

LAST ITEM ON THE AGENDA

A Committee Larp by Shawn Roske

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Title graphic by Creative Stall

Overview

This is a larp (Live-Action Role-Playing Game) for four to six players. Five players are recommended. No separate facilitator is necessary. One player is in charge of delivering the instructions.

- Recommended time: 2 - 2.5 hours
- Pacing: 15 minutes for warm-up, 30 minutes to build the fiction, 40 minutes for roleplay, 30 - 40 minutes for debrief (or longer)
- Objects required: Table and chairs, paper, pencils and scissors, a timer, a copy of these rules, and printouts of the resident file (at least 6 copies), the character sheets, the incident cards and the agenda.
- Keywords: Sexuality, consensus, power, ableness, gender, perception, frustration

The Pitch

This is a challenging game of corporate management of sexuality. It is not a game about abuse, but rather about how frustrating and difficult it can be 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 staff meetings. No one has wanted to deal with the fact that residents have desires just like everyone else. The group home has only informal guidelines for dealing with sexual expression, beyond stopping it. Sex is the last thing anyone wants to talk about, and it's on tonight's agenda.

Live-in staff bristle under the company's contractual rules that prevent them from having intimate friends visit with any allowance for privacy. Everyone at the table cares about their own personal agendas, and not about the same things. The last item on the agenda for tonight's staff meeting is the need for an official sexuality policy for both residents and staff.

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, group home staff are trained to safeguard themselves and the people under their care. Health Canada regularly reviews and inspects organizations dealing with vulnerable sectors of the population, as well as trains and certifies staff. 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, nor for 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 worldwide. How much can be asked of staff, and how do staff provide the most compassionate and holistic care?

Setup

- Print out the materials
- Cut out the incident cards and character sheets
- Arrange the space
- A timer is recommended, set for 40 minutes
- If you are playing with fewer than six players, remove Support Staff C and/or D,
- Orient players to the available characters
- Discuss who plays which character
- As a group, create some details about the characters, the home, and its residents

The Canadian Setting

Someone read the situation out loud:

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

The agency that owns the group homes holds power of attorney on each resident's finances. Although sexual relationships for residents are not discussed, there is an unspoken undertone that they are not encouraged. Staff are not permitted overnight guests in the home, nor have visitations behind closed doors. 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:

Over the course of its 40 years in operation, 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 a nonprofit corporation and Christian based. Staff are not required to adhere to any specific religion. However, all residents attend church services with staff support.

Rainbow runs six group homes across the city. Staff and residents regularly socialize at a company run community center, circulate work shifts 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 consists of a routine check-in by head office to hear about any pressing needs for the home. The House Leader has included a request for an official sexuality policy on tonight's agenda because staff and resident sexual activity cannot be ignored any longer.

What to do

The first hour deals with safety mechanics, improv-style warm-ups, and building characters, the home, and residents. Play lasts exactly 40 minutes. Incident 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

The Door is Always Open

These are the basic safety rules. Every player's well-being is more important than playing this game. Any player may excuse him or herself 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 any time, no questions asked. Please let the facilitator know.

Emergency Stop

If a player says, "Stop the game" during play, 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 and no player is under any obligation to explain why they called "stop the game." Anyone may call a halt for any reason, even on behalf of someone else. Should the game end early, players should still continue with the debrief.

Out of Character (OOC) Gesture

To negotiate anything out of character during play, any player 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. Every player must respect this gesture. Dropping the gesture signals play to resume at the point the gesture was made.

Warmups

Because this game is played around a table and does not require a large playing area, expansive and physical warmups are not required, however, players may want to begin with two simple exercises:

“No, but... Yes, but... Yes, and...”

The facilitator has everyone pair up with the objective of planning a party. One person from each pair goes first and states what kind of party they will plan. The partner then responds by saying, "No, but..." and completes the sentence. The pair alternates in this way for about two to five minutes. The pair then does the exercise again using, "Yes, but...", and again using, "Yes, and...". This will help everyone recognize the difference between using these different kinds of communication. The idea is to accept whatever is put forth and add to it. For example, "Yes, and..." propels the scene forward.

“Once upon a time... and then... “

Have everyone circle up, standing or around the table. Similar to the first warmup, the group tells a story together with each player adding a sentence, one by one. The first person starts with, "Once upon a time..." and completes that sentence. The person immediately to the left of them says, "And then..." then the next person says, "And because of that..." until the last person ends the story by saying, "And in the end..." Players should not use the names or personal details of anyone present. This helps stimulate collective storytelling.

Build the Home, Create the Residents

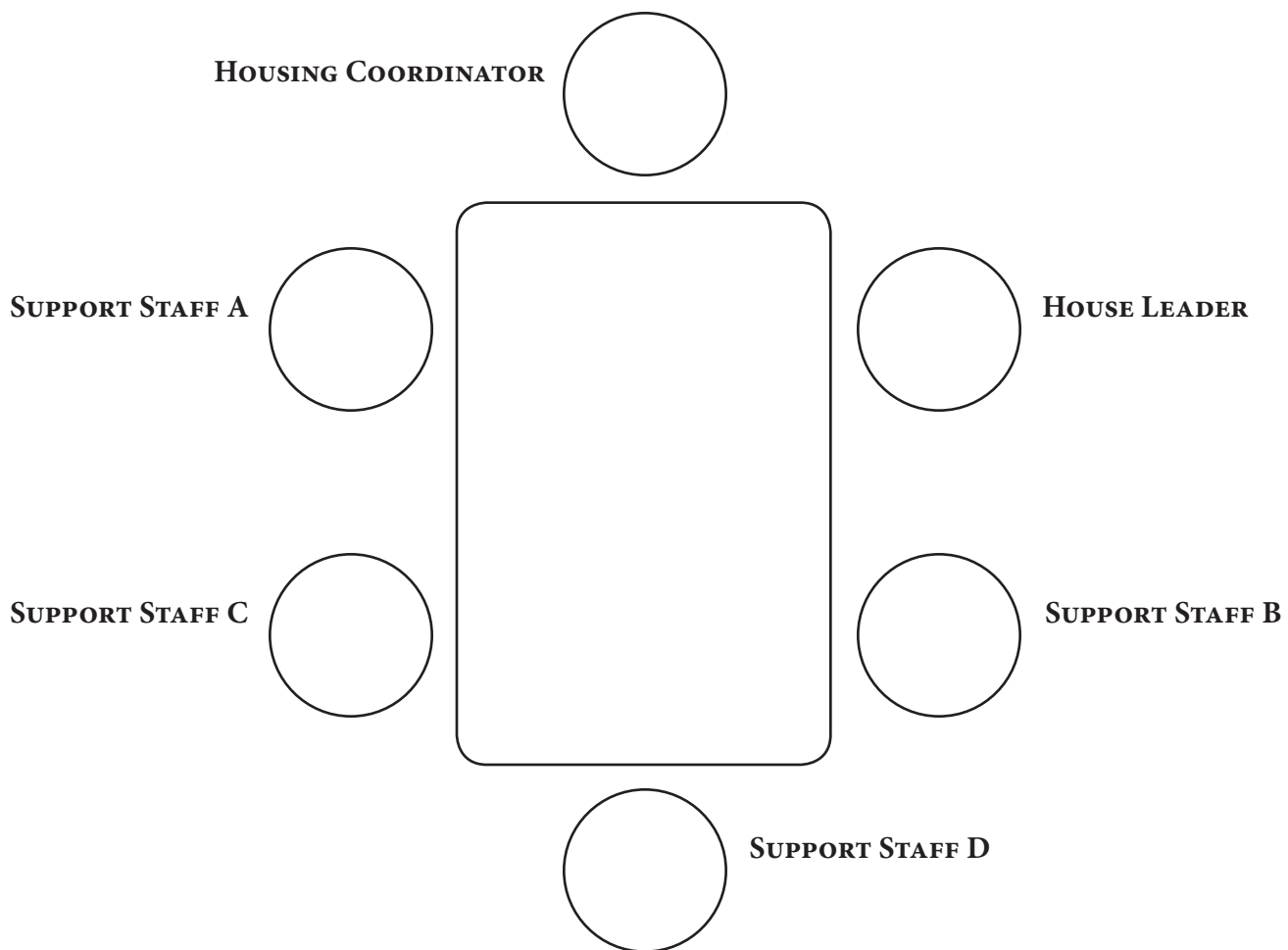
Characters

Ask:

- Who wants to compromise? Give that player the House Leader
- Who wants to make a difference? Give that player Support Staff A
- Who wants respect? Give that player Support Staff B
- Who wants control? Give that player the Housing Coordinator

The remaining one or two players are Support Staff C and D.

Each player takes their seat at the table according to the diagram below. Seating order is important.



Each player looks at the character sheets. At this point, players are allowed to exchange roles with someone else if they decide they'd rather play a different character. Each player should take a couple minutes to read the characters' bios 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 fresh perspectives, and may freely offer more radical solutions.

The Home

What is the name of the home?

This could 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. Continue to record the names of staff and residents. Add the details being decided by the group as the home is created. Place this paper somewhere accessible to everyone. Any player 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 pressure. They can be on call at any time of the day or night. 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 disruptive behavior. There can be overnight asleep, or overnight awake shifts. Are there any overnight shifts and why?

The home is large enough so that each live-in staff and resident will have their own bedroom. It has all the amenities, such as a full kitchen, sitting room, dining room, full size bathrooms, bedrooms for everyone, a backyard, driveway, possibly other things., and most likely has been renovated to accommodate wheelchairs.

- Is there a yard with a garden?
- Is there a piano in the home, or exercise equipment?
- Is the home close to a nice park, or right beside a busy freeway?
- The home has a company van. Which staff are insured to drive it, and which are not?

The Residents

Except for the Housing Coordinator, each staff at the home is assigned to a specific resident, and that staff person works with that resident more often. The primary staff for a resident attends all meetings about that resident, and is up-to-date on that person's file. As a player, create this resident by filling out a resident file. This is a group discussion. In the case of fewer players, such as four players, the Housing Coordinator may wish to create a resident. If the Housing Coordinator creates a resident this represents the home is short staffed. A short staffed home is more stressful to work at, and this is an issue upper management is obligated to correct as soon as possible. Include this option, if the group wishes to explore this dynamic in play. The Housing Coordinator cannot be assigned to any specific resident.

Place the resident files in the middle of the table for everyone to see and reference. Each player draws an incident card to help inspire them in preparing their character and creating the resident they are assigned to. Aim to build a cohesive narrative for the home. Talk it out. Some of the incident cards specifically refer to staff or other issues. This is fine. Incorporate whatever is there into your character, and create your resident. If the incident card text can't be incorporated, place the incident card at the bottom of the deck and draw a new incident card.

Players should put their focus more on creating and developing the residents rather than spending too much time shaping the characters they are playing, because their personal ideas and bias inevitably bleed into the characters being portrayed. This game challenges a player's position on sexuality with a difficult real world dilemma, so the role player's take on will be enlivened by each player's own concepts. The residents are the substance and background that players must contend with emotionally and intellectually during play. Notice how their voices are absent from the meeting, yet their issues dominate the discussion.

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

The Structure of Play

Players may draw an incident card from the deck at any time. A player should draw an incident card when they feel they need to obtain more details. Draw only one to three incident cards over the course of the whole game. The goal is to not draw all the incident cards. Play does not stop as each player reads their incident card. It is intentional and expected that a player's attention is distracted by the incident card while they digest the information on it. Each player must incorporate whatever is on the incident 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 fit the narrative. Some incident cards may seem irrelevant to your character or the discussion. An incident card may seem more appropriate for another player at the table. In that case, you may offer it to them out of character. Use the OOC gesture to pause the game if an incident card is problematic.

After 30 minutes, when there are only 10 minutes remaining in the game, the Housing Coordinator must stop the previous argument and offer a temporary policy for the players to negotiate. The Housing Coordinator 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, all items on the meeting agenda have been discussed except the last item. One-by-one around the table each player uses a short statement to say what issue was resolved earlier in the meeting. This is an opportunity to telegraph to other players the kind of character you are playing and to add more history to the home. It may be something about themselves and another staff, something with the residents, or something with the home. It can be something mundane, such as the fact that 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 Support Staff A. Continue counter-clockwise until the Housing Coordinator ends the round with their statement.

Set the timer for 30 minutes and start it.

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 why sex is on the agenda. Let the conversation flow as it would naturally with all these power dynamics present.

Debrief

The facilitator holds a 30 to 40 minute (or longer) debrief at the end of the game. Clarify that the purpose of the debrief is to support the players' emotional safety. It is highly recommended to participate in the debrief, however, players may leave if strongly adverse. A debrief is not about telling war stories and going over what was just said in the narrative. It is about deroleing, and aiding digestion. It should be stressed that people keep contributions to a maximum of three to five minutes during the process, and continue with more elaborate discussions at some later time (in the hotel bar, at a coffee shop, whatever...).

The facilitator, unless they did not participate in the game, ought to go first during each part of the debrief.

Ask each person to state their real name, express—in this order—something they like about themselves, something they dislike about their character, and something about their character they would like to emulate.

Request each person to symbolically, as a silent gesture towards the center of the table, 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 about their character's most intense moment in the game and then, again in turn, the most intense moment for themselves as a player.

As an option, find a 'debrief buddy' and exchange contact information. 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 anything that came up during the larp, should the need arise, for safety purposes.

Acknowledgements

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RESIDENT FILE

Name

Age
Years Months

Time in Organized Care
Years Months

Time of Residence in Home
Years Months

Baseline (select one or more from list)

<input type="checkbox"/> social <input type="checkbox"/> talkative <input type="checkbox"/> slow	<input type="checkbox"/> playful <input type="checkbox"/> oppositional <input type="checkbox"/> withdrawn	<input type="checkbox"/> bitter <input type="checkbox"/> paranoid <input type="checkbox"/> helpful
<input type="checkbox"/> sarcastic <input type="checkbox"/> stubborn <input type="checkbox"/> silent	<input type="checkbox"/> angry <input type="checkbox"/> sad <input type="checkbox"/> manic	<input type="checkbox"/> innocent <input type="checkbox"/> devoted <input type="checkbox"/> mischievous

Preferred Activities (select one or more from list)

<input type="checkbox"/> coffee shop <input type="checkbox"/> going to work <input type="checkbox"/> house chores	<input type="checkbox"/> sports <input type="checkbox"/> eating <input type="checkbox"/> attending church	<input type="checkbox"/> community events <input type="checkbox"/> gossip <input type="checkbox"/> television
<input type="checkbox"/> computer device <input type="checkbox"/> arts and crafts <input type="checkbox"/> out in nature	<input type="checkbox"/> walking <input type="checkbox"/> sitting <input type="checkbox"/> puzzles	<input type="checkbox"/> watching people <input type="checkbox"/> watching machines <input type="checkbox"/> watching animals

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

<input type="checkbox"/> pain <input type="checkbox"/> self-abuse <input type="checkbox"/> illness	<input type="checkbox"/> aging body <input type="checkbox"/> seizures <input type="checkbox"/> addiction	<input type="checkbox"/> family insists <input type="checkbox"/> severely anaphylactic <input type="checkbox"/> seasonal allergies
<input type="checkbox"/> obsessions <input type="checkbox"/> sleep problems <input type="checkbox"/> dental work	<input type="checkbox"/> keep them calm <input type="checkbox"/> court ordered <input type="checkbox"/> respiratory	<input type="checkbox"/> new, unknown purpose <input type="checkbox"/> to ease dying <input type="checkbox"/> experimental

The Issue:

STAFF FILE

Name

Position

Housing Coordinator

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 ensuring 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 may agree or disagree with what you know about the company's attitude towards sex and sexuality.

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.

STAFF FILE

Name

Position

House Leader

You have worked in the home the longest. You have lived here in the past. You are presently providing live-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. Take some time to think about the residents of the home. They have seen many different staff come and go over the years. Think about what it means to live where you work, and the intensity of day after day caring for people's most fundamental necessities, such as feeding, washing, socializing, etc.

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.

STAFF FILE

Name

Position

Support Staff A

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 residents' rights.

STAFF FILE

Name

Position

Support Staff B

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 for staff to deal with on a case by case basis without corporate micromanagement. 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.

STAFF FILE

Name

Position

Support Staff C

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 might 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 might be a migrant worker from outside North America. If so, you primarily socialize through workplace relationships.

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

STAFF FILE

Name

Position

Support Staff D

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 might 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 might be a migrant worker from outside North America. If so, you primarily socialize through workplace relationships.

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

AGENDA

- Lorem ipsum dolor sit amet, consectetur adipiscing elit. Integer semper vitae tellus vitae porttitor. Cras dictum dictum imperdiet. Aenean finibus semper purus, at rhoncus odio ullamcorper at. Donec gravida viverra erat sit amet auctor.
- Donec mollis pulvinar nisi, et commodo libero finibus eget. Sed consectetur tincidunt sagittis. Donec varius condimentum tincidunt. Nulla facilisis velit sed odio condimentum ultricies.
- Duis dui velit, mollis id mattis at, ultricies vitae nulla. Nunc suscipit sapien lacinia ex ultrices porttitor. Morbi imperdiet magna a urna condimentum dictum.
- Morbi cursus, mi et scelerisque efficitur, tellus purus tempus ante, vitae laoreet mi erat nec dui. Sed ac felis mi.
- We really need a sexuality policy!!!*

<p>A resident has great anxiety about waiting for her bus. She is high functioning, and usually very eloquent and polite in her speech. Around the same time every morning, the local special-needs public bus comes to the home to take her to a day program. The bus takes her back to the home at the end of the day. Sometimes the bus arrives late. She often handles the stress of waiting by kicking up quite a fuss—often swearing and openly masturbating, which staff find particularly disruptive. Staff at the home make her go to her room when she does this. Staff at her day program have done what they can by putting up a barrier around her when she is masturbating, or trying to have her wait in a back room with a staff to talk it out... until she starts to masturbate, then they leave her alone. Staff at her day program have asked if she can be medicated to control her anxiety. The resident’s mother doesn’t accept that 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?</p>	<p>Some of our residents are fairly high functioning and independent. They are competent enough to manage almost all aspects of their lives, except those requiring support such as their finances and time management. 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 our discussion of a sexuality policy?</p>
<p>One evening I was at work and noticed that a resident—a 34-year-old man with Down syndrome who 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?”</p> <p>The two residents broke away from each other and the staff said, “It’s time to get ready for bed.”</p> <p>The female resident got up immediately and went to her room. The male resident refused to go to bed. He got really angry and pushed the TV over onto the floor. I went to help my co-worker. After the incident was over, I wanted to talk to her about what had gone on, however, she didn’t want to discuss it and said not to mention it in the incident report.</p>	<p>There is a female resident at one of our agency’s homes who used to live in her own apartment. During this time, she had a boyfriend who she was having sex with; he would regularly stay overnight. Her family members became extremely distraught and ordered her to break off the relationship. The parents were very religious and the idea of pre-marital sex was morally wrong 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 that she represses this desire.</p>

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. This 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 without it being sexual abuse. She was sad about how there is no policy or training that she knew of that would allow her to empower the resident in this way.

Before working here, I was working privately for a family. I was supporting a couple in their 30s. 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—a man in his early 50's with Down syndrome—is always charming the female staff. One day he and I were talking and he was saying how he wanted to take one of the female staff members out for dinner. I reminded him that she is his support worker 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 women who have Down syndrome, or another disability, like he does. He got really offended and told me he did not have "that," meaning Down syndrome. Well, we had that conversation. five years ago; he now calls one of his fellow residents his "girlfriend" and they've been a couple for three years now. Staff have not been very proactive in supporting that relationship.

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

What about us as live-in staff having our boy-friends and girlfriends stay over? When one staff member's girlfriend was visiting from Germany last year, she was not allowed to stay at the house and yet everyone knows he sneaked her in for 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, requesting if the couple could be supported in one of our homes. The caregiver is getting old and needs support herself and can no longer have them living 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 participates in many athletic programs, despite having mobility issues, including difficulty with walking. When I took him to his basketball program recently, I met a male staff member from another agency. His client had a similar large build and temperament to my client. I could tell they were longtime 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 anymore. 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 member left much unsaid and told the story like it was an amusing anecdote. I found it rather sad that the young men have their friendship blocked because of this.

A resident asked for access to his money for this weekend so he can stay at a hotel with a friend who he bowls with. We don't really know if this request is sexual or not. He's very excited about it. He's independent and has a 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 certain male staff member, an international employee from Ivory Coast, has been insisting on clear divisions of labor in the home. He wants the women staff to do all the cooking and cleaning, while he changes diapers, helps residents use the bathroom and goes on outings with the clients. He also makes sexist comments to her, but her house leader thinks she's being too sensitive and unfair to a person of color. One of the residents has started echoing the male staff member's behavior.

Our community pastor from our neighbourhood our Catholic church, who often comes to our events, 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 practice 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", "people with disabilities" or "people labelled with a disability" and so on.

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

<p>A young man who is a resident at another home has taken to wearing flowing dresses, dangly earrings, and high-heeled shoes. His body language has changed too—he swings his hips when he walks and bats his eyelashes. At first all the staff supported him and felt that it wasn't hurting anybody, but now some think he's going too far—that it's just "drama." Some are starting to find his behavior inappropriately flirty and they're uncomfortable. Other staff are frustrated that non-conforming gender expressions are seen by most staff 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.</p>	<p>One resident, whom you've known as a woman, has started identifying as male, insisting on being referred to as "Joe" and 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 post-traumatic stress disorder. Staff are divided about it, with some using the new name and male pronouns; some staff using the new name when pointedly reminded by the resident but otherwise lapsing into using the old name; and some staff pointedly insist on using the old name because they think the whole thing is silly, manipulative, or attention-seeking. Staff are also divided about whether the resident should be allowed to see a gender identity specialist.</p>
<p>What should we do about the resident who, according to their file, has, three times over the years, changed their appearance and behavior to match that of one of the staff or fellow residents—male or female. They became attached to the person in such a way that they lost all interest in things that had previously been very important to them. 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.</p>	<p>A queer and out staff member has occasionally been sneaking their partner into the house 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 for breach of contract. Although straight staff have also been doing this, all the other staff have ignored this behavior. Now that this queer staff is doing it, however, some of the staff who have ignored the same behavior in straight staff before, have all of a sudden become rigidly by the book. Some people see this attitude as homophobia, while others accuse the ones calling out the staff as homophobic of "playing the gay card" and acting like they're above the rules.</p>

We make sure intimate personal care, such as bathing, using the toilet, changing diapers, and getting dressed, 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 say this should be addressed in a sexuality policy. Others disagree, because it has nothing to do with sexual orientation or sexual behavior. Yet others are wondering if same-gender care even makes sense, because ostensibly the reason why it exists is to prevent sexual behavior, which only makes sense if everyone is assumed to be straight and cisgender.

One of our residents racked up a fairly large bill calling telephone sex chat lines. We called in a behavioral specialist. At first the specialist tried to redirect the resident's behavior toward using pornographic magazines. We were not comfortable with this, but we followed the recommendations as instructed. When we received the next telephone bill we discovered that the resident had still managed to access the sex chat lines. One day, the specialist happened to be on-site when the resident was using the phones. The specialist listened in and was shocked to discover that the resident wasn't masturbating at all; he was using the chat lines only to talk about his hobbies. Everyone was embarrassed, and we now make sure the resident gets ample social time. There have been no more incidents of him using sex chat lines.