

### 4.3 Relationships, families and intimacies Designing services to meet personal care needs

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What	Good practice tips in assessment and design of support and care that engages with LGBT+ relationships inclusive to supporting or providing care
Purpose	Students know how to respond to expressions that might hurt LGBT+ older persons. Students have practised communicating in their professional role or as an assessor/provider and have experienced the do's and don'ts in a safe environment. Students know which local and national LGBT organisations can offer support. Students know where to find web-based information and guidance.
Target group	Teachers and trainers in vocational education and their students
Level	Level 2-3-4 in vocational education.
Execution	Extra support from the teacher might be necessary depending on the ability of the students to work independently
Sources	<a href="#">Relationships and sexuality in social care</a> <a href="#">ageing and sexual health</a> <a href="#">genogram life stories</a>

#### Introduction

##### *Using the right language*

Ensure that the language used during activities to discuss relationships, life and reminiscing between professionals and service users is not heteronormative and permits the individual and their informal networks to 'come out' where desired. You can adapt genograms by using new symbols to depict relationships which reflect 'families of choice' and to map the person's diverse networks. The Multi-cultural Family Institute has devised some symbols which could be adapted into your local system.

<http://multiculturalfamily.org/publications/genogram-life-stories/genogram-how-to-pdf/>

##### *Thinking about networks for care*

##### Families of choice

Jeffrey Weeks referred to LGBT caring relationships and care practices as 'families of choice' (Weeks et al, 2001), where different family structures, friendship networks, and differences in caring in which reciprocity and giving care are not always kinship based. These relationships may not be recognised, particularly if not validated in legal terms such as through civil partnerships and same-sex marriage.

Also be aware of how chosen families might evolve into networks of care for those individuals making the transition from independence to dependence so that the person's wishes and feelings can be captured and recorded.

The term 'next of kin' has limited meaning in health and social care; it doesn't have to be a blood relation or civil partner (or husband or wife). LGBT+ older people may have concerns that their same-sex partner or even their friends won't be acknowledged by staff and may therefore hide their existence. Next of kin can be anybody in a service user's social or family network and those supporting them must respect their wishes about who this is. Asking open questions can encourage open discussion about who to nominate to arrange appropriate care, for example:

- "Who would you like us to contact in an emergency?"
- "Do you have somebody at home?"
- "Who is the most important person to you to involve in decisions about your care?"

Becoming more dependent on others can undermine the LGBT+ older person's privacy. When matching or brokering formal carers, take an active role in monitoring the relationship between the older person and their paid carer. Familiarise yourself with local and national LGBT+ organisations which can support the older person, including accessing and offering web-based information and guidance.

Ensure that the design of support is holistic and addresses cultural needs:

"Being lesbian, gay or bisexual is about more than defining your sex life. It shapes the way you experience life, your interests, likes, dislikes, humour, friendship, and attitudes. A care plan that neglects to include this huge part of a person's individuality is clearly incomplete and is likely to fall short of meeting that person's needs."

(Commission for Social Care Inspection, 2007). The people they talk about, important memories, interests and humour may have been affected by the older person's experience, which they may feel unable to express, and having contact with other LGBT+ people to support their identity and confidence at a time of loss and change can be important.

We will now consider the implications of LGTB issues relating to assessment. To help you do this, we have outlined two brief case scenarios adapted from authentic cases studies from research done by Knocker (2012). We suggest that you bear these in mind as we identify the issues and when you consider or test out your thoughts on what might need to be tailored differently in your assessment practice with LGBT+ older people:

### **Activity      Opening conversations**

Sylvia and Gita are civil partners living in a rural area and have been together for more than 40 years; Sylvia is 82 and Gita is 75. Sylvia comes from a Catholic family and Gita from a Hindu family and Indian community who are mostly based in a more diverse inner city area. She was born in India and moved to England in the 1960s. Both have been married and had children, but discovered their lesbianism in the late 1970s and got together when they were 39 and 32. Sylvia is very musical and Gita writes and paints. They attend various creative groups and remain active in their local community. Sylvia and Gita had a difficult experience of trying to live in sheltered housing where they were badly bullied. A crisis occurred when Sylvia died suddenly of a heart condition and Gita developed early dementia in the same year.

Roger, who is 63, was a nurse in a community mental health team. He lives in rural Suffolk and is an elder at his Quaker meetings. He was married and has two children. Roger finds it hard to travel to gay groups because of financial constraints. He is part of The Edward Carpenter Community of Gay Men and meets them for a residential week in far-flung places once or twice a year. He still hopes to meet a long-term partner; he lived with someone for 12 years who left him 10 years ago. He enjoys using the internet to connect with other gay men.

### **Assignment**

This is about opening conversations based on the two case scenarios above which help students to practice good questions that enable them to ask about a person's families and relationships in a confident and authentic way.

Work in groups of four and allocate the following roles:

- 1 person is the older person
- 1 person is the care professional interviewing the older person in the scenario
- 2 people to observe and take notes.

For 5 minutes play out the opening conversation in relation to how you can introduce yourself and encourage the older people to introduce themselves and then to find out about the family and their significant relationships.

After 5 minutes, stop and take feedback from each person in role by inviting them to reflect and to discuss how it went from the perspective of the older person and then the interviewer. The two observers should then provide some initial observations and give constructive feedback on what worked well and what could be improved. Using this feedback, the team to swap roles and rehearse for a second time. Repeat where time is allowed and to ensure that each person has the opportunity to practice and review their skills until they feel confident and have identified learning.

### **Keep on learning**

- Heaphy, B., Yip, A., Thompsom, D (2003) The social and policy implications of non-heterosexual ageing - Selective findings Quality in ageing: policy, practice and research 4(3):30-35
- Knocker, S. (2012) Perspectives on ageing: lesbians, gay men and bisexuals. York, JRF.