upset as the conversation continues but does not have the confidence to speak out for herself. Instead, Jackie stops eating and leaves the dining room.

This is not the first time the residents have made these comments, but this is the first time it has happened in front of Jackie.

Questions

- 14. Imagine you were passing by the dining room while this conversation was happening.** What could you have done to immediately intervene in the conversation and mediate the issue from progressing?

- 15.** Eating in the dining room is part of Jackie's daily routine. What could be done to ensure that Jackie is comfortable with continuing to eat in her own home and not feel isolated?

- 16.** As a supervisor, you have been told that these kinds of comments have been happening for a very long time. Although resident-to-resident abuse is reportable, what can be done to address the situation long-term so that Jackie or any other person does not continue to be subject to discrimination in their own home?

Strategic Recommendations

Supporting Jackie

- Provide emotional support and create space for Jackie to identify what may make the dining room a safe and welcoming space. Support Jackie's wishes and assure her that the behaviour of the residents who are harming her will be addressed and will not be tolerated.
- Be mindful to not inadvertently punish Jackie with the long-term care home's response (i.e. rearranging the dining room).

Addressing Resident to Resident Abuse

- Meet with the two residents who are harming Jackie and explain that their behaviour is harmful, discriminatory and abusive, and will not be tolerated in the home. Review the Residents' Bill of Rights with them.
- Create opportunities to educate residents (e.g. Residents' Council meetings, guest speakers)
- Empower staff with tools and suggested wording to address harassment and discrimination by residents.

Proactive and preventative culture change

- Frame the type of harm caused in the scenario as violent behaviour. Have procedures in place to follow when discriminatory, harmful events happen in the home.
- Implement a clear code of conduct or charter of civility that all individuals in the home are expected to follow. In instances where the code is violated, leadership can meet with the individual and review the code together to clarify the expectations of behaviour and civility in the home that have been agreed upon.
- Consider the meaning and historical significance for members of 2SLGBTQI+ communities to have a designated month for Pride. Consider the impacts of visibility and recognition for 2SLGBTQI+ people.
- Provide training opportunities for staff to recognize the harm caused by not addressing microaggressions they witness against residents who identify as members of 2SLGBTI+ communities.
- Continuously work to ensure the home is an inclusive safe space where a particular individual should not feel targeted.



Tool Kit Reference

[Historical Context for 2SLGBTQI+ Seniors – A Life Course Perspective \(p. 64\)](#)

CASE STUDY

Charlie



Scenario

Charlie's pronouns are they/them. Charlie identifies as non-binary and presents as feminine. Charlie is a beloved resident who has long hair and loves wearing pink. Charlie's name on their medical file is 'Eric' and they were assigned male at birth.

One day Charlie gets injured and must be sent to the nearest hospital. During the hectic time, staff are busy ensuring Charlie gets to the hospital quickly and safely, while trying to keep the other residents calm.

When the paramedics arrive on site, Charlie cannot speak. Jason, who is Charlie's nurse, explains the situation and what happened. The paramedics transport Charlie by ambulance to the Emergency Department at the hospital.

After being in the care of the paramedics, Charlie will be in the care of the Emergency department staff and may be admitted to a wing in the hospital, which will involve a third care team.

Charlie feels very strongly about who they are and may refuse care if treated as Eric.

Questions

- 17. If you were Jason, how would you inform the paramedics of Charlie's needs to support gender-affirming care?**

- 18.** What tools do you have to support Charlie so that when they arrive at the hospital, staff are using the correct pronouns and chosen name?

- 19.** What can be done to help Charlie receive gender-affirming care across the continuum of care?

Strategic Recommendations

Supporting Charlie

- Consider the implications and how harmful it would be for Charlie to be called by their dead name, or misgendered at the hospital and brainstorm strategies for prevention.

Optimizing communication with health professionals external to the home

- The practical lens of health professionals is to ensure the resident receives care. Highlight to external health professionals that the resident may refuse care if staff use incorrect pronouns with the resident.
- Include information about names and pronouns on all care documentation for every resident, not only those who are trans.
- Be proactive – make sure communication pathways are in place prior to anyone needing to go to the hospital.
- Consider how to modify existing mechanisms to cue and remind health professionals to respect gender identity and expression and pronouns e.g. hospital transfer forms, identification bracelets. Learn the strategies among local community health partners to optimize communication for continuity of care.

Advocate for resident when following up with hospital or other health care providers

- Include mention of the importance of gender-affirming care and correct pronoun use as part of pertinent care plan information shared with hospital care team.

Delivering gender affirming care and why it matters

- Educate staff to respect gender identity and expression, and pronouns. Consider including pronouns on staff name tags to normalize respecting individual pronouns.
- Gender affirmation in care communicates to residents that this is a safe and understanding space and reduces anxiety about being misgendered or harmed.
- Be proactive and have conversations before the situation arises to ensure that staff have the tools that they might need.
- Provide staff with sample questions that they may ask residents about their name and pronouns. Encourage practicing them to increase comfort in having these conversations with residents.
- Embed critical gender-affirming information into all standard forms to facilitate gender-affirming care.

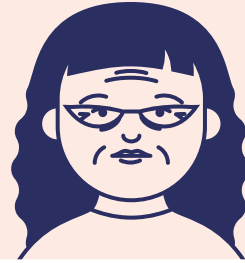


Tool Kit Reference

[Language and Terminology: Pronouns \(p. 40, 50\)](#)

CASE STUDY

Yolanda



Scenario

Suzanna is an experienced PSW, and her first task is to help Yolanda shower and get dressed for the day. Suzanna has met Yolanda in the past but has never helped her with showering or getting dressed before today. Suzanna makes an assumption based on Yolanda's appearance that Yolanda is a cisgender woman.

Suzanna enters Yolanda's room, introduces herself and explains she will be Yolanda's PSW for the shift and offers Yolanda a shower. Yolanda says yes she would like a shower, and Suzanna assists Yolanda down the hall with her walker to the shower room.

In the shower room, Yolanda begins getting undressed, Suzanna is getting the shower ready, and when she turns around, she reacts with visible shock to finding that Yolanda has a penis. Suzanna stares in confusion at Yolanda's body and says, "Oh my god you are a man!"

Yolanda picks up her shirt and covers herself and says, "No I am not a man, I am a trans woman."

Suzanna asks, "Then why didn't you have the surgery?"

Again, Yolanda appears visibly uncomfortable, and she replies by saying, "That is private information that I don't really want to share right now."

Suzanna says "I'm not familiar and I just want to better understand." Yolanda yells, "That's none of your business!"

Questions

- 20.** What could Suzanna have done differently in this situation to ensure Yolanda received affirming and inclusive care?

- 21. Imagine you are Suzanna's manager.** Suzanna tells you this story and claims she “did nothing wrong”, and that she was just trying to better understand when Yolanda overreacted. How might you respond?

- 22.** What steps could be put into place to avoid this scenario in the future?

- 23.** What would this scenario look like if Yolanda was differently-abled such as a wheelchair user, or a resident who is non-verbal or has lower cognitive capability? How would this act of coercion unravel in these different circumstances?

Strategic Recommendations

Supporting Yolanda

- Ensure Yolanda feels supported and heard by offering emotional support and reassuring her that Suzanna's behaviour is unacceptable and does not reflect the attitudes of staff at the home.
- Use affirming and open language when offering support. For example, you may say "I heard what happened, Yolanda. That kind of language and treatment is unacceptable. I will be speaking to Suzanna to ensure this does not happen again."
- Respect and give Yolanda agency by asking an open-ended question like "How can I support you right now?" or "How can I make this feel like a welcoming space for you?"
- Offer to support Yolanda if she would like to formally document a complaint.
- To avoid potential further harm, immediately remove Suzanna from Yolanda's care and the care of any other 2SLGBTQI+ residents.

Follow up with Suzanna

- Remind Suzanna of the expectation for staff to read a resident's care plan prior to providing care, and to provide care that is respectful, inclusive and affirming of all gender identities.
- Explain to Suzanna that she cannot ask residents personal and confidential questions.
- Clarify differences between gender identity, gender expression and sex assigned at birth. Share resources with Suzanna to help her understand the spectrum of gender identities and that not all trans people undergo medical transitions, for a variety of reasons, including personal preference or lack of access to gender-affirming care.
- Validate Yolanda's experience by asking Suzanna to reflect on the resident's feelings (i.e. What could have been the reason for Yolanda to react in the way she did? What experiences could she have had in her life leading up to this point that would shape her reaction to the situation?)
- If after following up with Suzanna she recognizes her harm to Yolanda and wishes to apologize, offer to Yolanda the option of a facilitated meeting between her and Suzanna to repair their relationship.

Preventing Transphobia

- Collect information about gender identity at intake, and include it in the resident's care plan.
- Ensure communication systems are in place to inform staff about Yolanda's trans identity prior to or shortly after taking the shift.

Further Considerations

- By the time that 2SLGBTQI+ seniors become residents of a Long-Term Care home, they most likely will have experienced discrimination from the law, society and the healthcare system.
- Since residents may feel vulnerable discussing their experiences of discrimination for living as their authentic selves, be mindful of the setting in which you may be asking them to discuss private and possibly painful matters.
- Building safe spaces also entails respecting an individual's choices regarding how they may wish to share personal matters and with whom.
- Avoid making assumptions about an individual's gender identity or their level of comfort discussing private matters.



Tool Kit References

[Wellesley Institute: Supporting Safe Spaces for Trans Health: Being an Ally \(p. 97\)](#)

[Working Group Guidance Integrating Sexual Orientation and Gender Identity into Intake and Assessment Procedures \(p. 119-125\)](#)

CASE STUDY

Tenzin



Scenario

A new resident, Maria, is moving into a B, C or D class long-term care home where she will share a room with another resident. Maria and her family are introduced to her new roommate Tenzin. Tenzin is an older trans woman who has been living in long-term care for over two years. Tenzin has a deeper voice, and though staff help her to shave in the morning she often has visible facial hair. While Maria appears to be settling in and getting along well in her initial introduction to Tenzin, Maria's son, Jacob, asks the nurse if he can speak to her privately outside the room.

Once in the hallway Jacob says, "What's going on here, Tenzin is clearly a man dressing as a woman. There is no way my mother will be rooming with him."

The nurse calmly explains that Tenzin is a woman, her pronouns are she and her, and she has the right to access spaces designated for women. The nurse also explains that there are no other available rooms currently and that if Maria so wishes, she can be placed on a transfer list to wait for another room to become available.

Jacob raises his voice and says, "I need to speak with someone in charge immediately. You are putting my mother in danger. I can't believe you are playing into this man's delusions and leaving him unsupervised around women, what kind of home is this anyway?"

After Jacob leaves for the day, Tenzin approaches the nurse and says, "I don't think I am going to feel safe in my room when Maria's son is visiting her. I feel unsafe in my home."

Questions

- 24. Imagine that you are the nurse manager,** how would you first address this situation? How would you respond to Jacob? Which laws, policies, and procedures might you refer to? How would you support Maria?
- 25. Imagine you are the nurse;** Tenzin lets you know she heard your conversation with Jacob in the hallway. She appears visibly upset. How might you respond to Tenzin?
- 26. In this scenario,** Jacob is spreading harmful myths about trans people, specifically the myth that trans women are “men in disguise” who want to access women’s spaces to harm or assault women. How might you address or dispel these myths?

Strategic Recommendations

Supporting Tenzin

- Offer emotional support to Tenzin and clarify that Jacob's behaviour will not be tolerated by the home.
- Use affirming and open language when offering support. For example, you may say "I heard what happened, Tenzin. That kind of language and treatment is unacceptable. I will be speaking to Jacob to ensure this does not happen again."
- Respect and give Tenzin agency by asking an open-ended question like "How can I support you right now?" or "How can I make this feel like a welcoming space for you?"
- Offer to support Tenzin if she would like to formally document a complaint.

Supporting Maria

- Offer emotional support to Maria, and support relationship development with Tenzin.

Responding to Jacob and Addressing Transphobia

- Explain to Jacob that Maria sharing a room with Tenzin adheres to the policies of the home and the [Residents' Bill of Rights](#). Remind him of expectations to treat all residents and staff with respect and acts of discrimination and transphobia will not be tolerated in the home.
- Involve the Family Council and the Gender Sexuality Alliance of the home or equivalent to support education opportunities for Jacob.

Addressing and Preventing Transphobia from Family Members

- To protect the trans resident, take proactive steps during the admission process so that residents and their family members are aware of the expectations regarding their behaviour and treatment of co-residents. Take this opportunity to promote a clear understanding that the home is an inclusive and affirming space for members of 2SLGBTQI+ communities.
- Inform all newly-admitted residents and their family members of the Code of Conduct in the home to promote an environment of civility and safety.
- Consider how policies or practices resident room placement and changing roommates in the home may impact trans residents.

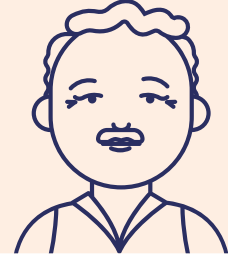


Tool Kit Reference

[Care Planning \(p. 128\)](#)

CASE STUDY

Jason



Scenario

Jason is a resident who identifies as a man and wears clothing that is typically considered women's clothing. When Jason first entered the long-term care home, he expressed his desire to wear dresses and to put on makeup and this was captured in his care plan. Since that time, Jason has developed moderate cognitive impairment. Jason can no longer make choices about his appearance and clothing and requires assistance in getting dressed. To support Jason, the staff continue to dress and apply makeup for Jason as per his prior preferences.

Jason's adult children visit him regularly and disapprove of Jason wearing dresses and makeup. Going forward, they instruct staff to stop dressing Jason in gender non-conforming clothes and refuse to provide their father with dresses and makeup. They state that they believe that since their father can no longer remember his preferences to wear dresses and makeup, Jason should be dressed in masculine trousers and shirts.

Questions

- 27.** How can the long-term care home address the family's instructions regarding Jason wearing dresses and makeup? How can the staff be supported in continuing to fulfil Jason's self-expression?
- 28.** If one of Jason's family members approaches you directly and expresses their wishes about Jason's clothing, how will you respond?
- 29.** As Jason's dementia worsens, how can the staff and the care team support Jason's gender expression?

Strategic Recommendations

Supporting Jason

- Reassure Jason that he will continue to be able to wear dresses and makeup and compliment his appearance. Although Jason is no longer able to express his preferences and dress himself, he will benefit from emotional reassurance and verbal affirmation of his gender expression.
- Help staff to obtain dresses and makeup to have the tools to support Jason's gender expression if his family continues to refuse to supply them.

Supporting Jason's family

- Build therapeutic relationship with family, acknowledge their feelings and explain that the home must follow the care wishes that Jason outlined in his care plan, which include supporting his gender expression.
- Remind family members that their responsibility as Substitute Decision Makers is to make care decisions for Jason based on what he wanted in his care plan, not on their own personal preferences.
- Share and provide educational learning opportunities about gender identity and expression. Invite family to learn more from and find support through the home's Gender-Sexuality Alliance or equivalent.

Supporting Staff

- Praise staff for continuing to champion resident-centered care by fulfilling Jason's wishes for his gender expression as documented in his care plan.
- Empower staff with suggested responses to criticism from Jason's family about helping him to wear dresses and makeup.



Tool Kit References

[Memory Loss and Cognitive Disability \(p.82\)](#)

[Working Group Guidance \(p. 83\)](#)

[Power of Attorney and advance care planning with 2SLGBTQI+ residents \(p. 126\)](#)

CASE STUDY COLLECTION

And Facilitation Guide

LEADING & LEARNING WITH PRIDE

Respectful, Inclusive, and Affirming
Care for **2SLGBTQI+ Seniors**