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How can adult social care services become more accessible and appropriate to LGBT people?

What is the issue and why is it important?

Underpinning social care is a value-base that includes a commitment to empower service users, to promote social inclusion and to demonstrate a respect for diversity. Realising these values means developing awareness and understanding of how they translate into particular ways of working with different groups and individual service users. This OutLine identifies five key approaches for promoting more equitable provision for lesbian, gay, bisexual and transgender (LGBT) people. It is supported by a range of examples taken from the evidence base for social care and sexuality.

Currently, social care services are often neither accessible nor appropriate for LGBT people. For example, 45% of the respondents to one recent survey of LGB service users said that they had experienced discrimination when using social care services (Commission for Social Care Inspection, 2008). In addition, past experiences of exclusion and abuse often mean that LGBT people expect to experience discrimination (Hunt and Dick, 2008, Whittle et al., 2007) and this expectation is itself a barrier to accessing services.

Where efforts have been made to improve the accessibility and appropriateness of services, the concern has usually been to prevent discrimination with a focus upon tackling homophobia. The literature on social care now contains an increasingly comprehensive discussion of discrimination and its effects (e.g. Fish, 2009, Fish, 2006, Whittle et al., 2007) alongside recommendations for how to prevent it. Recent policy and legislative change, including the *Equality Act* (OPSI, 2006), makes discrimination unlawful and places new responsibilities on service providers to prevent discrimination on the grounds of sexual orientation and transsexual gender identity (for an overview, see http://www.equalityhumanrights.com/). This means practitioners are increasingly well supported both in accessing information about discrimination, and in tackling it.

However, there are limitations with this approach. A focus on discrimination can fail to deal with the more subtle but systemic level at which inequalities are embedded and reproduced in social care (Hicks and Watson, 2003). Care services, like society more generally, are usually set up with an unspoken assumption that service users (and practitioners) are heterosexual and traditionally-gendered, and this has consequences at every level of service delivery and organisation. The term *heteronormativity* has been coined to describe this: it can be defined as practices which privilege heterosexuality, viewing it as natural and normal, and setting it above and apart from other sexualities and gendered identities. The failure to tackle heteronormativity means underlying patterns of exclusion may be carried forward into new developments in social care (e.g. user involvement initiatives can be exclusionary to LGBT users, Wintrip 2009 while the personalisation agenda ignores sexuality issues, Gulland, 2009). As a result, profound problems of exclusion and invisibility remain for LGBT users of social care.

Progressive practice for sexual and gender diversity

While tackling and preventing discrimination remains important, what is needed is a radical rethinking of social care practices, which we term 'progressive practice for sexual and gender diversity'. Progressive practice is work that is always 'in progress'; a cumulative process of increasing understanding and awareness. It is not characterised by a checklist of activities or techniques but by the combination of key strands that develop over time through practice experience and critical thinking, supported by exposure to research evidence and a broader debate. The central aspects are:

- **Practitioners being reflexive** about their own role in the sexual cultures of social care. This means critically examining their own experiences, beliefs and practices about gender and sexuality, as well as the broader systems in which they work.
- **Seeing the bigger picture**. Sexuality and gender identity are crucially shaped by the biographical, historical, generational, social, and geographical settings in which people live. This means, among other things, that a holistic approach to service users' lives and identities is needed.
- **Integrating** sexuality and gender issues into mainstream care practices, not just thinking about them in relation to sexual health or when people identify as LGBT. This means, for example, incorporating sexuality into wider individual assessment, care and planning of services (Cambridge and Mellan 2000) and not starting from the assumption that service users are heterosexual.
- **Recognising differences.** People use identity labels differently and changes of identity over the lifecourse are not uncommon. People using the same identity label or seeming to belong to the same group may have very little in common and may mean different things by the labels they choose. In addition, differences exist within the category 'LGBT' – bisexual and trans people are often forgotten (Jones and Ward, 2010). Multiple identities (such as being a gay Deaf person) can lead to multiple exclusion.
- **Working empoweringly.** Involving service users in the design, delivery and appraisal of services is, of course, vitally important. So too is recognising the strengths that being LGBT can bring to individuals and to organisations, rather than conceptualising LGBT status as a factor creating additional needs (Bayliss, 2000).

We discuss these issues in greater detail in what follows. It can be helpful to approach progressive practice for sexual and gender diversity at three different levels; at the level of working with service users, within the workforce and for practitioners, and at the level of organisations and policies.

Service users

The importance of self-definition. There is a huge amount of variation in how people define their sexual and gender identities, many people dislike or reject particular identity labels, and some people prefer not to use common labels at all. Jones (2010) notes that sexual identity, behaviour and feelings are not necessarily the same thing, so targeting materials at 'gay men' may not reach everyone to whom a service might be useful. Trans people often experience people using the wrong pronouns and other gender markers for them and this is profoundly alienating (Alleyn

and Jones, 2010). Practitioners need to be alert to cues and signals from service users and offer open-ended opportunities for people to self-define (Langley 2001).

The significance of biography: LGBT people may have had very negative experiences of care services in the past, due in part to the history of medicalised responses which pathologised homosexuality, bisexuality and transsexuality (Pugh, 2005). Conversely, LGBT people may have developed skills such as gender role flexibility which stand them in good stead when they become care users (Bayliss, 2000). Finding out more about a service user's life-history has been shown to be a particularly good way of better understanding their current use of services and what future support might be helpful to them. In so doing, it is crucial to be transparent over what is being recorded and who will have access to this information about a person's life (CQC 2008).

Later life issues: Provision for LGBT people is mainly focused on younger generations, but later life is often a time when the need for support or care may increase, such as the need for palliative care or experiences of bereavement. Practitioners can help by being alert to the possibility that older people too may be LGBT and by ensuring, for example, that they treat the loss of a same-sex partner equally as seriously as the loss of a wife or husband (Bevan and Thompson 2003).

Understanding social and support networks: LGBT people may have less contact with birth families (e.g. approximately 45% of transgender respondents to one major study reported family breakdown due to their cross-gender identity (Whittle et al., 2007). This may mean that they are more in need of support from formal care services, but 'families of choice' (friends, partners, former partners etc.) may provide significant help and support. Practitioners need to ensure they do not assume that informal care can only be provided by family members, and to ask LGBT people who the significant people are in their lives. Facilitating social networks among LGBT service users can promote reciprocal and supportive relations (Cant, 2004).

Recognising multiple identities: LGBT people can, of course, also be members of other stigmatised groups. Practitioners need to recognise the differences that exist within the category 'LGBT', such as the fact that women generally live longer, on lower incomes and often make higher use of social care services (Creegan and Lee, 2007). They also need to inform themselves about particular issues for specific groups, such as LGBT people with learning disabilities (Abbott and Howarth, 2005) (see Useful Links section)

The importance of advocacy. Fish (2009) recommends practitioners spending more time on support, advocacy and brokerage, rather than on assessment. Advocacy, including peer advocacy, can be especially enabling to individuals with high-level support needs such as people with dementia or learning disabilities (Concannon, 2009).

Workforce and practitioners

Thinking critically about sexuality and gender: Practitioners need to ask themselves what they personally understand by sexuality and gender and how sexual and gendered labels are applied to service users. Supervision can provide useful

opportunities to discuss different approaches to and understandings of sexuality and gender (Cosis-Brown 1998) as can training. Jones (2010) and Manthorpe (2003) both recommend case studies as a particularly effective way of exploring LGBT issues in training. Action Learning Sets can also be used to target particular issues (e.g. in the development of BME LGBT advocacy see http://www.advocacyresource.org.uk/Supported-Voices)

'Out' LGBT practitioners: LGBT care workers are sometimes told that they should not be 'out' to clients on the grounds that their sexuality is private and irrelevant to service users (Abbott and Howarth, 2005). However, this fails to recognise the way that heterosexual people's sexuality is constantly made public (through, for example, everyday chat mentioning 'my husband' or family photos displayed on desks). 'Out' LGBT workers can be a valuable resource to social care organisations, especially when appropriately supported by management (for instance, they can function as role models for vulnerable service users in learning disabilities contexts, Cambridge and Mellan 2000). However, it is important not to assume that LGBT-positive practice is automatically understood or observed by LGBT workers, and 'being the gay one' at work (Hunt et al 2007) can lead to inappropriate questions or assumptions by colleagues and discrimination in the wider workplace. LGBT employee networks can be useful ways of supporting LGBT staff and raising awareness of LGBT issues within an organisation.

Appoint champions: Formally appointed champions of LGBT issues within an organisation can be an effective means to making changes at an organisational level (Commission for Social Care Inspection, 2008).

Organisational and policy level

Showing 'LGBT friendliness' through things such as the choice of pictures on walls, the terminology used in forms, having statements about sexual and gender diversity prominently displayed etc. (for more suggestions, see http://www.llgbc.com/page.php?id=56)
greatly increases the likelihood that LGBT users will feel able to disclose and discuss their sexuality if they wish to (Lee, 2007).

Community mapping by local authorities and service providers is vital to understanding needs at a local level. It is important not to equate LGBT communities with the more visible commercial gay 'scene'(MacKian and Goldring, 2010) since many LGBT people do not use these spaces. Good practice examples of how best to identify LGBT populations include the Count Me in Too project (http://www.countmeintoo.co.uk/).

Building partnerships: Working in partnership with other agencies, including voluntary sector LGBT-led groups and organisations can enhance the quality of support offered to LGBT service users. Such partnerships can also help to build capacity in the voluntary sector, and support communication and knowledge-sharing, for example by offering mentorship or short-term placements within the public sector for third sector workers (Scottish Government 2008).

Policies. Having specific policies about sexual orientation and transgender status is important, because it reminds practitioners and service users that LGBT people are welcome and included, as well as providing guidance on particular issues. Working with service users to introduce policies can be particularly helpful in balancing the need to protect vulnerable individuals with protection of other sexual rights, such as a right to information and education (e.g. in relation to learning disabilities, see Cambridge and McCarthy 1997). It is also important to ensure general equalities statements include 'sexual orientation' alongside disability, ethnicity etc.

User involvement strategies have particular significance for LGBT groups and individuals because of histories of lack of trust, and the fundamental power imbalances that still characterise certain areas of provision such as mental health (Wintrip 2009) and services to trans people (Alleyn and Jones, 2010). LGBT users therefore have a critical role to play in setting criteria and priorities for practice and in establishing user-defined outcomes that may be distinct from a broader population of users. Kitemarking by LGBT-led groups can be an effective way of improving services through user involvement (Concannon, 2009).

LGBT-led action research approaches: when LGBT communities take responsibility for defining the knowledge about them that is shared with service providers and practitioners, this has proved a means of capacity-building as well as of engaging with groups and individuals previously labelled 'hard to reach' (examples include Count Me in Too http://www.countmeintoo.co.uk/, The Gay and Grey (Dorset) project and Polari in Partnership (London) (see Ward et al 2008).

What do we still need to find out?

There are some particular issues in social care where we clearly need more research:

- Direct Payments and Individualised Budgets look as if they might be very useful to LGBT service users (Commission for Social Care Inspection, 2008) but it is not yet clear how beneficial they are in practice, and in particular whether it is actually possible to recruit LGBT or LGBT-friendly personal assistants/carers if desired (Gulland, 2009).
- There is very little research on trans people's experiences of social care services (the focus tends to be on healthcare)
- There is very little research on bisexual people's experiences of social care
- As the post-Stonewall generation of LGBT people ages, there may be more 'out' LGBT people using social care services, and they may interact very differently with services.
- The significance of geographical variations to LGBT communities has been noted to be under-researched (Mitchell et al 2009)
- The intersections of multiple identities are still poorly understood, e.g. sexuality and disability (Mitchell et al 2009).

Values into practice

Social care practice draws upon knowledge which is often context-specific, tacit and derived from experiential forms of learning that are informed by many different types of evidence. The five strands of progressive practice set out above reflect this approach to developing 'practice wisdom' when working with LGBT service users. Identity categories are never able to fully convey the lived experiences of the people

they apply to. This means that empowering individual users and creating inclusive, equitable services means developing a process for working that is critical of the labels we use and is continuously revised and improved upon. This process is informed not only by research evidence but by each new practice experience concerning sexual and gender diversity. Crucially, it requires us to look beyond categories to see what sexuality and gender mean at an individual level for each and every one of us.

Useful links

Stonewall
http://www.stonewall.org.uk/

Equalities and Human Rights Commission. Includes summaries of legislation and advice and guidance.
http://www.equalityhumanrights.com/

How To Be LGBT Friendly - 30 Practical Ways to Create a Welcoming Environment for Lesbian, Gay, Bisexual and Transgender People
http://www.llgbc.com/page.php?id=56

Count Me in Too project
Summaries of extensive research into the needs, views and experiences of LGBT people living in Brighton and Hove, but widely applicable.
Separate reports on a wide range of issues including Trans issues, Bi issues, Alcohol and drug use, Deaf and disabled LGBT people, Mental health, General health, Housing, Community safety, Domestic violence.
http://www.countmeintoo.co.uk/

Press for Change
Campaign group for equality for all trans people. Includes briefings on good practice, legal guidance and research reports on trans issues.
http://services.pfc.org.uk/

Mental health and wellbeing for LGB people.
http://www.mind.org.uk/help/people_groups_and_communities/lesbians_gay_men_and_bisexuals_and_mental_health
http://www.pacehealth.org.uk/

Organisations for disabled LGBT people
http://www.regard.org.uk/
http://www.rainbowripples.org.uk/index.html

BME LGBT groups and the arts
http://www.wisethoughts.org/wisethoughts.php?height=577&width=1217

Muslim LBT women
http://www.safraproject.org/aboutus.htm
including information on barriers to accessing social care services:
http://www.safraproject.org/Reports/Safra_Project-Initial_findings-2002.pdf

Older LGBT people
http://www.ageconcern.org.uk/openingdoors/
http://www.casweb.org/polari/ (Polari is now closed, but extensive online resources still available)

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