Welcoming Trans and Gender-Diverse Older Adults to Long-Term Care

A resource for creating affirming and inclusive move-in experiences in LTC

ONTARIO CLRI Centres for Learning, Research & Innovation in Long-Term Care
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About This Resource

This resource provides guidance to help long-term care (LTC) homes create welcoming, inclusive, and affirming move-in experiences for trans and gender-diverse older adults. Many trans and gender-diverse older adults fear discrimination and may hide their identities in LTC settings. In fact, 89% of trans and non-binary older adults express that they would feel somewhat comfortable living in LTC with a dedicated focus on their needs.[1] This makes it especially important for homes to adopt specific, gender-affirming approaches. While this resource offers practical steps, it does not replace in-depth training or broader structural change. Each section is intentionally brief and points readers towards additional resources for deeper learning.

How to Use This Resource

This resource includes shared principles, practical guidance, and reflective prompts. It is designed as a starting point for leaders and interprofessional teams working in LTC. It does not replace role-specific protocols or professional judgement. We recognize that people will come to this resource with different levels of experience. With that in mind, this resource is best used alongside ongoing education, team discussion, and policy development.

This resource can be used to:

- Guide inclusive move-in (admission), assessment, and care planning processes.
- Inform team education and orientation.
- Review or update policies, forms, and communication materials.
- Foster reflection and discussion across teams.

Each section includes:

- **Actions You Can Take:** Practical steps to implement in your LTC home.
- **Reflection Questions:** Prompts for team or leadership discussions.
- **Resources:** Links to additional learning materials and tools.

Many of these suggestions within this resource will support broader 2SLGBTQI+ communities. While some considerations may extend to Two-Spirit individuals, fully and respectfully supporting Two-Spirit people in LTC requires engagement with Indigenous worldviews, cultural guidance and community collaboration. LTC homes seeking to strengthen support for Two-Spirit people are encouraged to engage with Indigenous communities and relevant cultural advisors, and may also reach out to the Ontario CLRI for guidance or connection to additional resources.

Acknowledgements

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We extend our sincere appreciation to all Working Group members for their thoughtful contributions. While several members have consented to be named below, we also gratefully acknowledge those who contributed their time and expertise and chose not to be publicly identified.

Dr. Arne Stinchcombe, Associate Professor, University of Ottawa; Investigator, Bruyère Health Research Institute

Dr. Ash Flanagan, Senior Knowledge Broker, Ontario CLRI at Bruyère Health

Chris Pugh, Director, Policy and Quality, Ontario Long Term Care Association

Erika Lemon, Program Coordinator, Ontario CLRI at Bruyère Health

Jill Gibson, Resident Experience Partner, Sienna Senior Living

Juan Ortiz, Clinical Educator, Rainbow Health Ontario

Dr. Karen Hofmann, Retired, Ottawa Senior Pride Network Board member

Kelly Seow, Manager Resident Experience & Service Excellence, Sienna Senior Living

Michelle Fleming, Senior Knowledge Broker, Ontario CLRI at Bruyère Health

Rie Corsame, Clinical Educator, Rainbow Health Ontario

Stefany Kawka, Director, Patient Services, Ontario Health atHome

Tanya Neumeyer, Clinical Educator, Rainbow Health Ontario

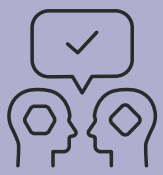
Key Takeaways

These five key takeaways apply across all stages of the move-in journey (from pre-admission to settling in) and across all roles in LTC.

1. Language Matters

The words we use shape residents' sense of safety and belonging.

Ask respectfully. Use inclusive language. Honour the names, pronouns, and terms that residents share with you. Once shared, use that language consistently and only change it if the resident asks you to.



2. Ask, Don't Assume

Never assume someone's gender identity, relationships, needs, or comfort based on appearance, documentation, or past information.

Ask open-ended questions. Allow people to share only what they wish. Stay open to change over time.

3. Protect Privacy, Dignity, and Safety

A resident's gender identity is personal health information.

Share it only with consent and only within the circle of care. Decisions about rooming, care, and daily interactions should always prioritize the resident's dignity, safety, autonomy, and expressed wishes.

4. Practice Allyship with Humility

You do not need to have all of the answers.

Seek learning opportunities. Approach each resident with curiosity and respect. Recognize the limits of your knowledge. Cultural humility means listening, reflecting, and adapting; not assuming expertise.

5. Start from Day 1

The move-in journey sets the tone for trust, dignity, and care.

Inclusive and affirming practices from pre-admission onward reduce fear, support safety, and signal that residents are respected and welcomed as their full selves.

Why This Matters

Supporting trans and gender-diverse residents is essential for safety, dignity, and high-quality person-centred care. Due to experiences of discrimination, many trans and gender-diverse older adults may not feel comfortable sharing their identity or asking for support. When LTC homes lead with inclusive, affirming practices for everyone, they create environments where residents can live with dignity, and where trans and gender-diverse residents can feel safer, seen, and respected.

This commitment is also reflected in human rights law. According to the Ontario Human Rights Commission, organizations may be held liable if they "fail to take adequate steps to prevent and address harassment and discrimination."[2]

Foundational Considerations

This section introduces key concepts to support inclusive and trauma-informed care. It is a starting point, not a comprehensive guide. Readers are encouraged to explore the linked glossaries, training modules, and resources for deeper learning.

Understanding Barriers and Experiences

Many trans and gender-diverse older adults have experienced stigma, discrimination, and social isolation across their lives. These experiences can affect health outcomes and trust in health care systems. In fact, trans and gender-diverse people are more likely to delay or avoid accessing quality health care and LTC due to fear of mistreatment or lack of affirming services.[3] TransPULSE Canada (2023) reported that "Trans-competent care, and the expectation thereof, is imperative to trans/non-binary older adults' willingness to access LTC and community care" (p. 6). In other words, people are more likely to access care when they believe it will be affirming.

It is important to recognize that some trans and gender-diverse older adults may have kept their gender identity hidden or undisclosed for much of their lives (sometimes referred to as living stealth), due to growing up and coming of age "during periods where gender and sexual diversity was criminalized and pathologized" (p. 65).[4] Safety, privacy, and autonomy must guide all interactions.

Research also shows that trans and gender-diverse older adults are more likely to live alone and less likely to have children or family to support. Many rely instead on *chosen family* (friends, partners, community members, or peers) to provide care and emotional support. It is therefore important that care teams recognize, respect, and include these support people as part of the resident's circle of care.[5]

Moving into an LTC home can bring grief, loss of autonomy, and significant emotional distress – experiences that are intensified alongside the fear of being misgendered or misunderstood that many trans and gender-diverse people experience. Those moving into LTC may feel a deep sense of loss, especially if moving into LTC was not their preferred option (e.g., preference was for aging in place).[1] There is a lack of formal resources specific to navigating the grief related to this often highly stressful life event through a trauma-informed and identity-affirming lens.

Finally, it is important to also honour and acknowledge the abilities and resilience of trans and gender-diverse older adults. Many are "also champions of change with the capacity and lived experience to improve services through advocacy, education, and community organizing" (p.14).[4] Those moving into your LTC home may want to champion efforts to support trans and gender-diverse older adults through initiatives for other residents or team members. This can be welcomed and encouraged. However, it should never be assumed or expected that a resident will take on this role simply because of their identity.

> See the *Full Listing of Resources* for evidence reviews, lived-experience resources, and background materials related to the experiences of trans and gender-diverse older adults.

Trauma-Informed Approach in This Context

Mindful of the experiences and histories of trans and gender-diverse people moving into and living in LTC homes, it is important that LTC home teams aim to support a trauma-informed LTC environment that:

- Promotes physical and emotional safety (e.g., washroom access, privacy).
- Builds trust through consistent, respectful communication.
- Offers choice and voice in care decisions.
- Encourages collaboration between residents, caregivers / care partners, and care teams.
- Supports empowerment, recognizing resilience and self-determination.

> See the *Full Listing of Resources* for training and guidance related to trauma-informed and 2SLGBTQI+-affirming care, including Rainbow Health Ontario's 2SLGBTQ+ Trauma Informed Care course.

Shared Language and Key Terms

Shared language creates shared understanding and, ultimately, shapes belonging. Using inclusive and accurate terms helps residents feel recognized and respected.

Key Terms

Gender Identity:	A person's deeply felt internal sense of being a woman, man, both, neither, or any gender (e.g., trans, non-binary).
Intersectionality:	A framework, first coined by civil rights advocate and scholar Dr. Kimberlé Crenshaw in 1989, for understanding how various forms of inequality, discrimination and social identities (e.g., gender, race, sexuality, disability) intersect and overlap.[6] For example, a trans and gender-diverse woman, who is Black, using a wheelchair, and living in an urban setting will have different experiences and needs compared to a trans and gender-diverse woman who is white, can walk without an aide, and lives in a rural setting. To learn more see the City of Toronto: Leading and Learning with Pride: A Revitalized Tool Kit on Supporting 2SLGBTQI+ Seniors (pp. 25-27).
Sex Assigned at Birth:	A system of classification, typically applied at birth, that categorizes people as male, female, or intersex based on combination of anatomical, chromosomal, and hormonal characteristics.
Trans and Gender-Diverse:	An umbrella term describing a diverse group of people whose gender identities do not fully or in part correspond with the sex they were assigned at birth.
Non-Binary:	An umbrella term describing a diverse group of people whose gender identities fall outside of the traditional binary classification of man or woman. People who are non-binary may or may not identify as trans.
Two-Spirit:	An umbrella term used to describe an Indigenous person who embodies diverse gender, sexual, and/or spiritual identities in Indigenous communities.

See the *Full Listing of Resources* for a number of glossaries available that provide a more comprehensive list of definitions.

Overview of the Move-in (Admission) Journey

A welcoming move-in journey affirms identity, reduces anxiety, and builds trust. It includes three interconnected phases.

Preparing for Move-In (Pre-admission)

Ontario Health atHome coordinates the assessment, application and admission process for long-term care homes across Ontario. An assigned care coordinator works directly with applicants to plan for long-term care and provide counselling. They explain their options, determine their eligibility and handle the application process from start to finish.[7]

Ontario Health atHome works with residents before admission to support a smooth transition into long-term care. Through care planning conversations, the care team gathers information about individual needs, preferences and goals to help residents feel welcomed, supported and prepared for their move. As part of the assessment process, Ontario Health atHome Care Coordinators document a resident's pronouns in their health record to support respectful communication and person-centred care throughout their health care journey.[8]

System Considerations: Some provincial processes, including long-term care application forms that align with the sex designation on a resident's health card, may require that designation to be used in official documentation. Some long-term care homes continue to assign rooms by default using sex assigned at birth. When provided and with consent, Ontario Health atHome Care Coordinators document an applicant's affirmed gender identity, chosen name, and pronouns in their patient record. Recording this information supports respectful communication, person-centred care and informed placement decisions that reflect each resident's identity wherever possible.

Care Coordinators work closely with long-term care home providers to support applicants throughout the admission process, fostering open dialogue and ongoing communication to address questions and facilitate a smooth transition into care.

Sometimes the assessment may not include complete or current information about a resident's gender identity or Power of Attorney (POA). This can happen for many reasons, including changes in identity, changes to who is designated as POA, or the resident's comfort level at the time of assessment.

Welcoming Residents on Move-In Day

Move-in day can be emotionally intense for the person moving in and their support person/people. Having affirming intake and assessment processes helps trans and gender-diverse people feel safer to share who they are, and ensures they feel seen, respected and welcomed.

This is also a key time to build trust and begin forming a meaningful relationship with the new resident. It's a time to learn about their life story, their needs and wishes related to their care and daily routines, and to use this understanding to create a person-centred care plan that truly reflects who they are. All team members play an important role in ensuring that inquiries about gender identity and relationship status are made thoughtfully and with care.

Start From DAY 1: Creating an Affirming Move-In Experience

Create a respectful context: Hold conversations in a private, quiet setting, and frame questions as a routine part of welcoming and care planning processes.

Use inclusive, open-ended language: Ask about the identity, relationships, pronouns and names a person uses. After a resident shares, continue to use that language consistently, and only change if an update is requested.

- For example, asking: "How would you like us to refer to you?" or "My pronouns are (state pronouns). Would you like to share your pronouns?"

Document information appropriately: When appropriate, ask the resident how and whether they want the terms they use documented in their chart. Record information accurately, share only within the circle of care, and never disclose a resident's gender identity or history without explicit consent.

Avoid assumptions: Do not assume gender, relationships, or comfort based on appearance, documentation, or past records.

- For example, instead of asking about a 'husband' or 'wife', ask about a 'partner' or 'significant other': "Do you have a partner or significant other?", or "Who do you consider to be family? Who in your life is especially important to you?"

Respect autonomy and timing: Residents may choose not to answer, or may wish to revisit the conversation later. This decision should be honoured, without pressure.

See the *Full Listing of Resources* for practical tools to support inclusive intake, assessment, and care planning.

Supporting Residents to Settle In

Once trans and gender-diverse older adults have moved into their new home, the settling-in phase involves providing ongoing support as they build comfort and connections over time. It is important to continue learning about the resident's life story, their needs and wishes related to their care and daily routines. It may take time (perhaps a long time) to build trust and for some residents to feel comfortable and at ease in their new environment.

It is important to explain the care conference process in advance so the resident knows what to expect, who will be present, and has the opportunity to invite a support person if they wish. Taking the time to communicate openly and consistently helps to further foster trust and belonging. If the resident has a cognitive impairment and is unable to participate in their care conference, connect with the POA for Personal Care or SDM to explain the process and what to expect.

It is also important to highlight any initiatives within your home that support 2SLGBTQI+ people. For example, if your home has an EDI committee that involves residents, make sure trans and gender-diverse residents know how they could become involved, if they are interested.

Long-Term Care Home Spotlight

In the heart of Toronto, The Rekai Centres began its journey toward 2SLGBTQI+ inclusion in 2008 - and the results speak for themselves. Rekai's team started with education, partnering with The 519 and connecting with the Senior Pride Network Toronto and Casey House, while engaging in deep, sustained conversations across the home. This groundwork led to North America's first Rainbow Wing in LTC, backed by courageous leadership, and ongoing education and coaching for team members.

Learn more about their journey
https://clri-ltc.ca/a-home-with-heart-rekai-centres-journey-toward-2slgbtqi-inclusion/

Considerations Across Phases

The move-in journey does not unfold in a straight line.

Conversations about identity, safety, relationships, and care preferences may happen gradually; and may change over time.

The **Key Takeaways** outlined earlier apply across all phases of the move-in journey just outlined. They are meant to guide everyday interactions, decision-making, and responses to complex or unexpected situations.

As you move through this resource, keep the following in mind:

- **One size does not fit all.** The needs and experiences of trans and gender-diverse residents are shaped by many intersecting factors, including age, culture, race, disability, geography, and life history.
- **Trauma may shape interactions**. Past experiences of stigma, discrimination, or harm can influence how residents engage with care teams and environments. Patience, consistency, and respect are essential to developing a trusting relationship.
- **Disclosure is not one-time.** Some trans and gender-diverse residents may choose not to share aspects of their identity right away – or at all. Trust develops over time, and people's comfort with disclosure may change.
- **Privacy is a core safety practice.** A resident's gender identity, history, or personal information should only be shared with consent and only within the circle of care.
- **Respond to current, expressed needs**. A resident's current directions, comfort, and self-understanding may change over time and may differ from previously expressed or documented wishes (particularly in the context of cognitive impairment). As with other aspects of person-centred care, LTC home teams are encouraged to respond with kindness and a trauma-informed lens, prioritizing how the resident identifies and wishes to be addressed in the moment (e.g., name, pronouns, gender expression).
- **Family and substitute decision-maker (SDM) dynamics can be complex.** In situations where family members or SDMs are not supportive, care should be guided by the resident's expressed wishes, dignity, and rights; in alignment with legislation and organizational policies.
    - Refer to the LTC home's social worker or social service worker for support. If additional education or support is needed, the Ontario CLRI leads a Social Worker and Social Service Worker Community of Practice that may be helpful.

These considerations are not a checklist. They are an invitation to pause, reflect, and return to the core principles that support safety, dignity, and belonging.

To explore how these considerations can unfold over time in practice, see *Appendix B: Balancing Identity, Safety, and Family Dynamics in Long-Term Care*. This unfolding case study illustrates how early decisions, language, and documentation can shape safety, dignity, and belonging as situations become more complex.

Core Practice and Process Areas

Supporting trans and gender-diverse people in LTC homes involves intentional practices, processes, and systems that promote and support safety, dignity, and inclusion. This section provides practical guidance, reflection questions, and resources to support LTC homes in strengthening their capacity to provide affirming, person-centred care for trans and gender-diverse residents. Many of these suggestions will support broader 2SLGBTQI+ communities as well.

To reduce repetition and support easier navigation, resources are listed in full at the end of this document. Each section links directly to the specific section within the *Full Listing of Resources* for optional deeper learning.

1. Awareness Raising, Education and Training

Actions You Can Take:

- Provide education to all LTC home team members on 2SLGBTQI+ inclusive care, including how to respectfully ask questions about gender identity.
- Develop clear procedures for responding to bias and discrimination, including harm caused by other residents, not only team members.
- Build partnerships with local 2SLGBTQI+ community organizations (such as Senior Pride Networks and education or advocacy groups) to provide ongoing education and support for trans and gender-diverse residents. These partnerships can also help foster a more inclusive and affirming culture across the LTC home - for residents, team members, and families.

Reflection Questions:

- Where do team members feel confident providing affirming care to trans and gender-diverse residents? Where do gaps or discomfort still exist?
- When prejudice or discrimination occurs, are leaders and team members clear on how to respond in ways that centre dignity, safety, and accountability?
- How does our organization support ongoing learning when complex or unfamiliar situations arise (e.g., Ethics Committee, consulting Clinical Ethicist, external organizations)?

Resources:

See the *Full Listing of Resources* for education, training, and practice-based tools to support 2SLGBTQI+-inclusive care and team learning.

2. Environment

Actions You Can Take:

Display inclusive signage (e.g., Positive Space posters/stickers) in public areas once your organization has engaged in education and team members can articulate what the posters/ stickers mean.

Have rainbow buttons, pronoun buttons and ally buttons for team members to wear; include pronoun options on team member name tags, email signature lines.

Provide accessible gender neutral washrooms, label them clearly and ensure they are readily accessible (i.e., the person doesn't have to request a key to access them). Make it a habit of telling people where the gender neutral washrooms are when providing tours or hosting meetings and events.

On your organizational website and within promotional and move-in materials:

- Use gender-inclusive language (e.g., saying 'they' rather than 'he / she'; 'partner' rather than 'husband / wife', etc)
- Include a statement on equity, diversity and inclusion, and details of how your organization supports 2SLGBTQI+ people, including details about education for team members, programs offered to residents, policies and processes in place.
- Include imagery that is 2SLGBTQI+ inclusive (e.g., images of trans and gender-diverse people and people of different ages, cultures, abilities, relationships and family structures, such as same-gender couples). Diverse representation can help reduce assumptions, support feelings of recognition and safety, and reinforce organizational commitments to inclusive and person-centred care.

Ensure chosen name and correct pronouns are used by team members, on door signs, care boards, dining lists, in the electronic health record, etc. from Day 1.

Celebrate diversity through inclusive recreation and cultural events.

Have books and movies on hand that feature trans and gender-diverse representation.

Reflection Questions:

What messages does our physical and social environment (e.g., signage / visual cues, gender-neutral washrooms, communication / marketing materials) send about who belongs and who is expected to adapt?

How might residents, families / care partners, or visitors with diverse identities experience our space differently than we intend?

Where do visible signs of inclusion align (or misalign) with everyday practices and behaviours?

Resources:

See the *Full Listing of Resources* for signage, environmental guidance, and tools to support inclusive and affirming physical and social spaces.

3. Room Placement

Some rooming terminology and structures (such as “male basic” and “female basic” designations or sex-segregated resident home areas) that are commonly used in LTC systems, reflect long-standing binary assumptions about sex and gender. While these frameworks may support operational or administrative needs, they may not reflect residents’ lived identities or experiences and can create barriers for residents whose safety, comfort, or dignity benefit from more flexible, individualized approaches to room placement.

LTC home teams are encouraged to recognize the limits of these structures and strive for placement and care decisions that are guided by each resident’s affirmed gender identity, expressed needs, and sense of safety; rather than by binary classifications alone. Reflecting on how system-level language, policies and room designations may unintentionally exclude or limit safety and belonging is an important step towards more inclusive and person-centred care.

Actions You Can Take:

Develop and adopt a written Inclusive Rooming Policy that respects residents’ wishes.

- Include considerations for the safety of residents who do not wish to disclose their identity.

Provide private opportunities for residents to discuss room preferences.

- Document the resident’s wishes clearly and revisit them as needed.
- When requested, prioritize single-room accommodations where possible.

Create a decision-making framework that respects both the incoming resident’s wishes and the privacy of current roommates without disclosing trans and gender-diverse identity.

- Ask all incoming residents, regardless of gender identity, about their rooming preferences (e.g., “Do you have preferences around room sharing or privacy?” and document responses).
- Ensure conversations stay focused on comfort, safety, and preferences, not identity details.

Include room placement scenarios in training and orientation to reinforce privacy, trauma-informed approaches, and respectful responses to concerns.

Focus on resident safety and dignity. A trans or gender-diverse resident should not be expected to conceal their identity, change their behaviour or tolerate disrespect or discrimination.

When concerns arise related to room sharing, be mindful of how situations are framed. If one resident is experiencing harm, this should not be framed as a “mutual disagreement.” Discomfort rooted in bias or misunderstanding should be clearly recognized and addressed, rather than treated as an equal conflict between the two residents.

Team members must never disclose a resident's trans or gender-diverse identity, gender history, or personal information to others (including potential or current roommates) without the resident's explicit consent. Conversations about room compatibility should focus on individual preferences, routines, and needs; rather than identity details, so residents remain in control of what is shared and with whom.

Ensure all team members are aware of individual resident needs and receive guidance and education to support inclusive and respectful room placement. More complex or escalated situations may require involvement from social work, leadership, ethics resources, or care conferences, in alignment with organizational policies and the Residents' Bill of Rights.

Reflection Questions:

How might existing rooming structures / processes or labels shape assumptions about safety, comfort, or "fit," and how do we navigate those tensions while centering the resident's expressed wishes?

Where do we prioritize convenience or precedent (e.g., this is how we've always done things) over dignity, privacy, or choice? What flexibility might be possible?

How do we respond when discomfort is rooted in bias, while still supporting safety and respectful living for trans and gender-diverse residents?

Resources:

See the *Full Listing of Resources* for legal references, policy guidance, and tools related to room placement, privacy, and resident safety.

4. Policies, Procedures and Forms

Actions You Can Take:

Review all move-in, assessment, and care planning materials and forms for inclusive language and fields, including Resident & Family Handbooks and other external facing communications.

- Ensure that gender identity and pronouns can be documented (and that there is an option not to answer).
- Record both "legal name" (for records) and "chosen name" (for use in care / interaction).

Review organizational policies (e.g., admission, accommodation, privacy, complaints, non-discrimination / respectful workplace / resident conduct, etc.) to identify and address language or practices that assume gender is binary. Ensure policies are written with inclusive language (i.e., use they instead of he/she).

- Explicitly reference gender identity and gender expression in policies related to dignity, respect and non-discrimination (in alignment with the Ontario Human Rights Code).

Provide education (and reminders as needed) of expectations for all team members regarding the use of residents' chosen name and pronouns.

Provide guidance for team members on how and when to ask questions about gender identity in a respectful manner and how to document this information appropriately. Ensure systems allow for updates over time, honouring that identity and preferences around disclosure may change.

Provide written information about resident rights (e.g., Residents' Bill of Rights), rooming and privacy policies, and inclusion commitments.

- Include guidance around who to speak to if the resident and/or their POA, SDM and/or support person has questions.

Ensure there are clear, accessible ways to report and address concerns, conflicts, or discrimination related to gender identity, and that they are communicated clearly across relevant audiences including team members across all departments, and also to residents, caregivers, visitors, volunteers and students.

For residents moving out of LTC, offer affirming discharge planning and community connections.

Reflection Questions:

What assumptions about sex, gender, or family are present in current policies, procedures or documentation processes?

How do our systems support (or limit) a resident's ability to share, update, or withhold information about their identity over time?

When policies conflict with person-centred, affirming care, how do we identify and address those tensions?

Resources:

See the *Full Listing of Resources* for policy toolkits, human rights guidance, and examples of inclusive documentation and systems.

5. Supporting Caregivers / Support People

Actions You Can Take:

- Encourage residents to identify a chosen support person (from their circle / network of support) to include in meetings, including care conferences (e.g., "Is there someone you'd like to include in these conversations?").
- Check in with caregivers / care partners on how they are doing, and how you can best support their needs, particularly through the time of transition of moving in and adjusting to the LTC home.
- Reassure caregivers / care partners that your LTC home is committed to 2SLGBTQI+ inclusion. Share with caregiver(s) the LTC home's equity, diversity and inclusion statement (if available), the Residents' Bill of Rights and information about the ways the home supports inclusion (e.g., education for team members, celebrating Pride, partnering with local Senior Pride Network, etc).
- If the resident is incapable of making financial and legal decisions, and does not have a POA or SDM, they may need to be referred to the Public Guardian and Trustee.
- Situations involving unsupportive family members or SDMs require thoughtful, person-centred and consistent responses. Care should be guided by the resident's expressed wishes, dignity, and rights, in alignment with legislation and organizational policies. Teams may benefit from involving leadership, social work, ethics resources, or external supports when navigating complex or escalated dynamics.

Reflection Questions:

- How do we ensure chosen families and support people are recognized and meaningfully included in care planning? Are we equipped to advocate with residents without a support network?
- When family members or SDMs are not supportive of a resident's identity, how do we centre the resident's dignity, rights and expressed wishes?
- How do we support team members to navigate these situations consistently, confidently, and compassionately?

Resources:

- See the *Full Listing of Resources* for caregiver-focused tools, dementia-related supports, and resources related to chosen family and advocacy.

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Appendix A: Full Listing of Resources

The list below includes the full listing of resources pointed to throughout this tool to provide easy access.

Foundational Concepts, Language, and Context

(Relevant sections: Foundational Considerations; Shared Language and Key Terms)

Learn more about the context and experiences of trans and gender-diverse older adults from:

- Rainbow Health Ontario: Health in focus: LGBT2SQ seniors: An evidence review and practical guide designed for healthcare providers and researchers.
- The Registered Nurses Association of Ontario (RNAO) has developed this Best Practice Guideline on Promoting 2SLGBTQI+ Health Equity that provides evidence-based guidance on foundational, inclusive care practices for 2SLGBTQI+ people.
- TransPULSE: Health and Well-Being Among Trans and Non-Binary Older Adults.
- Canadian Virtual Hospice: MyGrief.ca: Grief in 2SLGBTQ+ Communities.
- College of Nurses of Ontario: How to create safer health care experiences for 2SLGBTQ+ patients.

For more in-depth details about 2SLGBTQI+ history in Canada, review City of Toronto's Leading and Learning with Pride Toolkit (pp. 65-66).

There are a number of glossaries available that provide a more comprehensive list of definitions. Refer to:

- City of Toronto: Leading and Learning with Pride Toolkit (pp. 39-54).
- Egale Canada: 2SLGBTQI Terms and Definitions.
- Rainbow Health Ontario: 2SLGBTQ+ Terms Glossary.
- The 519: Glossary of Terms.

Trauma-Informed and Affirming Care

(Relevant sections: Trauma-Informed Approach; Welcoming Residents on Move-In Day)

- Rainbow Health Ontario: 2SLGBTQ+ Trauma Informed Care course.
- Safecare BC: What is trauma-informed care? A guide for healthcare professionals.
- Canadian Virtual Hospice: Grief in 2SLGBTQ+ Communities.
- EQUIP Health Care: Trauma- & Violence-Informed Care (TVIC): A Tool for Health & Social Service Organizations & Providers.

Intake, Assessment, and Care Planning

(Relevant sections: Preparing for Move-In; Welcoming Residents on Move-In Day)

- City of Toronto: Leading and Learning with Pride: A Revitalized Tool Kit on Supporting 2SLGBTQI+ Seniors (section on "Intake and Assessment from pp. 117 - 128 offers some additional guidance and suggestions).
- Egale Canada: Pronouns Usage Guide.
- Canadian Institute for Health Information: InterRAI Long-Term Care Facilities (LTCF): What's Different (Job Aid).
- Rainbow Health Ontario: Practical Strategies for More 2SLGBTQ+ Inclusive Electronic Health Records.

Education and Training

(Relevant sections: Awareness Raising, Education and Training)

- Rainbow Health Ontario's 2SLGBTQ+ Foundations Course, 2SLGBTQ+ Older Adults and Inclusive Care, and Trans 101 – Adults and Older Adults courses.
- City of Toronto's Leading and Learning with Pride: A Revitalized Tool Kit on Supporting 2SLGBTQI+ Seniors.
    - The 519, City of Toronto Seniors Services and Long-Term Care and Senior Pride Network Toronto partnered to build on the Leading and Learning with Pride Tool Kit, and developed a Case Study Collection and Facilitation Guide to support and encourage meaningful dialogue on 2SLGBTQI+ inclusion. The case studies include a few examples of trans and gender-diverse people.
- The College of Physicians and Surgeons of Ontario's (CPSO) has developed this Advice to the Profession: Human Rights in the Provision of Health Services companion document to provide additional information and general advice related to legal and professional obligations regarding the provision of health services.
- Learn more about how to support 2SLGBTQI people living with dementia and their carers with Egale Canada and the National Institute on Ageing's 2SLGBTQI Dementia Networks of Support – Where do you fit?; as well as 2SLGBTQI People Living Dementia – A Quick Guide.
- Rainbow Health Ontario's toolkit for Managing Anti-Trans Harassment for Health Care Providers.

Environment, Visibility, and Inclusion Signals

(Relevant sections: Environment)

- Rainbow Health Ontario's Online Store. Positive Space posters (EN, FR), stickers (EN, FR), and gender-neutral washroom signs (EN, FR).
- Egale Canada: Room for Everyone: Resources for Creating Inclusive Washrooms.
- The 519: Still Here, Still Queer: The Perceive and Feel Framework (p. 38).
- The 519 and Rainbow Health Ontario (2018): Media Reference Guide: Discussing Trans and Gender-Diverse People.
- Ottawa Senior Pride Network: 2SLGBTQI+ Long-Term Care and Retirement Home Tour Questions (Inclusive and Affirming Spaces).
- The Ontario CLRI: Diversity and Inclusion Calendar.

Room Placement, Privacy, and Safety

(Relevant sections: Room Placement; Considerations Across Phases)

- Fixing Long-Term Care Act (FLTCA), 2021: *Residents' Bill of Rights (FLTCA, s. 3(1))*:
  - "1. *Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.*"
  - "8. *Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.*"
- Guidance and suggestions for development of an Inclusive Rooming Policy from the City of Toronto: Leading and Learning with Pride: A Revitalized Tool Kit on Supporting 2SLGBTQI+ Seniors (p. 114) and SAGE: Finding an LGBTQ+ Inclusive Long-Term Care Community Report (p. 5).

Policies, Human Rights, and Accountability

(Relevant sections: Policies, Procedures and Forms)

- Canadian Human Rights Commission: Preventing and Addressing Workplace Harassment and Violence.
- Ontario Human Rights Commission: Questions and Answers about Gender Identity and Pronouns.
- The 519: Creating Authentic Spaces: A Gender Identity and Gender Expression Toolkit to Support the Implementation of Institutional and Social Change (particularly the section entitled "The ins and outs of policy. An example of best practice: the Ontario *Human Rights Code*", pp. 40-50).
- Canadian Institute for Health Information: the InterRAI Long-Term Care Facilities (LTCF) assessment tool includes gender identity - see InterRAI LTCF: What's Different (Job Aid).
- Rainbow Health Ontario: Practical Strategies for More 2SLGBTQ+ Inclusive Electronic Health Records.
- Rainbow Health Ontario: Podcast Countering Anti-Trans Hate for Health Care Providers (Part 1 and Part 2).
- Egale Canada: An Employer Guide to Supporting Employees Through Gender Transition.

Caregivers, Chosen Family, and Dementia Supports

(Relevant sections: Supporting Caregivers / Support People)

- Egale Canada and the National Institute on Ageing: 2SLGBTQI Dementia Networks of Support – Where do you fit?
- The Ontario Caregiver Organization: I Am a Caregiver Toolkit (2SLGBTQIA Adaptation).
- The Ontario Caregiver Organization: Caregiving resources for 2SLGBTQIA+ communities.

Appendix B: Case Study - Balancing Identity, Safety, and Family Dynamics in LTC

This unfolding case presents a realistic progression of situations that LTC teams may encounter when supporting a trans and gender-diverse resident. Each layer of the case adds complexity and invites reflection on how early decisions, systems and team responses shape safety, dignity, and belonging over time.

How To Use This Case

This case is designed to support reflection and discussion rather than to provide a single “right” answer. Readers are encouraged to move through the case sequentially, noting how early uncertainty or inconsistency can compound over time. The case may be used for individual reflection or group discussion. Facilitators may choose to focus on one or two layers most relevant to their context or revisit earlier layers after reading the full case to explore how different responses might have changed later outcomes.

The Case

Resident Profile: Meet Liz

Liz is a 72-year-old transgender woman who recently moved into a LTC home after struggling to manage her activities of daily living (ADLs) independently. She identifies as a woman, uses she/her pronouns, and has been living openly as a transgender woman for more than 15 years. Liz has increasing cognitive changes consistent with early-to-moderate dementia and is generally social and engaged.

Liz's daughter is listed as her Substitute Decision Maker (SDM).

Layer 1: Admission and Documentation

What this layer surfaces: foundational practices and early uncertainty

When Liz moves into the LTC home, her gender identity is not explicitly discussed or documented during intake. Shortly afterward, her daughter completes additional paperwork using Liz's birth name and requests that team members use he/him pronouns, stating that this is "*more accurate*" and "*less upsetting for the family.*"

Team members are unsure how to proceed. Across shifts, different names and pronouns are used. Liz occasionally corrects team members and appears hesitant during care interactions.

Pause and Reflect:

What decisions are being made at this early stage that may shape Liz's sense of safety moving forward?

Layer 2: Environment and Room Placement

What this layer surfaces: systems, language, and unintended harm

Liz was assigned to a shared room with a cisgender woman. A few days after her arrival, Liz overhears two team members talking in the hallway: "*I just don't get why they let him share a room with a woman.*"

Later that day, Liz refuses personal care and declines to attend recreation programs she previously enjoyed.

Layer 3: Cognitive Changes and Fluctuating Expression

What this layer surfaces: uncertainty, avoidance, and trauma-informed care

Over time, Liz's cognitive impairment progresses. On some days, she refers to herself using her birth name. On other days, she becomes distressed when misgendered or when team members refer to her incorrectly. Team members notice subtle shifts in their interactions with Liz, becoming more distant and task-focused.

During a shift handover, a team member comments, "*She doesn't even know who she is anymore. Does it really matter what name or pronouns we use?*"

Some team members worry about "doing the wrong thing" and begin avoiding names and pronouns altogether.

Pause and Reflect:

How should teams respond when a resident's communication or self-expression fluctuates?

Layer 4: Family Tension and Escalation

What this layer surfaces: roles, boundaries, and power dynamics

Liz's SDM raises concerns with leadership, stating that team members are "*encouraging behaviour that isn't appropriate.*" She asks that Liz be referred to by her birth name and moved to what she describes as "*a more suitable home area.*"

Team members feel caught between respecting Liz's identity and responding to the SDM's demands. Some worry about complaints or conflict.

Layer 5: Interprofessional Response

What this layer surfaces: leadership, alignment, and accountability

Leadership convenes an interprofessional discussion involving nursing, social work, recreation, and management. A social worker meets privately with Liz to assess her well-being and separately with the SDM to clarify expectations and roles. Leadership reinforces organizational expectations around respectful conduct and person-centred care.

Liz's care plan and documentation are updated to ensure consistent use of her chosen name and pronouns. The team discusses trauma-informed approaches for times when Liz's communication or self-expression fluctuates and clarifies expectations for raising concerns privately and appropriately. A follow-up plan is put in place to monitor Liz's well-being and ensure consistent practice across shifts.

Pause and Reflect:

What would meaningful repair look like from the resident's perspective?

CLOSING REFLECTION

What is one concrete action your team could take today to reduce uncertainty and improve consistency when supporting trans and gender-diverse residents?

Facilitator Guide

This guide is intended to support facilitated discussion. It may be used in whole or in part, depending on the time and audience.

Layer 1: Admission and Documentation

Key Points:

- A resident's name and pronouns are not clinical preferences. They are foundational to dignity and safety
- An SDM's authority typically relates to health-care decisions, not to overriding a resident's identity or expression
- Inconsistency across team members increases distress and risk of harm

Discussion Prompts:

- Why are names and pronouns foundational to safety and dignity, not optional preferences?
- What information should guide care when resident and SDM wishes conflict?
- What support would help team members feel more confident at move-in?

Layer 2: Environment and Room Placement

Key Points:

- Public questioning of room placement can cause immediate harm
- Binary system language can unintentionally undermine safety and belonging
- Concerns should be raised privately and through appropriate channels

Discussion Prompts:

- How can hallway conversations and informal language cause harm?
- What systems or norms could prevent this situation?
- How should concerns about placement be raised appropriately?

Layer 3: Cognitive Changes and Fluctuating Expression

Key Points:

- Cognitive impairment does not erase identity
- Fluctuating communication is common and should be met with flexibility and kindness
- Current distress and comfort should guide responses, as in other dementia-related care situations

Discussion Prompts:

- How does trauma-informed care apply when expression fluctuates?
- Why can avoidance (e.g., not using names at all) increase harm?
- What should guide care in moments of uncertainty?

Layer 4: Family Tension and Escalation

Key Points:

- Centre the resident's dignity and well-being
- Clarify SDM scope and organizational expectations
- Avoid framing identity as a "debate"

Discussion Prompts:

- How can teams centre resident dignity while navigating family tension?
- When should ethics, leadership, or mediation be involved?
- How can expectations for respectful conduct be communicated clearly?

Layer 5: Interprofessional Response

Key Points:

- Complex situations benefit from interprofessional collaboration
- Leadership plays a key role in setting expectations and supporting team members
- Clear documentation and shared understanding reduce future harm
- Follow-up with the resident is essential

Discussion Prompts:

- Who needs to be involved when situations escalate?
- What role does leadership play in setting expectations?
- How can teams ensure follow-up with the resident after harm occurs?

Notes

Building a culture where every resident, team member and caregiver feels they belong takes ongoing learning and effort.

Find the tools to support your LTC home's EDI journey.
https://clri-ltc.ca/resource/ediinltc/