



VISITING IN A RESIDENTIAL AGED CARE FACILITY (RACF): WHAT TO EXPECT

The type of accommodation the person you visit is living in will have an impact. You may be visiting them in a private home, public housing, in an independent residence within an aged care village or in a dementia unit in a residential aged care facility.




PLANNING VISITS.

Don't go empty handed.

It can be helpful to bring things to a visit so that you have things to do with the person you're visiting. This might be as simple as bringing some biscuits or your phone with some photos of recent things you've done. As you get to know the person, you could bring small activities to do, like magazines or books to look at, some clay or water colour paint.



 **Making plans to meet can be a good way to introduce some certainty into your friendship.**

Sometimes when you are visiting someone living in residential aged care, you will need to make plans about when to visit with the Residential Aged Care Facility staff.



Sometimes, you will be able to ring the person directly on a private phone line or by calling reception.

Depending on the preferences of the person, you could set a regular time for visiting so that you both

have something to look forward to and plan around.

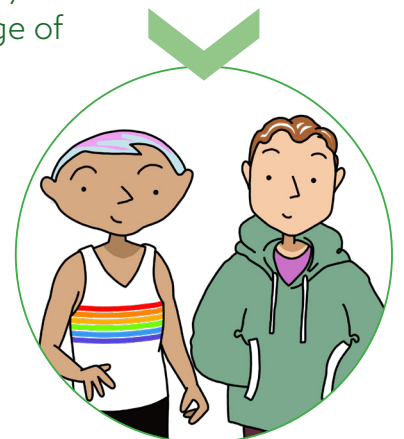
When the person you are visiting lives in residential aged care, unexpected events such as a quarantine due to illness or a celebration will mean that the person you visit may be unavailable. Call ahead on the day to ensure that the person you are visiting is still able to meet with you.



Consider the person's existing schedule when planning visits. Aged care facilities often have quite clear schedules for activities that happen throughout the day and week, from mealtimes to recreational activities and GP visits. Understanding the schedule of the person you are visiting and finding a way to fit in with what suits you both can take a lot of stress out of visiting.

IS IT SAFE TO BE VISIBLY LGBT+ DURING MY VISIT?

Talk with your coordinator to establish how inclusive the facility is and how comfortable your recipient is with being identified as a member of the LGBT+ community before you visit. Understand that even if the facility says it is inclusive, staff or other residents may not share that view. Things may also change with a change of staff or leadership.





Consider your safety, and the ongoing safety and well-being of the person you are visiting as a top priority.

Care facilities are generally very diverse. Be aware of the religious or cultural differences of other older people who live there and staff.

Be aware that LGBT+ older people may experience or fear experiencing homophobia and transphobia because of the aged care facilities' religious beliefs. Don't 'out' the person you visit to staff or other residents in the facility.

If the facility isn't wholly welcoming of LGBT+ people, take time to consider how the wellbeing of the person you are visiting can be affected when they are forced back into the closet and can't express the fullness of their identity.

Consider

- › How you introduce yourself as a member of the community.
- › How you can find space for private conversations.
- › How you can affirm gender identity or sexual orientation in subtle ways if required.

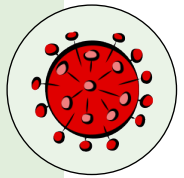
Be aware of other residents

- › Other residents can be lonely and want to engage with you even though you are there to visit a specific person.
- › Residents like to listen in!
Find private spaces if the person you are visiting values their privacy.

WHAT CAN YOU EXPECT TO ENCOUNTER?

Aged care facilities can be overwhelming if you aren't familiar with them. It's a great idea to coordinate your first visit with your coordinator, who will be more familiar with the site and will be able to guide you through the experience. Each facility has its own atmosphere and protocols. Common things include:

- › Signing in and security measures – you will likely be given your own security code, and be asked to sign a visitors log on arrival.
- › Protocols related to infection control which may include doing a Covid Rapid Antigen Test, staying home if you are unwell, or visiting bans in times of infection outbreaks.
- › Some people living with dementia will be in specific dementia units or wards. These areas are often locked and you will require staff support to enter and exit them.



Most facilities have:

- › Private rooms for residents. These may be a simple bedroom, or a small suite.
- › Common areas, such as a dining hall, recreation room, or gardens.
- › Activities boards and schedules. It's great to gain awareness of scheduled activities, to understand what might be appropriate to join in on with your recipient. Most aged care facilities have lifestyle coordinators who plan individual and group activities for residents. It can be helpful for you to talk with them about appropriate activities for the person you are visiting.

WHO TO ASK FOR HELP

When you should ask for help on site:

- Needing help with the TV or other tech concerns.
- Issues about visiting hours.
- Questions about going out with your participant.
- Finding out about your participants schedule.
- Anything to do with the home environment that your participant might want help with, including, bedding, furniture, food, etc.
- If your participant needs help going to the bathroom.



Aged care/residential support workers/ personal care staff. These are the people who you might interact with most often. They're the ones tasked with caring for residents, and can help you with securing a snack, or getting the person you are visiting to the bathroom if they need it.

WHO YOU MIGHT ENCOUNTER

Here's a selection of people you might encounter on site:

Other residents. Many of the residents will be elderly, but not everyone is there due to old age! Some residents may have acquired brain injuries or disability. Residents will have varied levels of mobility and cognition.



Reception. These will be the people who help you sign in and check for conditions that may prevent you from visiting. They're also the contact point for calling ahead to determine if the person you plan to visit is up for a visit that day.

Recreation or lifestyle coordinator.

In some aged care facilities you might get to meet people who are employed to engage residents in leisure activities, often these people are called lifestyle coordinators. They often know a lot about the resident and what they like doing. They also have access to activities and resources that can support your connection.

Community Support worker. These are the people who might have engaged the Aged Care Volunteers Visitors Scheme in the first place. You may meet them at the commencement of your visits, and engage with them during the course of your visits.

Registered nurses, enrolled nurses, assistants in nursing. These are the people who can assist you if your recipient has a health concern during your visit.

NOTES



WHEN YOU SHOULD TALK TO THE VOLUNTEER COORDINATOR

You cannot directly advocate to the residential aged care facility about the health and safety of the person you visit, but the volunteer coordinator can.

So, any concerns that you have about the safety or health of the person you visit should be reported to the volunteer coordinator so that they can intervene more actively.

THIS INCLUDES SIGNS OF ELDER ABUSE.

You can also access the volunteer coordinator if you have:

- problems accessing the residential aged care facility or if staff refuse your visit.
- health concerns about the person you are visiting.
- concerns about the person you visit and their relationship with family.
- concerns that the person you visit is depressed, anxious or is experiencing other behaviour changes, including sleeping more than usual.
- concerns about your own safety.

If you're unsure about anything, or can't get an answer from the residential aged care facility (RACF), please ask the volunteer coordinator.

Explaining LGBT+ Acronym

In these resources we use the acronym LGBT+ to refer to lesbian, gay, bisexual and transgender people. We acknowledge that gender and/or sexuality diversity encompasses a greater range of forms and expressions of diversity than can be captured in the LGBT+ acronym.

We nonetheless have chosen to use this acronym in this resource because there is no published peer-reviewed research currently available on the experiences of intersex or asexual people living with dementia.

While these resources may be useful for broader communities, they have only been informed by our own research and that of others documenting the experiences of people living with dementia who identify as LGBT+. We also do not use the word 'queer', because it remains a complex and potentially hurtful term for many older LGBT+ people, because of its historic use as a demeaning slur.

Co-design process

The development of this resource was led by Dr. Louisa Smith at Deakin University. This resource was co-designed with six people who had visited LGBT+ people living with dementia over an extended period of time.

A Reference Group was also consulted at each step of the co-design process, providing input into the resources.

The Reference Group included LGBT+ people living with dementia and their carers and representatives from LGBTQIA+ organisations and dementia care organisations.

We are incredibly grateful for the generosity and time of all those involved in this process.



Project funded by

Dementia Australia™
Research Foundation



UNIVERSITY
OF WOLLONGONG
AUSTRALIA