



VISITING SOMEONE IN THEIR PRIVATE HOME

The type of accommodation the person you visit lives 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. It's important to understand where you'll be visiting, so you can prepare yourself.

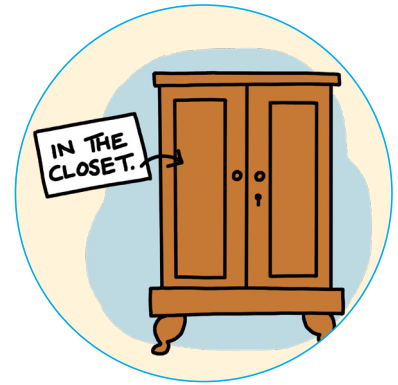


PLANNING VISITS.

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 about when and where you meet can introduce some certainty into your friendship.

You could set a regular time for visiting so that you both have something to look forward to and plan around.

💡 Consider the person's schedule when planning visits.

There are other people who might be supporting the person, including family members, nurses, physiotherapists or shopping services. Understanding the schedule of the person and finding a way to fit in with what suits you both can take a lot of stress out of visiting.

If someone is living independently, unexpected events can mean that you don't find out that they are unavailable until you arrive at their home. Call ahead to ensure that the person is still able to meet with you. If they don't answer, it's ok to get in touch with their emergency contact to make sure they're okay.

➤ I have been 'a friend' to cover up because the family doesn't know.

Ari

WHAT IF THE PERSON I AM VISITING IS NOT 'OUT' AS LGBT+?

It's important to establish in advance whether the person you are visiting is 'out'. They may not be 'out' to their family, their neighbours, or their service providers. They may live somewhere where being visibly 'out' may pose some risk to them.



Things to consider include:

- What is the person you are visiting comfortable talking about? Follow their lead. Some people will not talk about their LGBT+ identity, history or experiences;
- Be aware of who is around to see you visiting, or who may overhear your conversations;
- Consider what is left behind after your visit – does it pose a risk for 'outing' your recipient? (e.g. LGBT+ newspaper).

If the person you are visiting is not 'out' to everyone, but is 'out' to you, having a private home environment means that there are so many things you can do to affirm their identity and support connection to LGBT+ community without risk of exposing them.

💡 The Visiting Guide can help with suggestions



WHAT TO DO IF I'M WORRIED THE PERSON I VISIT ISN'T COPING WITH INDEPENDENT LIVING.

Because dementia is a degenerative condition, you may notice things that make you feel worried that they're no longer living independently successfully.

These may happen suddenly, but it's more likely to occur over a period of time.



It's important to remember that you are not directly responsible for the wellbeing of the person you are visiting, beyond ensuring that you are kind and respectful during your visits.

However, it's a good idea to discuss any concerns that you may have with your volunteer coordinator, so that they can support and assist you.

My participant, when I first started visiting them, they were living independently. There was a point where it was like, "Oh, I don't know if they can - if they're up to this anymore."

Beau



Common things you should look out for include:

- › a deterioration in cleanliness or order in the home;
- › items in unusual places;
- › the person you visit's mobility changes or they are having falls;
- › the person you visit experiences incontinence. Falls and incontinence are two of the biggest risk factors for admission to residential aged care;
- › the person you visit's ability to communicate changes, or becomes very limited;
- › you think the participant may not be taking all of their medication.



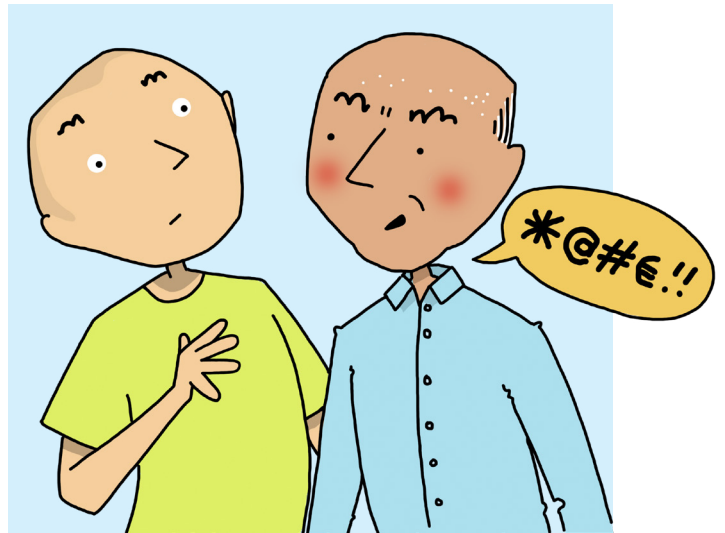
STAYING SAFE

When you are visiting someone's private home, you are usually visiting by yourself.



There are a few safety things that you should be mindful of including significant physical assistance.

- › It's okay to lend the person your arm to steady them, or pick up small items that they have dropped, but it's not safe to provide significant physical assistance such as helping them up from a serious fall, or moving furniture items for them.
- › It's okay to call for professional help if you need it.
- › When in doubt, contact your volunteer coordinator for advice.
- › **Be mindful of your own comfort levels**
 - do you feel safe being alone with the person you are visiting?
 - Have your visits become more difficult over time?
- › It's important to reflect on your feelings periodically, and check in with your coordinator for support and advice if you find yourself feeling uncomfortable.



INSTANCES OF PHYSICAL OR VERBAL ATTACK.

Dementia can cause people to become unpredictable.

If the person you are visiting puts you in danger or makes you feel uncomfortable, it's important to remove yourself from the situation and contact your coordinator.

If you are very concerned about the immediate safety of the person you are visiting, depending on the degree of concern, contact 000, your emergency contacts, or your coordinator for advice on what to do next.

DETAILS

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**



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