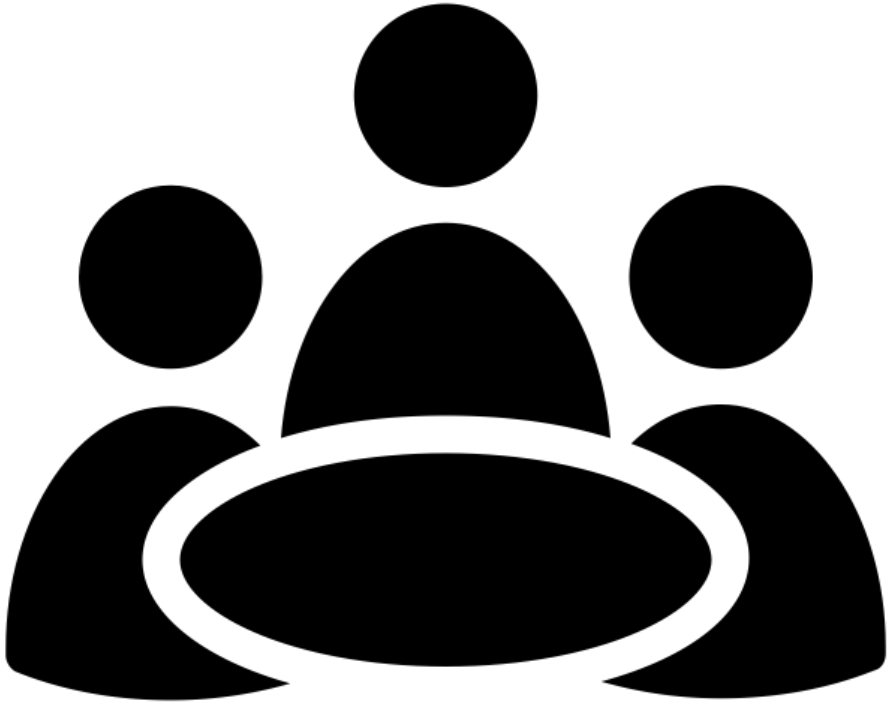
Last Item on the Agenda



A Committee Larp
by Shawn Roske
Spring 2017

Title graphic by
Creative Stall

Overview

This is a larp for 4 - 6 players. 5 players are recommended. No separate facilitator is necessary. One player needs to be in charge of delivering the instructions.

Recommended time: 2 - 2.5 hours
Pacing: 15 minutes for warmup, 30 minutes to build the fiction, 40 minutes roleplay, 30-40 minutes for debrief.
Requires a table and chairs, printouts of these rules, character sheets, and the agenda.

Keywords: Sexuality, consensus, power, ableness, gender, perception, frustration

The pitch

This is a frustrating game of corporate management of sexuality. It is not a game about abuse, but rather about how difficult it is to be fair and compassionate in the workplace when the crux of the matter is messy human nature.

At a group home for the developmentally disabled, sex is the unspoken topic at the staff meeting. No one has wanted to deal with residents having desires just like everyone else. There are no guidelines for dealing with sexual expression beyond stopping it. It's the last thing anyone wants to talk about, and it's on tonight's agenda

Live-in staff bristle under strong rules preventing them from having intimate friends visit with any allowance for privacy. Everyone at the table cares deeply, but not everyone cares about the same things... The last item on the agenda for tonight’s staff meeting is the need for a sexuality policy.

A word about the subject matter.

This larp is about sexuality as part of human nature. Sexual harassment and abuse are not the subject matter of this larp. In Canada, staff are trained to safeguard themselves and the people under their care. Health Canada is deeply involved in organizations dealing with vulnerable sectors of the population, and this larp assumes this kind of watchful and attentive environment. Many players of this larp will not have a background of knowledge about persons with these kinds of disabilities, nor the laws governing them. It is not necessary to have such knowledge to play this game. What is necessary is to bring forth an attitude of care and respect. Be aware that everyone carries misinformation and prejudice. It is not wrong, and no one is on trial. The larp safety techniques and out of character gesture is present to navigate our limitations.

Please have a short discussion on how comfortable people are about the themes in this larp, and if there are any aspects which need to be avoided. Emphasize that the safety tools are there to be used in play without guilt or judgement.

The author has worked in the field of mental health in Canada since 2006, working closely with persons with developmental disabilities. I wrote this larp to examine my professional experiences through the lens of larp, and to share a unique perspective. I chose to focus on sexuality because it is a hot topic, and I have witnessed the problems of corporate management of sexuality first hand. This larp is my challenge to those who are progressive or conservative when it comes to sexuality. I rarely see consideration in popular sexuality discourse for the developmentally disabled population and the staff and caregivers on the frontlines. There is no simple answer to this difficult scenario. Yet, it is a common issue inside the mental health community world wide. How much can be asked of staff, and how to provide the most compassionate and holistic care?

Setup

Print out the materials
Cut out the cards and printouts
Arrange the space
A timer is recommended, set for 40 minutes
Remove Support Staff D or C, if you have less than six players
Orient players to the available characters
Discuss who plays which character
The group will create some details about the characters, the home, and its residents

The Canadian Setting

Someone read the situation out loud:

It is the annual monthly staff meeting of a group home for multiply disabled adults-- adults with developmental disabilities and comorbid complications of behavioural, physical, or mental ailments. A resident's capabilities can range from non-speaking or non-mobile, to moderately functioning and working custodial or factory employment. None are medically fragile requiring care provided in a home. Ages range from mid-twenties up to senior citizen.

The agency holds Power of Attorney on each resident's finances. Sexual relationships for residents are not discussed or encouraged. Staff are not permitted overnight guests in the home. The House Leader has set the agenda for the meeting and a new item on the list is a request for a sexuality policy for both staff and residents. Presiding at the meeting will be the Housing Coordinator from head office.

Someone read the background out loud:

After 40 years, Rainbow Community Housing has earned a reputation as a welcoming and well-run place of residential living for multiply disabled adults with developmental disabilities. It hires both locally and internationally, and some staff live in the homes with the residents. It is non-profit and Christian based. Staff are not required to be any particular religion. However, all residents attend church services with staff support.

They run six group homes across the city. Staff and residents regularly socialize at a company run community center, circulate between the homes, and enjoy taking part in activities within the broader municipality through public events and specialized programs for the disabled.

Tonight is the monthly house meeting, which is a routine check-up by head office to hear about any pressing needs for the home. Increasing pressure on staff in the home by resident and staff sexual activity has made the House Leader include a request for a sexuality policy on tonight's agenda.

What to do

The first hour deals with safety mechanics, improv warm-ups and building characters, the home, and residents. Play lasts exactly 40 minutes. Cards are used to pace the conversation and inject details when things get slow. This is followed by a 30-40 minute debrief, or longer.

The following rules are a script to be read in sequence.

Larp Safety

These are the basic safety rules. Everyone's well-being is more important than playing this game. Anyone may excuse themselves to take a break at any time, for water, toilet use, etc. The door is always open, and you may walk away from playing at anytime, no questions asked. Please let the facilitator know.

Emergency Stop

> If a player says "stop the game" during the game this means the game immediately stops. If the player wishes to explain why they called "stop the game", they may do so. However, the reason for wanting to stop the action may be personal. Anyone may call a halt for any reason, even on behalf of someone else. Debrief as usual should the game end early.

OOC Gesture

> To negotiate anything out of character during play, anyone may hold a fist to their forehead. This gesture means that what the player is saying is said as themselves, the player. It may be to ask for clarification, to negotiate the flow of the narrative, or for any reason. Everyone must respect this gesture. Dropping the gesture signals play is to resume at the point the gesture was made.

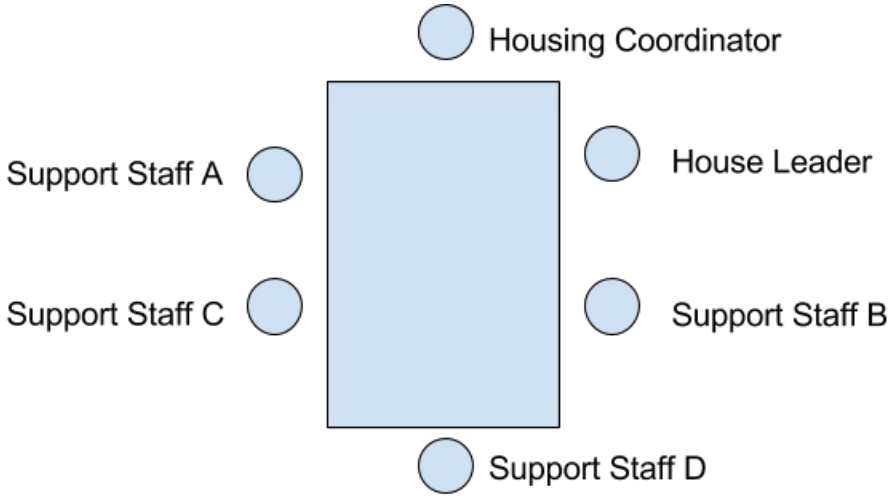
Build the Home, creating residents

Characters

Ask:

> Who wants to compromise? Give that person the House Leader
> Who wants to make a difference? Give that person Staff A
> Who wants respect? Give that person Staff B
> Who wants control? Give that person the Housing Coordinator
> Everyone else is Staff C and D

Everyone must take the appropriate seat at the table when they are ready to begin. Seating order is important.



Everyone look at the character sheets. Now is the time to exchange roles with someone else. Take a couple minutes to read the characters and make a few general decisions, such as name and years of service.

The experience of a character matters in terms of how much weight their words carry at the meeting. Staff with more experience may bring up events with residents occurring prior to newer staff's employment. Newer staff tend to have fresher perspectives, and may freely offer more radical solutions.

The Home

What is the name of the home?

This may be an animal, a flower, a street name, or something historically significant. All other homes in the agency will have a similar naming scheme. Write this on a piece of paper or card. Continue to record the names of staff and residents. Add details as the home is created. Place this paper somewhere accessible to everyone. Anyone may write on it, although it might make it easier to designate a scribe.

Who lives in the home and who commutes to work as external support?

International workers most typically are live-in workers, and have the fewest local connections outside the agency. Live-in staff are under great pressures. They can be on call at any time of the day. Some homes will have designated staff who are the first responder to an emergency at night, or who is put in charge of performing any nightly medical requirements, such as emptying a urine bag or responding to an alarm if a resident has a history of nightly mischief. There can be overnight asleep, or overnight awake shifts. Are there are any overnight shifts and why?

The home will be large enough that each live-in staff and resident will have their own bedroom. It will have all the amenities, more than one bathroom, and most likely renovated to accommodate wheelchairs.

Is there a yard with a garden?

Is there may be a piano in the home, or exercise equipment?

Is the home close to a nice park, or right beside a busy freeway?

The home will have a company van, and not all staff will be insured to drive it.

The Residents

Except for the Housing Coordinator, each staff of the home is tagged to a particular resident, and that staff person works with that resident more often. The primary staff for a resident attends all focused meetings about that resident, and is well read on that person's file. As a player, create this resident by filling out a resident card. This is a group discussion. If the Housing Coordinator creates a resident this represents the home is short staffed. The Housing Coordinator cannot be tagged to any particular resident.

Each player draws a card for inspiration into preparing their character and creating their resident. Aim to build a cohesive narrative for the home. Talk it out. Some of the cards specifically refer to staff, or other issues, this is fine. Incorporate it into your character, and create your resident without initial issue. If it can't be incorporated, place it at the bottom of the deck and draw a new card. Place the resident cards in the middle of the table for everyone to see and reference.

You are focusing on creating residents instead of characters for yourselves, because your personal ideas and bias are expected to bleed into the character you are portraying. The residents are the substance and background that you must contend with emotionally and intellectually during play. Notice how their voices are absent from the meeting, yet their issues dominate the discussion.

Resident

Name:
Age:
How long they have been in organized care:
How long they have lived in the home:

Baseline (select one or more from list)

social	playful	bitter
talkative	oppositional	paranoid
slow	withdrawn	helpful
sarcastic	angry	innocent
stubborn	sad	devoted
silent	manic	mischievious

Preferred activities (select one or more from list)

coffee shop	doing sports	community events
going to work	eating	gossip
house chores	attending church	television
computer device	walking	watching people
arts and crafts	sitting	watching machines
out in nature	puzzles	watching animals

What are the resident's current medications for?
(select one or more from list)

pain	aging body	family insists
self abusive	seizures	severely anaphylactic
illness	addiction	seasonal allergies
obsession	keep them calm	new, unknown purpose
sleep problems	court ordered	to ease dying
dental work	respiratory	experimental

The Issue

By now, everyone has together created a web of dilemmas and complications.

The Structure of Play

Players may draw a card from the deck at any time. A player should draw a card when they feel they need to awaken more details. Draw only one to three cards over the course of the whole the game. The goal is not to draw all the cards. Play does not stop as each player reads their card. It is intentional and expected that a player's attention is distracted by the card while they digest what is on the card. Each player must incorporate whatever is on the card as their character's knowledge-- be it a past experience, something read about that day, or a sudden realization. Names and some details such as age or gender may be changed to be narratively appropriate. Some cards may seem irrelevant to your character or the discussion. A card may seem more appropriate for another player at the table and may be offered to them out of character. Use the OOC gesture to pause the game if a card is problematic.

After 30 minutes, when there is only 10 minutes left, the Housing Coordinator must stop the discussion and offer a temporary policy. They should push for consensus and agreement; any good enough, temporary solution will do. The larp ends with the Housing Coordinator calling the meeting adjourned and promising to get back to the home with an official response very soon.

Beginning Play

The staff meeting has been going on for at least an hour or more. In a round table narration each player says what issue was resolved earlier in meeting with a short statement. This is an opportunity to telegraph to other players the kind of character you are playing and add more history to the home. It may be something between themselves and another staff, something with the residents, or something with the home. It can be something mundane, such as a resident is regularly missing their bus, or something ongoing and complex, such as a disagreement between staff about out of work activities. Avoid bringing up a sexuality issue. The Pandora's Box on that topic is about to be opened...

Start to the right of the Housing Coordinator with Staff A. Continue counter-clockwise until the Housing Coordinator ends the round with their statement.

Start the Timer for 30 minutes

The Housing Coordinator now proceeds in character to continue the meeting and reads the last item on the agenda. The Housing Coordinator asks the House Leader to explain. Let the conversation flow as it would naturally with all these power dynamics present.

Debrief

Hold a 30 minute to 45 minute debrief at the end of the game. Clarify that the purpose of the debrief is to support emotional safety. It is optional, and player are free to leave the game. It is not about telling war stories and going over what was just said in the narrative. Stress that people should keep contributions to a maximum of 3-5 minutes during the process, and continue with more elaborate discussions later.

I recommend the person running the debrief, unless they did not participate in the game, go first during each part of the debrief in order to provide a model.

> Ask each person to state their real name, express something they like about themselves, something they dislike about their character followed by something they would like to emulate about them.
>
> Request each person to symbolically leave something from their character behind. Then state something they will take with them.
>
> If anyone has a burning desire to speak about some aspect of the larp, now is the time. Then, in turn, each person may speak on the most intense moment for their character and then, again in turn, the most intense moment for themselves as a player.

Find a 'debrief buddy' and exchange contact info. make it clear that sometimes emotional stuff comes up a week or more after the event. The facilitator may offer to make themselves available should anyone wish to go over more material should the need arise for safety purposes.

Acknowledgements

Thank you Jason Morningstar, Mylene DiPenta, Satkiana Shaw, Alexzandra Roberts, Jason Pitre, Tayler Stokes, Ben Milton, Kevin Farnworth, Liz Roper and all my playtesters and helpful advisors!

Characters sheets, Agenda, and the Cards follow

Housing Coordinator -- Harry / Hailey

(or some other name)

You have worked for the company for many years, and you know the residents very well. You are directly involved in hiring all staff. You know the staff and residents by name. You are the first person everyone calls when there is trouble. Take a moment to think about the social fires you put out on a weekly basis, and how much you know about everyone's personal and professional lives.

Your primary concern is meeting government mandates, the integrity of the corporate public image, and insuring the residents well-being. You desire the smooth operation and delivery of service by your staff. Your responsibility and history in the industry has made you conservative. You determine the company's unspoken attitude about sexuality. You may agree or disagree with what you know about the corporate attitude towards sex.

When you call the meeting adjourned, promise to take the matter up at head office and that you will get back to the home with an official response very soon.

House Leader -- Lee / Laura

(or some other name)

You have worked in the home the longest. You have lived here in the past, and you may choose to provide lived-in support or you may be living elsewhere. You manage the staff and residents. You are responsible for the budget and make all major domestic decisions. You know the residents very well. You are primarily concerned with harmony in the home between staff and residents. You decide the history of the home and residents. Take some time to think about the residents of the home. They have seen a changing team of faces over the years. Many have a deep history that you only know hints about. Think about what it means to live where you work, and the intensity of caring for people's most basic and intimate necessities day after day.

You are the one to introduce the central issue that has made you put the need for a sexuality policy on the agenda. Be sure to conclude your opening remarks by saying other homes have similar issues and this is a direct request for clear guidelines from head office on these matters.

Support Staff A -- Anne / Andrew

(or some other name)

You have worked in this field for a few years. This is at least your second year working for the agency, in this home or another. You have a real interest in advocacy and progressive social action for people with disabilities. Your primary concern is seeing a sexuality policy that is fair and respectful. Think about what experiences you may have had that shaped you into an activist. Where else have you worked? What is your personal connection to the developmentally disabled?

You are the one who is pushing for resident's rights.

Support Staff B -- Belle / Bill

(or some other name)

You have worked in this field for a few years. This is at least your second year working for the agency, in this home or another. You want to focus on practical matters in the home and think sexual issues should be left regulated by staff. Your primary concern is maintaining security and safety for staff and residents. Think about issues of employment and what your employer can ask of you. You are a front-line health care worker. Think about what risks you must face. Where else have you worked? What emergency situations might you have experienced or know about?

You are the one who is pushing for employee rights and safety.

Support Staff C -- Carl / Carla

(or some other name)

You are working at this place for personal reasons. This is your first year living and working in the home. You enjoy the work, but it is secondary to your interests. You may be an academic putting yourself through school, or perhaps you enjoy travelling. Your primary concern is staying employed. You do not want work to interfere in your other interests: such as school, travel, social life, or earning enough experience to move on to other employment. You may chose to be a migrant worker from outside North America. If so, you must be a live-in caregiver, and you primarily socialize through workplace relationships. If you are local, you may chose to live in the home or be external support.

Your primary concern is to be unaffected by what transpires at this meeting.

Support Staff D -- Doug / Dawn

(or some other name)

You are working at this place for personal reasons. This is your first year living and working in the home. You enjoy the work, but it is secondary to your interests. You may be an academic putting yourself through school, or perhaps you enjoy travelling. Your primary concern is staying employed. You do not want work to interfere in your other interests: such as school, travel, social life, or earning enough experience to move on to other employment. You may chose to be a migrant worker from outside North America. If so, you must be a live-in caregiver, and you primarily socialize through workplace relationships. If you are local, you may chose to live in the home or be external support.

Your primary concern is to be unaffected by what transpires at this meeting.

The Agenda

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We really need a sexuality policy!!!

A resident has great anxiety about travel by her bus. She is high functioning, and usually very eloquent and polite in her speech. The local special needs public transportation comes to her residence to take her to her day program around the same time every morning, and she returns the same way at the end of the day. Sometimes the bus is late. She often handles the stress of waiting by kicking up quite a fuss, often swearing, and, particularly disruptive, she openly masterbates. Staff where she lives make her go to her room when she does this. Her day program has done what they can, putting up a barrier around her, or trying to have her wait in a back room with a staff to talk it out... until she starts to masterbate, then they leave her alone. Her day program have asked if she can be medicated to control her anxiety. The resident's mother doesn't accept her daughter has a need for medication, and she has been to a doctor who has recommended the non-medical measures currently in place. Do we insist on medication because it is more convenient for staff?

Some of our residents are fairly high functioning and independent. They are competent enough to manage almost all aspects of their lives, except those ones that we support. We don't monitor every aspect of their lives, but still our company policies have a blanket impact on them. Should we include them in discussion of a sexuality policy?

One evening I was at work and noticed that a resident, (a 34 year-old man who has Down Syndrome and lives in the home), and another resident, (a 37 year-old woman who has a developmental delay and Cerebral Palsy), were cuddling on the couch while watching television. They didn't know I was watching from the other room. I saw him touch one of her breasts and she smiled and laughed. He was laughing too. Another staff walked into the living room and when she saw them she said loudly, “what are you doing?” They broke away from each other and the staff said, “It's time to get ready for bed.” She got up immediately and went to her room. The resident refused to go to bed. He got really angry and pushed the TV over onto the floor. I went to help the other staff. After the incident was over, and the resident had calmed down and went to bed, I wanted to talk to the other staff about what had gone on. However, she didn't want to discuss it and said not to mention it in the incident report.

There is a woman who lives in one of our agency's homes now and she used to live in her own apartment. During this time, she had a boyfriend and he would come and stay over and they were having sex. Her family became extremely distraught and ordered her to break-off the relationship. The family was very religious and the idea of pre-marital sex was morally corrupt in their eyes. This woman now has a mental illness and lives in one of our homes. She would like to have a relationship yet feels such a strong need to please her family she represses this desire.

I have a friend who works in another group home with disabled adults who require a lot of physical care. She was the Primary Counselor for one of the residents. The resident was a young woman who used a wheelchair and had no voluntary use of her arms, hands or legs. She was also non-verbal. My friend noticed that when she was bathing her and the water from the shower spray touched her genitals, the young woman would smile broadly. They had a long-term rapport and the staff felt she knew this resident very well and understood her non-verbal communication very well too. My friend wondered about what kind of support is available to allow the resident to experience sexual pleasure. She was sad about how there is no way to enable the resident.

Before working here, I was working privately for a family. I was supporting a couple who were in their 30's. They both had Down Syndrome and were married. The family had purchased instructive sex videos for them to watch and learn from. This family was very supportive in giving the young couple as normalized a relationship as possible.

We all know how a particular resident, (man in his early 50's with Down Syndrome), is always charming the female staff? One day we were talking and he was saying how he wanted to take a member of staff, (one of the female staff), out for dinner. I reminded him that she is his staff and explained why it would be inappropriate for her to date him. I suggested he go out to some dances at the “Friendship Club,” (they hold monthly dances for developmentally delayed adults), to meet some potential women who have Down Syndrome, or another disability, like him. He got really offended and told me he did not have “that,” meaning Down Syndrome. Well, it was 5 years ago that we had that conversation. He now has a girlfriend at work and they've been a couple for 3 years. Staff have not been very proactive in supporting that relationship to grow outside of work.

A resident was sexually abused in an institution in the 1980's. She is very inappropriate with male staff, asking new staff to help her with her bath and getting them to do things for her that she can do for herself. She obsesses over each new male staff and says she is going to marry them. She has shown no attraction for her male peers. It is really hard for new male staff to be constantly hit on by this 46 year-old woman.

What about us as live-in staff having our boyfriends and girlfriends stay over? When a particular staff member had his girlfriend visit from Germany last year, she was not allowed to stay at the house and yet everyone knows he sneaked her in a few nights and she stayed the night.

I heard that our agency was approached by the caregiver of a married couple who both have a developmental delay to have the couple be supported in one of our homes. The caregiver is getting old and needs support herself and can no longer have them live with her. Our agency refused to take them, saying we weren't set-up to welcome couples into our homes.

We support a young man who is delayed from congenital hydrocephalus and suffers from seizures. He attends many athletic programs, despite having mobility difficulties with walking. When I took him to his basketball program recently I met a male staff from another agency. His client was of similar large build and temperament to my client. I could tell they were long time friends and they called out to each other happily on the court. This other resident asked me about why my client never came to his swim program any more. His staff was amused at this and confidentially told me how there once was an ‘incident’ where the young men got ‘too frisky’ with each other in the pool. It was decided to separate the young men permanently. The staff left much unsaid and told it like an amusing anecdote. I found it rather sad the young men have their friendship stifled because of this.

A resident asked for access to his money for this weekend in order to stay at a hotel with his friend he bowls with. He’s very excited about it. He’s independent and has his job stocking shelves. He’s allowed to come and go as he pleases. However, many day to day choices have to be made for him. How involved in this decision are we supposed to be? Do we insist he buy condoms? Does he know what to do? We don’t know.

A female staff member told me the other day that a particular male staff member, an international employee from Ivory Coast, has been insisting on clear divisions of labour in the home. He wants the women to do all the cooking and cleaning, while he does the toileting and outings with the clients. He also says sexist things to her, but her house leader thinks she’s being too sensitive and unfair to a person of colour. One of the residents has started echoing the male staff member’s behaviour.

Our community pastor who often comes to our events and leads our Catholic Church came out as gay last Sunday in his sermon. Later, some of our residents expressed confusion. How do we explain the situation across widely varying levels of cognition and belief?

You've been learning about anti-ableist activism and feel strongly about questioning the ways that language can be used as a practise of mindfulness about our assumptions and values. Other staff are complaining of being "language policed" and are tired of trying to keep up with whether they're supposed to say "handicapped" or "disabled" or "people with disabilities" or "people labelled with a disability" and so on.

Staff at another home has been wearing gender non-conforming clothing, and has altered their name. Some of our residents have made confusing remarks, and some staff have wondered what to make of it. What, if anything, is to be said or done?

A young man who's a resident at another home has taken to wearing flowing dresses, dangly earrings, and high-heeled shoes. His body language has changed too – swinging his hips when he walks, batting his eyelashes. At first the staff supported him and felt that it wasn't hurting anybody, but now they think he's going too far, that it's just "drama". They're starting to find his behaviour inappropriately flirty and they're uncomfortable. Other staff are frustrated that non-conforming gender expressions are seen to be theatrical, "performed", and a come-on, while conforming gender expressions aren't. Yet, our job is to provide stability for our residents who cannot do so themselves?

A particular resident, whom you've known as a woman, has started identifying as male and insisting on being referred to by Joe, wearing clothes that everyone finds surprisingly masculine. The resident has a known history of abuse. There are concerns that the resident is reacting to a history of trauma, and isn't unsettled by their body because of gender dysphoria but because of PTSD. Staff are split about it, with some using the new name/pronouns, some staff using the new name when pointedly reminded by the resident but otherwise carelessly lapsing into the old name, and some staff pointedly insisting on using the old name because they think the whole thing is silly, manipulative, or attention-seeking behaviour. Staff are also split about whether the resident should be allowed to see a gender identity specialist.

What about the resident who you have read in the their file that, over the years, three times the resident changed appearance and behaviour to match one of the staff or fellow residents. They became attached to the staff or resident in a way that they lost all interest in things that had previously been very important. That resident often talks about being afraid of dying or not existing. No one knows how to handle the resident's constantly changing identity and gender.

An out and queer staff member has been sneaking their partner into the house occasionally to spend the night. They've been lying about it and it's starting to cause tension among other staff and clients. It's becoming more and more clear that they will be fired. Some staff would ignore such behaviour by straight couples that technically breach community guidelines, but all of a sudden when a queer person does it they become rigidly by the book. Some people see this as homophobia, others accuse them of "playing the gay card" and acting like they're above the rules.

We make sure intimate personal care is provided by a staff member of the same sex as the resident. A new staffer has just been hired and they identify as agender. Now what? Some staff think this should be addressed in the sexuality policy. Others disagree, since it has nothing to do with sexual orientation or sexual behaviour. Yet others are wondering if "same-gender" care even makes sense, since ostensibly the reason why it exists is to prevent sexual behaviour, which only makes sense if everyone is assumed to be straight and cisgender.