

LGBT+ Inclusion – Who?

In my first article, I talked about the need to start with the question of WHY? from Rudyard Kipling's important words:

*"I keep **six honest serving-men** (They taught me all I knew);*

*Their names are What and Why and
When and How and Where and
Who.*

I wrote about the need to focus, firstly, on **WIIFT** (What's In It For Them)? Rather than What's In It For Me (**WIIFM**)?

This article will focus on WHO? If we want to be inclusive of LGBT+ people, what might be their experiences and how might it affect our ability to be inclusive of them?

Who is LGBT+ in our Care Home?

Whilst we may use the term LGBT+ today, some residents may not associate themselves with this. Therefore, we need to approach each individual differently – in a **person-centred** way.

We need to have an appreciation that the generation of people currently living (or about to live) in care homes, may find it difficult to identify themselves as LGBT+ due to previous stigma and discrimination.

People will not necessarily tell us they are LGBT+ unless we **ask them**, and we **make it safe** for them to answer the question honestly.

Over many years, I've heard care homes say: "Well we don't have any of them here." I ask the question; how do you know?

Unless we use an inclusive LGBT+-friendly assessment and care planning process (both before/after admission and throughout a person's time in the care home), we may not truly know who our residents are.

We therefore need to sensitively and regularly ask the question about whether someone would define themselves as LGBT+

Before we do this, **we need to have training** to ensure we ask this question with tact and understand that there may be barriers to an individual giving an honest answer.

We also need to reassure residents about **confidentiality** and being **non-judgemental**.

Why LGBT+ May Not Disclose Information

It's important to remember that every LGBT+ person is different and will have had a range of potential experiences.

Nevertheless, a person may be reluctant to disclose their LGBT+ identity:

Joan

Joan had a mental breakdown and attempted suicide in her 30s. Despite being married, she had a secret affair with Elisabeth (a friend from her Church). When the relationship broke up, it hit Joan badly and she had a long period of depression. Her husband, Tony, was initially supportive, until he discovered the cause of Joan's suicide attempt. Joan was sectioned in a mental health hospital for almost a year.

During this time, Tony took out divorce proceedings. He claimed that Joan was a

'danger' to their two daughters, so he was given custody. He moved away with the girls and Joan hasn't seen them since.

Joan has dementia and keeps asking for her daughters, although the care plan says she's single. Staff cannot understand why Joan keeps talking about children. When Joan isn't asking for her children, she sits very withdrawn in the lounge area, not connecting with anyone.

Johnnie

Johnnie is a great character and used to work in the theatre. Other residents don't like him because they find him 'effeminate' – one resident says: I hate these queers, why should I pay to live here and put up with poofs like that?!"

Johnnie lived with his partner, Pete, for 48 years until Pete died several years ago. In 1955, Jonnie was arrested for having sex in a public toilet. As part of his sentence, he was sent to a mental health hospital. Here he had to have a lobotomy to 'cure' him of his sexuality. He never fully recovered. Johnnie and Pete slept in separate beds, in fear that their flat may be raided by police.

Despite being a great joker with staff and a source of fun. Johnnie told Mary (a care worker) that he still grieves over Pete's death and the fact he has no family to come and visit him.

These are just two case studies – there are many stories like this. It's also important to not assume that LGBT+ people will get along with each other. For many lesbian women, they may feel uncomfortable being with me, including gay men.

So always start with getting to know who a person is first.

Next Steps

This article has introduced us to the Who question of inclusivity, although it is important to remember that every person will have different experiences and concerns.

So perhaps you could start a conversation with colleagues, residents, and relatives:

- Who is LGBT in our home (residents, relatives, and staff)?
- Do we ask about sexuality as part of assessments and care planning? If not, why?
- What might be the barriers to older residents telling us about their sexuality and how could we overcome these?
- If we introduce LGBT+ monitoring, what training would be needed? How could we do this sensitively and reassure individuals about confidentiality and being non-judgemental?
- How might the experiences in the case studies influence the behaviour of the individual and how could we respond in a person-centred way?
- What policies and procedures do we need to have in place (e.g. how would we deal with one resident being homophobic towards another resident)?

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