Love & Belonging Observation Tool

<u>The level of one's need</u>

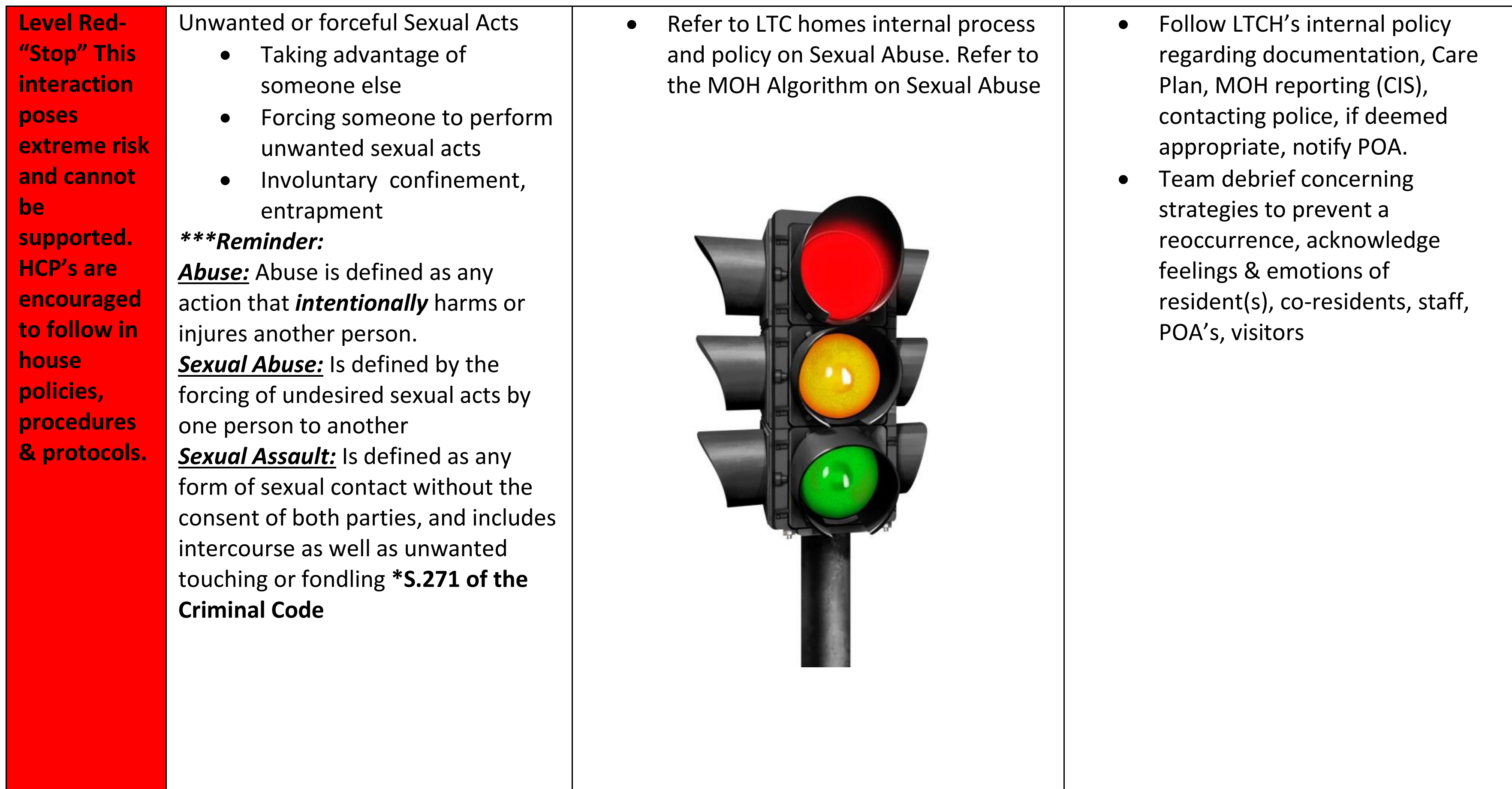
Expression of Need	Description of Resident Need	Care Approach	Things to Consider
Level Green- "Good to Go" This interaction is seen as low risk and should be supported by staff in meeting a residents needs in overall health, well-being and quality care.	Love & Belonging; • Friendships, intimacy and sense of connection; • Kissing, hugging, cuddling, handholding, flirting, dancing • Masturbation/fondling oneself in private i.e. own room ******Reminder:*** ***Sexuality & Intimacy;*** *is a basic fundamental need, instrumental in overall health and well-being*	Provide and support a socially appropriate context for the relationship that offers comfort and reassurance by; • Ensure privacy • Ongoing monitoring of each resident's ability to consent to the need for intimacy/courtship • Update the Care Plan under "Love and Belonging" to reflect the current relationship status of both resident's • Discussion with the team around the organization of a team care conference to educate family on the identified need *******Reminder:*** ***Be aware of your own morals, values and beliefs, and how they may influence your response and actions. It is important to remain objective.***	• A person living with dementia is very much living in the moment, how can their need be supported in that moment? • How can we support individuals to form healthy relationships? • Be respectful; understand that it is normal for resident's to seek companionship, relationships and a means of pleasure. • Is there any intent to harm by one resident towards another? • Resident Bill of Rights with respect to forming relationships/ companionships as follows; **Resident Bill of Rights-LTCH's ACT 2007 S.O 2007, c.8 3(1)** • #18 Every Resident has the right to form friendships and relationships and to participate in the life of the long-term care home. • #19 Every Resident has the right to have his or her lifestyle and choices respected. • #21 Every Resident has the right to meet privately with his or her

			spouse or another person in a room that assures privacy. • Persons with Dementia Have Needs, just like all of us; **(GPA 4e, adopted from Bell & Troxel, 2001)** • To share, love and give • To feel competent • To have a sense of belonging • To feel hopeful • **Dementia Bill of Rights- (Adopted from Bell & Troxel, The Best Friends Approach to Alzheimer's Care, 2013)** • Every person diagnosed with Alzheimer's disease or a related Dementia deserves the following rights; • To be treated like an adult, not like a child • To have welcomed physical contact, including hugging, caressing and hand holding • To have expressed feelings taken seriously
Level Amber- "Proceed with Caution" This level requires	Verbal/Non-Verbal Sexual Expression of Needs towards others; (i.e. co-residents, staff and/or visitors) • Suggestive language; Pointing to groin, reaching for a breast, buttock	These expressions may cause you as a care provider to feel uncomfortable. It is important to recognize that the resident may be misinterpreting their environment, who you are and what you are trying to do. • A resident response of this nature can often occur during personal care.	A person with dementia is experiencing changes within their peripheral vision. What can the resident see versus what they can't see? As a care provider am I triggering a response based on my physical position? A person with dementia is also

additional monitoring and observation, as well as HCP care approaches and assessment strategies.	• Verbalizations such as; "Come here and give me a kiss"	• Promote the resident's independence as much as possible i.e. providing them with a face cloth to wash their groins etc. • The approach by the care provider is to be respectful, recognizing their feelings of unease related to their own personal values and beliefs. **Quick Tips for suggested care approaches;** • Avoid punitive language that could be seen as belittling and/or shaming the resident. • If suggestive language is directed towards a visitor, introduce the visitor, who they are and what they are there for. • If suggestive language is directed towards staff, step back, ensure you are within the resident's visual field, and introduce yourself, your role and what you are there to do. • If contact is unwanted by one resident, support that resident in introducing themselves and assist to another area of the home. • Engage in activities of interest • Use BSO-DOS to determine the time of day and schedule routine activities at this time. ******Reminder: Remember to try and not take things personally. The resident(s) is living in the moment, continuously trying to make sense of***	continuously trying to make sense of their environment. • Does it make sense to them that you are providing personal care? Do they understand they need help having a bath? • Are they simply misinterpreting your intentions as a care provider? • Are you misinterpreting their intentions as the resident? • Do they feel threatened? • Do they feel as though they have no other choice but to protect/defend themselves in that moment? ****** Remember: The resident's reality is not your reality as the care provider*** • Support Resident Rights being met as per Resident Bill of Rights, Dementia Bill of Rights **Resident Bill of Rights-LTCH's ACT 2007 S.O 2007, c.8 3(1), Dementia Bill of Rights********See Above***

		the world around them. • In the event two co-residents are seeking one another out and are consenting, staff to support the interaction. • May need to give a resident something to hold onto during personal care and, or bath time. **Additional Tools:** • P.I.E.C.E.S Assessment/BSO-DOS/Team huddles- to determine whether there has been a change within the person and any potential underlying causes • Referral to the Mobile Response Team (MRT), or your local external Behavioral Support Services(BSO)-for non-pharmacological strategies and further in-depth assessment • Consult Psychogeriatric Resource Consultant • Referral to Geriatric Psychiatry, Seniors Mental Health Outreach-to assess the need, if any for pharmacological strategies and a further in-depth assessment • Community Adult Mental Health Referral-to assess the need for additional counselling/support	

Level Amber- “Proceed with Caution” This level requires additional care strategies from HCP’s, drawing upon existing assessment tools and external resources.	Sexual behaviours/Unwanted Sexual Advances • Public masturbation • Fondling breasts, buttocks, groin, genitals of others • Risk of harming self	• Redirect to a more private area • Redirect and dissuade person from action • Ensure resident is covered and not exposed • Avoid punitive language Additional Tools; • BSO-DOS • P.I.E.C.E.S Assessment • Referral to MRT • Referral to Psychogeriatric Resource Consultant (PRC) • Referral to Geriatric Psychiatry • Community Adult Mental Health	• Consider the residents misinterpretation of their environment and their actions as a result of this perception • How are both resident’s interacting with one another? Is one resident indicating either through words, or actions that they are not ok with the interaction? • Are one or both resident’s doing something that indicates they are no longer agreeing with the interaction that has already started? • Assess for unmet needs (e.g. pain, infection, incontinence/toileting) • Has there been a marked change in the resident? • Is the person misinterpreting their environment? • Is the resident enjoying themselves? Is the resident unable to stop, or is it pleasurable? • Given your understanding of the resident’s interpretation of their environment and the moment they are living in, is there evidence of any intent of harm?

Level Red- “Stop” This interaction poses extreme risk and cannot be supported. HCP’s are encouraged to follow in house policies, procedures & protocols.	Unwanted or forceful Sexual Acts • Taking advantage of someone else • Forcing someone to perform unwanted sexual acts • Involuntary confinement, entrapment ******Reminder:*** ***<u>Abuse:</u>*** Abuse is defined as any action that ***intentionally*** harms or injures another person. ***<u>Sexual Abuse:</u>*** Is defined by the forcing of undesired sexual acts by one person to another ***<u>Sexual Assault:</u>*** Is defined as any form of sexual contact without the consent of both parties, and includes intercourse as well as unwanted touching or fondling ***S.271 of the Criminal Code**	• Refer to LTC homes internal process and policy on Sexual Abuse. Refer to the MOH Algorithm on Sexual Abuse 	• Follow LTCH’s internal policy regarding documentation, Care Plan, MOH reporting (CIS), contacting police, if deemed appropriate, notify POA. • Team debrief concerning strategies to prevent a reoccurrence, acknowledge feelings & emotions of resident(s), co-residents, staff, POA’s, visitors