

### Case study 1:

You have recently been informed by other staff of a resident Sandra (White British woman, 76 years) being subjected to homophobic comments by other residents (for example, residents being overheard referring to her as 'that dyke' and to keep away from her). You are aware from conversations with Sandra that she reports feeling lonely and finds it difficult to connect and socialise with the other residents – she has remarked on numerous occasions that she doesn't feel like she has anything in common with other residents. Sandra has not mentioned homophobic comments from other residents or identified as being lesbian or gay. Sandra has not previously discussed relationships with family or significant others and tends not to have a lot of visitors.

What are the key concerns here?

How would you initially proceed?

What would you want to know?

How would current policies in the care home support your initial response?

Are there any policies missing and how might you take this forward?

### Top tips:

- Staff should always refer to the care home's policy on tackling discriminatory and offensive behaviours in the home (from staff and residents).
- It's essential to speak to Sandra sensitively and in private to seek her views and wishes on how staff should respond.
- Speaking to Sandra directly may bring an opportunity to explore ways in which she might be more included in the home or opportunities for her to participate in groups and services outside the care home.
- Experiencing discrimination on the basis of sexual orientation is illegal for any service provider (public and private) under the Equality Act 2010, regardless of how Sandra identifies herself.

## Case study 2:

You are a senior member of staff and one of your team reports to you that a recently employed team member Megan (White British, 56 years) is refusing to work with an older male resident Geoff (Black British, 82 years) because 'he is one of them gays' and 'God would not allow me to work with people like that who are full of sin'. You are aware from her interview that Megan is a devout Christian and has previously worked in these roles; no concerns have been raised before. Megan has also complained about working with Geoff as she noticed male pornographic DVDs on the bottom shelf of his bedroom bookshelf. Geoff openly identifies as a gay man to residents and staff and has also recently requested if a member of staff could accompany him to this year's local Pride Festival; Geoff uses a walking frame and has limited mobility.

What are the key concerns here?

How would you initially proceed?

What would you want to know?

How would current policies in the care home support your initial response?

Are there any policies missing and how might you take this forward?

## Top tips:

- Staff should always refer to the home's policy on tackling discriminatory and offensive behaviours in the home (from staff and residents).
- The concerns raised need to be discussed with Megan in private to allow her an opportunity to respond – the allegations may not be accurate or represent her views.
- This may be a good time for all staff in the care home to take part in a refresher training session on equality and diversity and for all staff to be reminded of the principles and values of the care home and policies.
- Geoff has a right to keep and value his private possessions and enjoy these in his own company and private space.
- If Geoff wants to be supported to go to Pride, it would be helpful to speak to him to find out who he would prefer to accompany him and how he thinks this should happen – keeping Geoff's wishes at the centre of any decision-making.
- Other residents may also wish to go to local Pride events – this could be advertised in the home as a group outing.

### Case study 3:

One of your residents, Mike (White British, 75 years), is a trans man. He's bearded, bald and muscular, and none of the other residents is aware of his transgender status. However, Mike is now terminally ill. He doesn't have a will, and hasn't changed his legal gender, because he has always been nervous of engaging with officialdom. His only living relative, his younger brother Sam (62 years), has never accepted his gender transition and refers to him as "Susan" in letters. Mike refuses to have Sam anywhere near him and is becoming increasingly distressed at the thought that Sam might have some power over him and his legacy after he has died.

What are the key concerns here?

How would you initially proceed?

What would you want to know?

How would current policies in the care home support your initial response?

Are there any policies missing and how might you take this forward?

### Top tips:

- It's essential to speak to Mike in private to find out who is important to him and who should be involved in any decision-making (and who shouldn't be) about his current life and future needs and wishes. This should be recorded on file.
- Mike may wish to appoint another person in his life (close friend, other family members, previous partner) as his lasting power of attorney.
- Think of ways that staff members can support Mike to complete a living will (document that lets people state their wishes for end-of-life medical care) and last will.
- Staff need to respect Mike's choices about not having contact with his younger brother (or other family members) and this may include not permitting Sam to visit the home.
- Consider how much information about Mike other staff members need to know. It may be that only one or two key staff members need to know about Mike's trans identity.

#### Case study 4:

Janet (White, Jewish background, 84 years) is a trans woman who has recently moved in to your care home. She transitioned late in life and was happy being open about her transgender status when she first arrived. The other residents have accepted her. However, in the last 12 months she has begun to show signs of dementia and now has trouble remembering who she is. Some mornings she will wake up insisting that she is a man called Simon and be very confused as to why she has only women's clothes and is being called Janet. Other days she still identifies as Janet and gets very upset with anyone who calls her Simon.

What are the key concerns here?

How would you initially proceed?

What would you want to know?

How would current policies in the care home support your initial response?

Are there any policies missing and how might you take this forward?

#### Top tips:

- Respect Janet's choices and recognise that these may change from day-to-day.
- Janet may need some reminders about the things that are important to her and interest her – knowing a bit more about Janet's life-history is important. Having a collection of important photographs from Janet's past may help Janet to make sense of what's going on.
- Explore ways that the home can provide a mix of women's and men's clothes in Janet's bedroom so she has some choices each day and can access these easily.
- Janet's loved ones may find this experience distressing and need to be consulted on how they wish to be involved in her care. Keep in mind that Janet's loved ones may include friends as well as family members. Speak to Janet first about whom the home should communicate with. Showing signs of dementia doesn't mean Janet does not have the capacity to make her own decisions.
- Update staff members involved in Janet's care and make sure staff have an opportunity to ask questions and discuss concerns they may have.
- Ensure the home provides gender neutral facilities and bathrooms for all residents and staff to access, regardless of their gender identity.

### Case study 5:

Gloria is a 74-year-old Black woman of African Caribbean descent who lives independently in the community. Sonia (82 years), Gloria's partner of 40 years, has recently moved into a nursing home with a unit for adults with dementia. Gloria is not out to the care home staff but is extremely worried that a) the staff will restrict her from visiting her partner after-hours and b) her partner has recently started chatting openly about their lives together with staff and telling other residents she's bisexual. Both Gloria and Sonia were in marriages with men in their early twenties before they met each other, and both identify as bisexual.

What are Gloria's concerns here?

What reassurance would you give to Gloria if Sonia was a resident in your home?

How would you make both Gloria and Sonia feel welcome and valued?

How would current policies in the care home support your responses?

Are there any policies missing and how might you take this forward?

### Top tips:

- Think of ways that the home can send clear messages to new residents and their loved ones about making everyone feel welcome and included. Producing a leaflet for partners of residents may help give some reassurances about equal treatment, respect and privacy for couples.
- Gloria may need to be reassured by a senior staff member or the manager that bisexual residents are welcome here and that she will be supported to spend time with her partner and be recognised as Sonia's partner.
- This might be a good time for rolling out some refresher training for all staff and managers on LGBT+ inclusion and equality. Part of the session could focus on the types of discrimination and challenges that bisexual people experience across their lifetime. It's important to recognise that LGBT+ people can experience different forms of discrimination and unequal treatment based on differences in gender, ethnic background and sexual identity.
- Some staff might hold stereotypical views about bisexual people that are not accurate or respectful; these need to be challenged.