

ORGANIZATION CHANGE THROUGH AN INTIMACY & SEXUALITY PROJECT, WITH SSLD UNDERPINNIG

**Lessons learnt from the case study at
Yee Hong Centre for Geriatric Care**

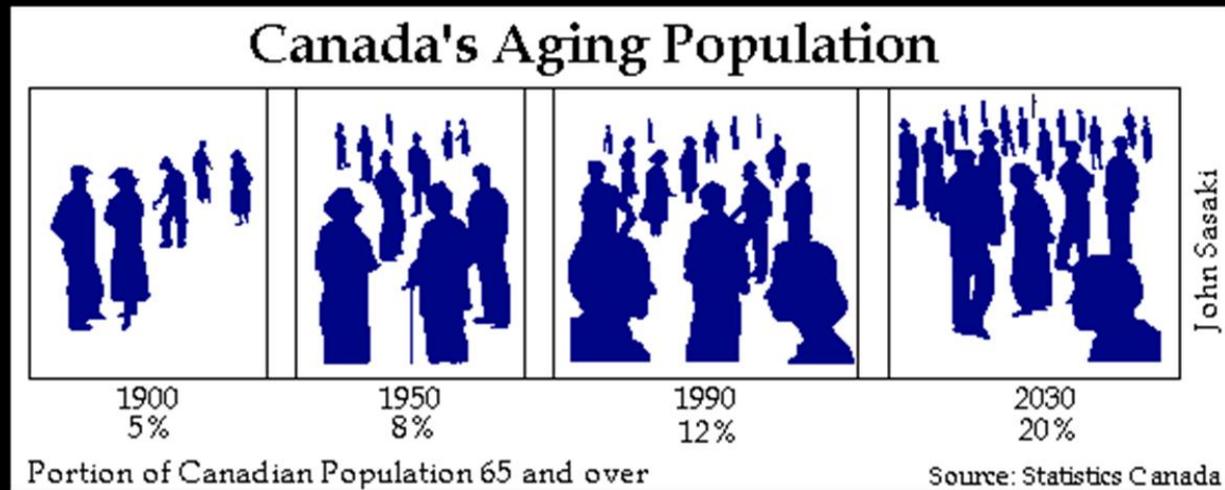
- 805 beds in total & a continuum of community services serving over 15,000 individuals from different ethnic communities on a daily basis in Greater Toronto and the surrounding areas
- Over 1,000 part-time and full-time staff



LITERATURE REVIEW & SERVICE GAP

- Literature and studies support the fact that older adults and seniors can maintain satisfying sex lives well into their 80s and 90s. Cross-cultural studies also indicates that intimacy needs of older adults are universal even though the expression of sexual behaviors might be influenced by cultural values and social expectation of different ethnic groups;
- Studies on the psychological and social impact of sexuality on aging, people realize that sexuality has strong influence to one's sense of identity, self-esteem and self-worth (Kingsberg, 2000)
- However, addressing sexuality of older people is an area used to be ignored and has received insufficient attention in residential care practice (Low et al, 2005);

- Literatures and studies did mention the importance of staff training to address the intimacy needs of residents;
- Some studies had been conducted to assess staff attitude but limited studies had been put on evaluating effectiveness of specific training content and format



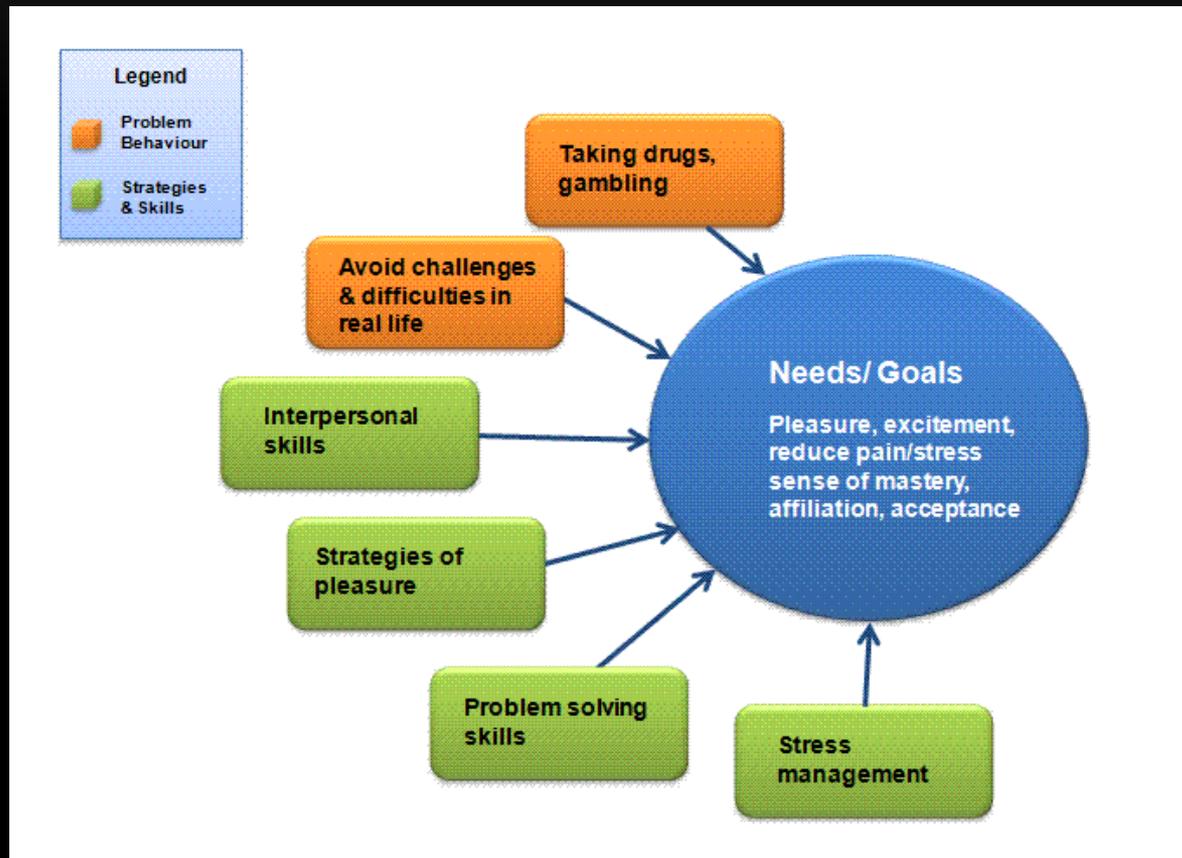
Project Logic Model

Implementation assessment and process evaluation



PROBLEM TRANSLATION BY USING STRATEGIES AND SKILLS LEARNING AND DEVELOPMENT (SSLD) SYSTEM

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HUMAN BEHAVIOR AND THE ENVIRONMENT

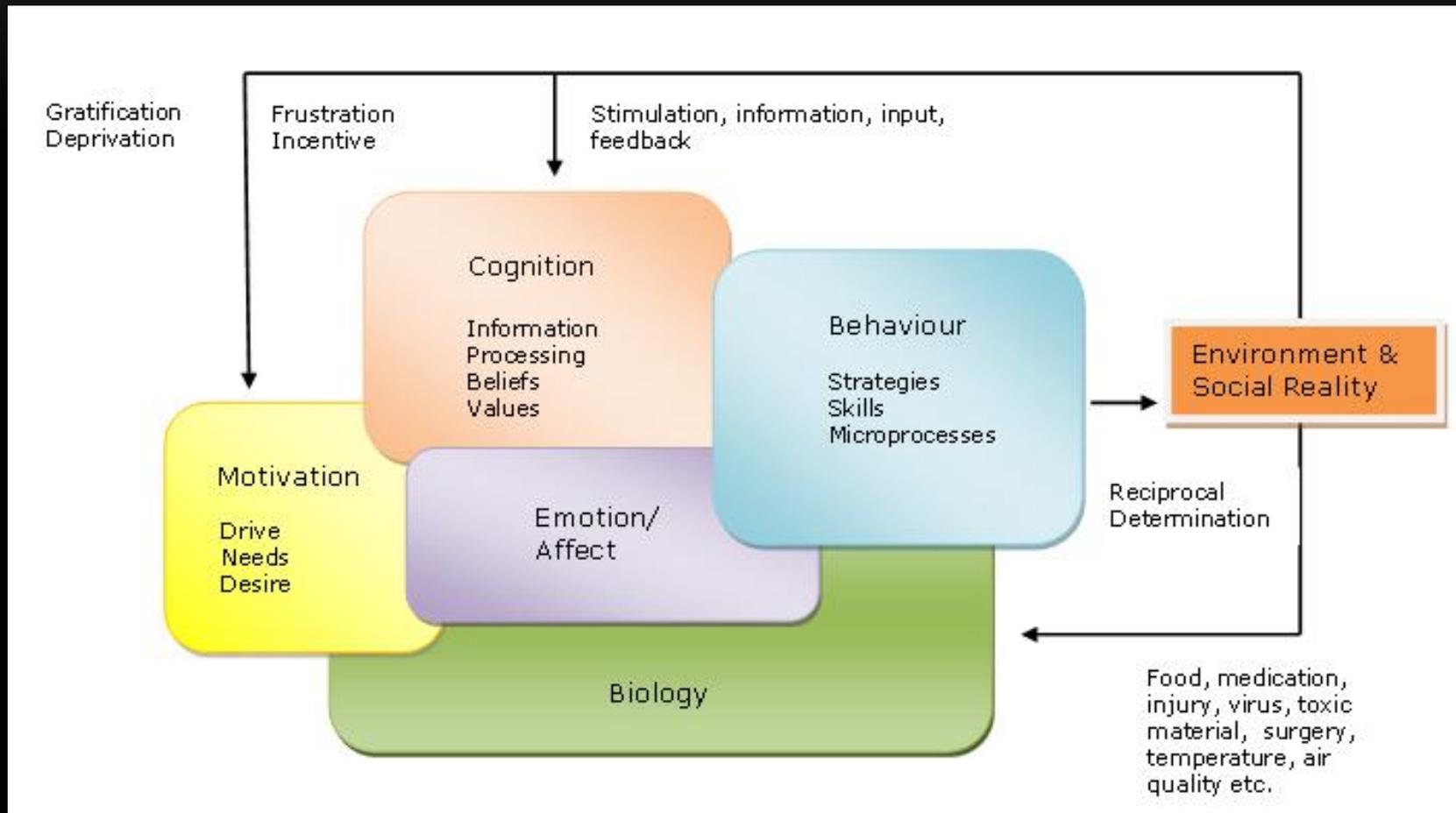
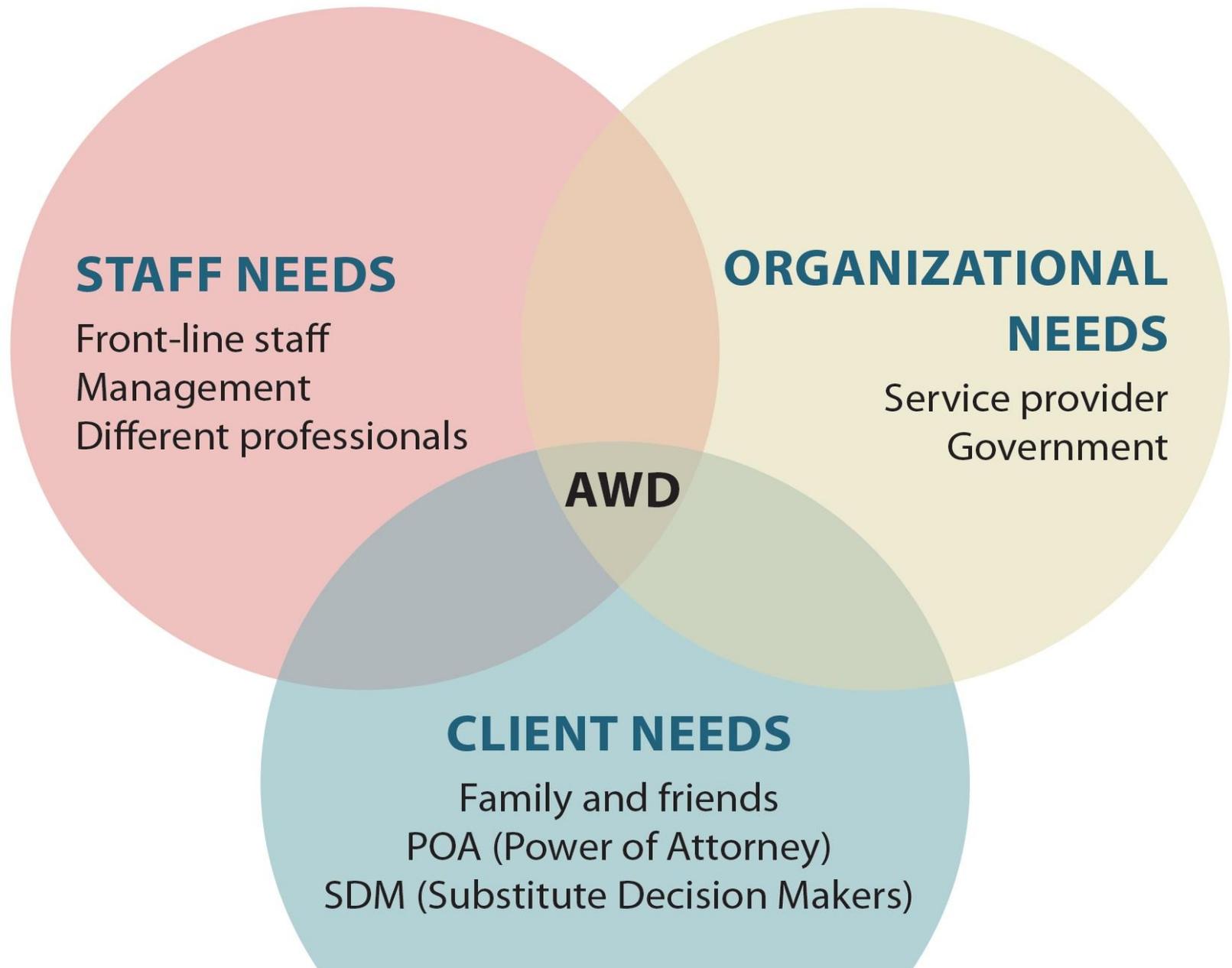


Figure A. All Win Design- Addressing the interest of all parties involved



LESSONS LEARNT – WE NEED A PARADIGM SHIFT

1. Shift from policy focus to empowerment of staff : Success stories - implementation of Social Effectiveness trainings for front line and middle management staff
 2. Shift from behavior focus to need focus
 3. Shift from physical care / medical model to a psychosocial model
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LESSONS LEARNT – NEED FOR OPEN DISCUSSION

- We need to create an environment for open discussion and give permission to staff, clients and caregivers to engage in open discussion
- We need to take a multi-contingency approach. We have to work with the staff, the family caregivers and significant others as well as the clients. Educating the family and the public is important.

LESSONS LEARNT – IT IS A LONG PROCESS AND INVOLVES ORGANIZATIONAL CHANGE

- The intimacy and sexuality issue is not a simple issue. It requires a long process that involve organisational change.
 - It involves a lot of ethical dilemma and cultural issues that need to be addressed.
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