

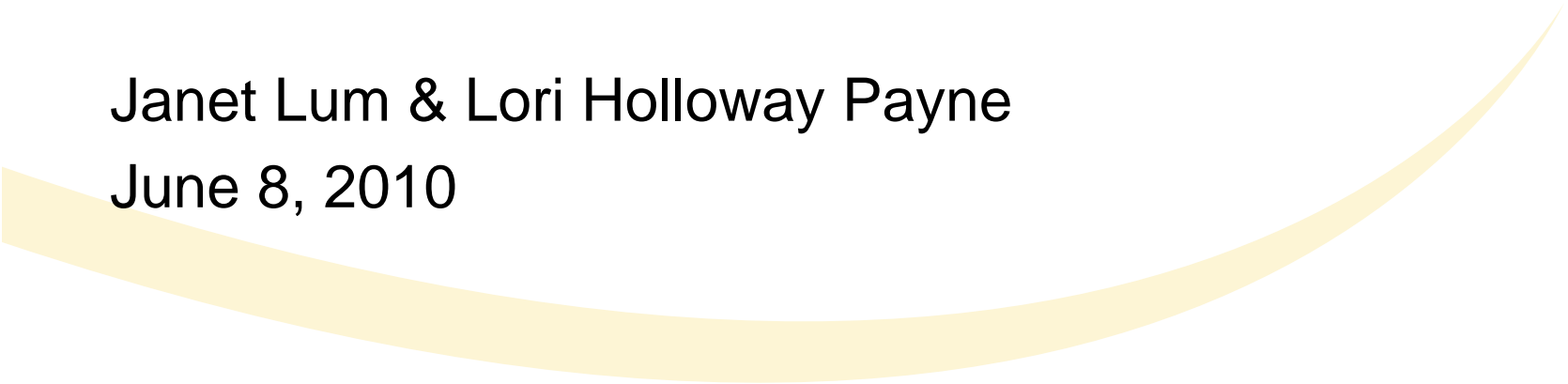


Free to Be! Sexuality and Aging

Balancing liabilities, risks and healthy sexuality for health and social care providers and policy planners

Janet Lum & Lori Holloway Payne

June 8, 2010

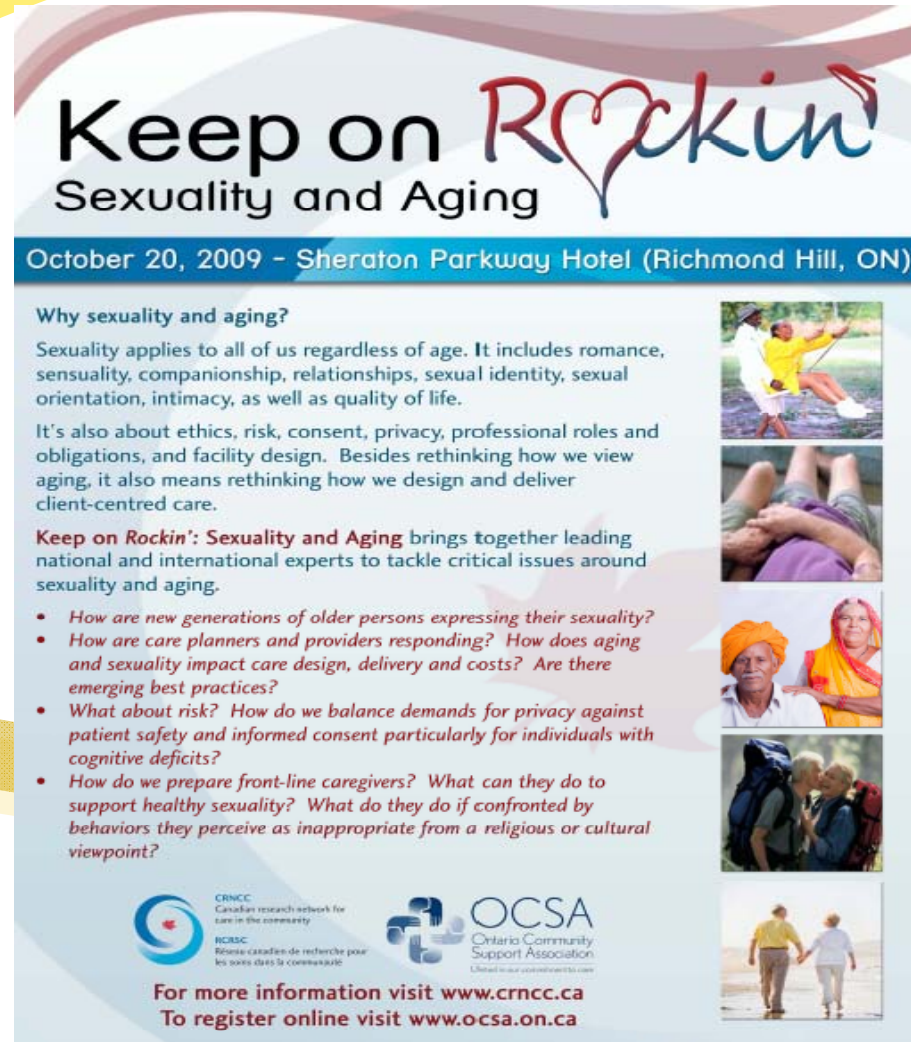


Team

- Janet Lum
 - Ryerson University and CRNCC Co-Chair
- Lori Holloway Payne
 - Personal Support Network of Ontario Director
- Jennifer Sladek
 - U of T PhD student and CRNCC Research Associate
- Alvin Ying
 - CRNCC Manager



Follow up to OCSA-CRNCC Conference



Keep on *Rockin'* Sexuality and Aging






October 20, 2009 - Sheraton Parkway Hotel (Richmond Hill, ON)



Why sexuality and aging?
Sexuality applies to all of us regardless of age. It includes romance, sensuality, companionship, relationships, sexual identity, sexual orientation, intimacy, as well as quality of life.


It's also about ethics, risk, consent, privacy, professional roles and obligations, and facility design. Besides rethinking how we view aging, it also means rethinking how we design and deliver client-centred care.

Keep on Rockin': Sexuality and Aging brings together leading national and international experts to tackle critical issues around sexuality and aging.

- *How are new generations of older persons expressing their sexuality?*
- *How are care planners and providers responding? How does aging and sexuality impact care design, delivery and costs? Are there emerging best practices?*
- *What about risk? How do we balance demands for privacy against patient safety and informed consent particularly for individuals with cognitive deficits?*
- *How do we prepare front-line caregivers? What can they do to support healthy sexuality? What do they do if confronted by behaviors they perceive as inappropriate from a religious or cultural viewpoint?*

 **CRNCC**
Canadian research network for
care in the community
 **RCRSC**
Réseau canadien de recherche pour
les soins dans la communauté

 **OCSA**
Ontario Community
Support Association
United in our commitment to care

For more information visit www.crncc.ca
To register online visit www.ocsa.on.ca



Agenda

- Debunk myths around sexuality and aging
- Learn from national and international experiences about what works around sexuality and aging
 - Janet - role of housing providers and planners around resident's rights to balance liabilities, risks and healthy sexuality
 - Lori - challenges of care providers in different care settings



Agenda

- Ethical scenarios
 - Jenn Sladek and Alvin Ying - breakout groups
- Wrap up
 - Policy recommendations and supports for healthy attitudes toward senior sexuality while considering liabilities, risks, privacy and safety



Sexuality and Integrating Care

- Definition of integrating care puts older persons at the centre --“client-centred” care
- “...a well-planned...set of services ... targeted at the multidimensional needs/problems of an individual client...” (Nies 2004, p. 12).
 - From acute to community care, including housing services
- Top line - good for individuals
- Bottom line - good for sustainability of healthcare system



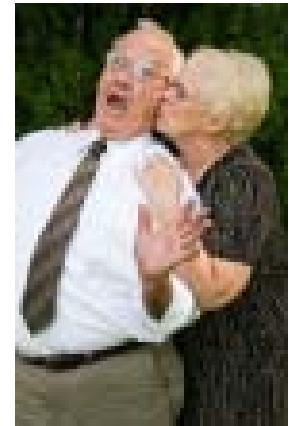
Myth #1: Sexuality is not important for older people

- **FACT:** Sexuality applies to all of us regardless of age
- Contributes to “healthy aging” – promotes mental, physical and social well-being that add up to a sense of self-worth and quality of life



Myth #2: Sexuality is about sex

- **FACT:** Sexuality means different things to different people
- Taking the person as the starting point, sexuality is important in many different ways



Looking and Feeling Good



Companionship



Emotional Connectedness

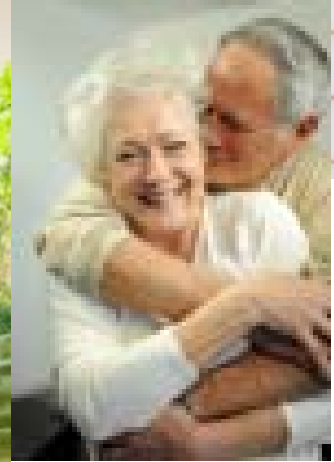
- “...birds and the bees do it, why can't I do it?”
- I feel “happy”...“whole”...“complete”...
- Emotional intimacy probably outweighs sexual intimacy... so people can be very close and not have much sex even though there is still physical intimacy ... sexuality changes through peoples' lives
 - Tim McCaskell, educator, author, equity & anti-homophobia activist



Romance and Relationships



Emotional Intimacy



Physical Intimacy



Sexual Identity and Orientation



Zest For Life



Myth #3: Providers are ready to address changing values

- FACT: Boomers are ahead of providers and are poised to bust myths around sexuality, aging, and sensibilities about sexual orientation and identity
- 14% of Canada's population is 65 years or older and is projected to rise to 25% in 2031



Keep on Rockin'

Sexuality and Aging



CRNCC
Canadian research network for
care in the community



Get ready!!

What is the role of housing planners and providers in balancing healthy sexuality, privacy, liabilities and risks?



National and International Scan of Best Practices



Standardized Regulations

- Residents' Bill of Rights in facilities
- There are few standardized rules/ regulations allowing for the expression of sexuality in long term care facilities



Newfoundland and Labrador Regulations in Long-Term Care Facilities

- Only standards in Canada that make explicit reference to sexual needs, sexual diversity and intimacy
- Explicit references to residents' rights to:
 - develop friendships and enjoy meaningful relationships without hindrance or embarrassment
 - meet sexual needs with privacy, respect and dignity regardless of their sexual orientation
 - privacy
 - staff must knock prior to entering bedrooms, bathrooms and other personal space
 - can lock their door, if desired;
 - » http://www.health.gov.nl.ca/health/publications/long_term_care_standard.pdf

Ontario:

Long Term Care Homes Act, 2007

- Contains Residents' Bill of Rights which, under regulations, must be posted
- Residents have the right to:
 - form friendships and relationships
 - have their lifestyle and choices respected
 - meet privately with their spouse or another person in a room that assures privacy
 - share a room with another resident according to their mutual wishes
- Will come into force July 2010
 - http://www.health.gov.on.ca/english/public/legislation/ltc_homes/ltc_homes.html



Toronto Long Term Care Homes and Services

- Policy governing its nursing homes
- Broad definition of intimacy and sexuality
- Specific definition of “capacity to consent” adapted from the Health Care Consent Act
 - Based on capacity to understand the information relevant to making a decision
 - Ability to appreciate foreseeable consequences
 - http://www.toronto.ca/ltc/pdf/lgbt_toolkit_2008.pdf



Toronto Long Term Care Homes and Services - Resident Care Manual

- Residents' Bill of Rights relating to intimacy and sexuality
- Based on assessed competency
- Decision-making tree for managing intimacy and sexuality for RNs/RPNs, physicians and counsellors
 - http://www.toronto.ca/ltc/pdf/lgbt_toolkit_2008.pdf



Vancouver Coastal Health Authority - Supporting Sexual Health and Intimacy in Care Facilities Guidelines

- Newly published guidelines
- Partly funded by Public Health Agency of Canada
- Not mandatory for VCH facilities
- Outlines legal, clinical and ethical framework for for managing consent, privacy, intimacy and sexuality issues
 - http://www.crncc.ca/knowledge/related_reports/VCH%20FacilitiesLicensing_SupportingSexualHealthandIntimacyinCareFacilities2.pdf



International Jurisdictions

- **United States**

- Federal law requires each State to institute a Bill of Rights that includes issues of sexuality for nursing home residents

- http://www.state.nj.us/publicadvocate/home/reports/pdfs/nursinghome_billofrights.pdf



Hebrew Homes for the Aged: New York

- Leader in developing sexual expression policy in LTC
- Policy and programs:
 - See sexual expression as an intrinsic right of consenting adults
 - Address issues of residents with different levels of cognitive impairment
 - Provide staff education and training
 - Implement family orientation series
 - Modify physical environment to support resident sexual expression and intimacy (Reingold & Burros, 2004)



Denmark

- Municipalities decide whether nurses can call sex workers
- Most frequent clients of sex workers in facilities are older men with early dementia
 - Want physical contact - cuddling, sexual touching not intercourse
 - Calming effect...better than sleeping pills



Australia

- Australia
 - Charter of Residents' Rights and Responsibilities
 - [http://www.health.gov.au/internet/main/publishing.nsf/content/6CBC341074429321CA256F810018368C/\\$File/charter.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/6CBC341074429321CA256F810018368C/$File/charter.pdf)
- In the absence of written policy, some managers sneak in “escorts” on resident’s behalf if requested (Bauer, Nay, & McAuliffe, 2009)
- Nursing homes risk potential six-year jail terms under the Prostitution Control Act for providing prostitution services without a license



New Zealand

- Standards under the Health and Disability Services (Safety) Act 2001 explicitly protect consumers' rights to intimacy and sexuality
 - [http://www.moh.govt.nz/moh.nsf/pagesmh/8656/\\$File/81341-2008-nzs-readonly.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/8656/$File/81341-2008-nzs-readonly.pdf)



Facility Design

- Designing facilities with social spaces that also allow for privacy and intimacy
 - To accommodate couples, or more casual relationships for people of diverse sexual orientations
 - For dining, watching films, chatting...
 - Double beds, locks on doors



Myth #4: Front-line care providers have little to do with clients' sexuality

- **FACT:** PSWs are most likely the ones who will face sexuality issues because they are on the front lines
- **Have multi-faceted roles**
 - Assist in IADLs, ADLs
 - Monitor changing health conditions, provide social engagement



Challenges

- Time constraints
- Training and education to balance institutional liabilities, client risks, healthy sexuality, personal views
 - E.g., practice decision tree and working through ethical situations to balance risks and healthy sexuality
 - Housekeeping around sexually explicit materials, sex toys
 - Provide education on internet dating safety

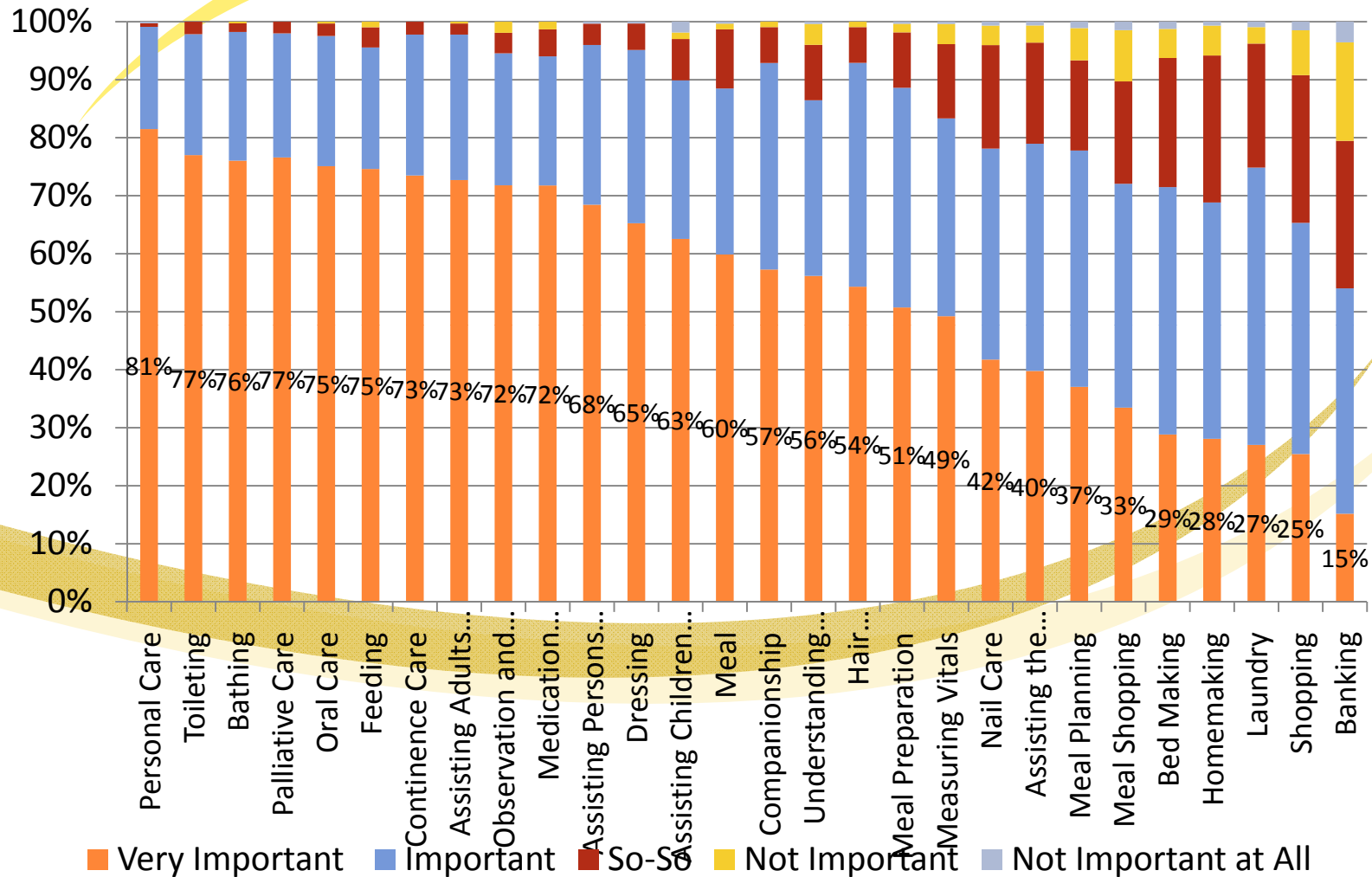


Challenges: Direction of PSW role

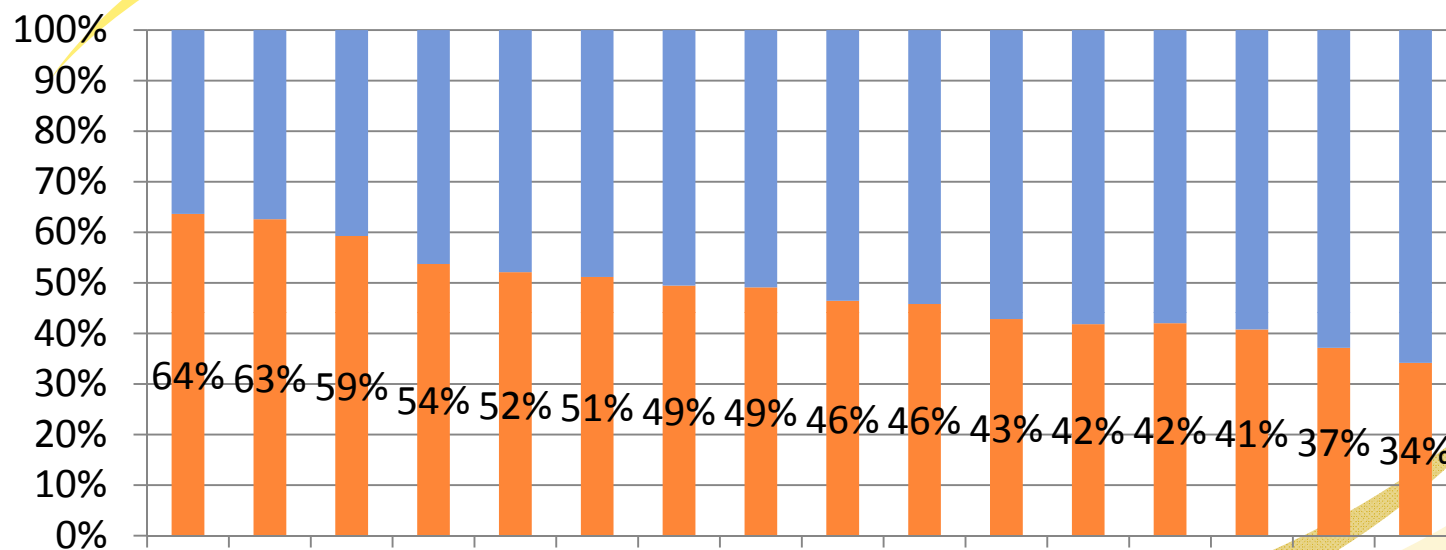
- Disconnect between how PSWs see their role and the direction of PSW role in sustaining health system and in enhancing client health and well-being
- PSWs stress importance of ADLs
- In fact, IADLs, monitoring and medication management critical to aging at home
- **ADD: sexuality and aging issues**



What PSWs Say About Their Work



Need More Education and Training In...



Mental Health Issues
Chronic Disease Management
Medication Management
GLBT Seniors
Dementia
Palliative Care
Addressing Traditions for Diversity
Delegated and Controlled Acts
Food Prep for Diversity
Dealing with Family Members
Disability
Race Ethnicity and Culture
Elder Abuse
Sexuality and Aging
Infection Control
Occupation Health Safety

■ More Training is Required ■ Training is Sufficient



Enhanced Education and Training For Front-Line Providers

- Lessons from **Hebrew Homes for the Aged**
- Ensure familiarity with mandate and policies of institution
- Make explicit that following a mandate of the institution does not require staff to change their personal moral values
- Ensure protocols and guidelines are clear
- Use vignettes from real life to put guidelines into practice
 - Clients holding hands
 - Sexually explicit materials when you do housekeeping
 - “Escorts” entering the premise
 - “Cheating” in LTC facilities



Myth #5: Older people will ask doctors about health issues

- FACT: Clients may feel more comfortable speaking to PSWs whom they see regularly
- Doctors tend NOT to ask older people questions about sexuality and sexual health during regular check-up visits
- Only 22% of women and 38% of men had discussed sex with a doctor since age 50 (Lindau et al, 2007)



Health Consequences

- Older adults may not feel the need to practice safe sex as they consider condoms merely as methods of birth control
 - AIDS Calgary Awareness Association, 2007.
- In 2006 in Canada, people over 50+ accounted for 14% of all positive HIV test reports, double the rate reported in 1985-1998 .
 - Government of Canada. (2007). HIV/AIDS Epi updates November 2007. Ottawa: Public Health Agency of Canada.



Health Issues

- PSWs need to find ways to foster a safe climate to talk about healthy sexuality
- PSWs may find themselves educating on health issues
 - E.g., condom use
- PSWs may find themselves talking about internet safety





PSWs and Family Concerns



Educating Family Members

- PSWs on the front lines are also most likely the ones who will face family members and other residents
- Dispel myths around aging and sexuality for family
- Point to resources and guides



Contribution of PSWs: System Level

- BoC studies and supportive housing work suggests that IADL needs are the primary driver in LTC placement
- Care manager often substituted upward using costlier alternatives such as residential LTC beds to ensure adequate supportive services and client safety
- PSWs play an important role in helping to reduce the waitlist by providing IADL assistance in supportive housing



Contribution of PSWs: Personal Level

- Research establishes clear links between seniors' sexuality and well being (i.e., diminishes loneliness/isolation, increases mental well-being, diminishes anxiety)
- In client-centred care, PSWs are well positioned to integrate sexuality issues into care provision/care plans;
- BUT currently sexuality is not recognized as important for physical and mental health and is not emphasized in PSW training/education



It's Your Turn

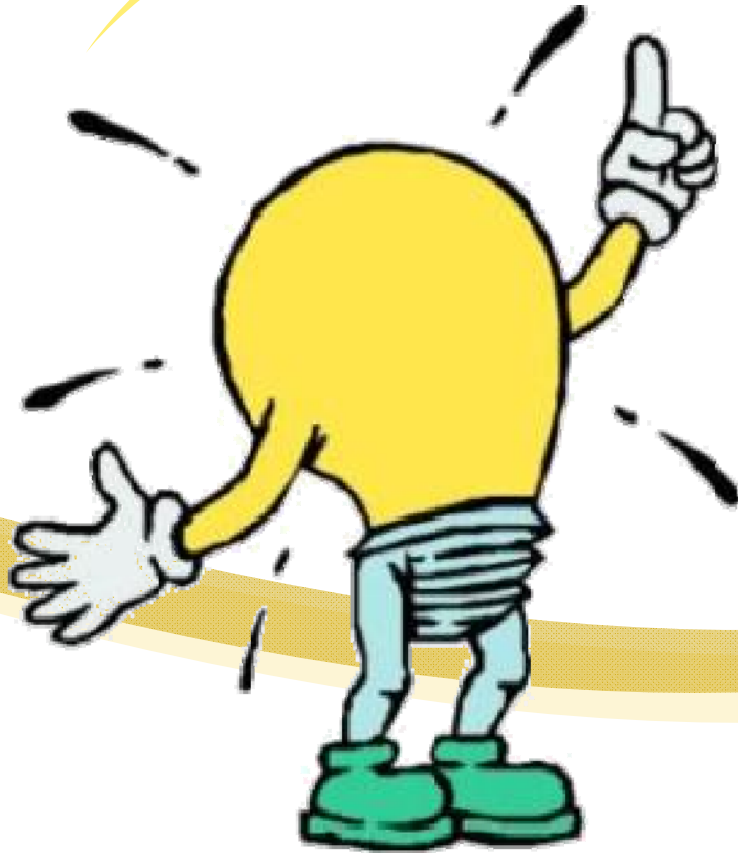


Breakout groups

- 1) What are the key issues? How to balance healthy sexuality while protecting vulnerable clients?
 - a) legal framework; mandate and mission of facility;
 - b) e.g., client's right to self-determination;
 - c) capacity to consent; safety;
 - d) privacy/ confidentiality.

- 2) Recommendations?
 - a) for housing providers and managers;
 - b) for carers;
 - c) community service agencies;
 - d) others?

Moving Forward - Implications for:



- Housing managers and planners
- Community Service Agencies
- Long Term Care facilities
- Health care providers
- Family members





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