At a glance 42

Personalisation briefing

April 2011

Implications for lesbian, gay, bisexual and transgender (LGBT) people

Key messages

- LGBT people are increasingly likely to become more confident and visible as people who use services and carers, so care and support services need to be ready to welcome them.
- LGBT people need to be able to choose services that are supportive, safe and culturally appropriate for them in both community and residential settings.
- LGBT people are more likely to come out to staff if they feel comfortable and safe to do so. Training for non-judgemental, relationship-based working is key.
- Sexual orientation and gender identity are just aspects of who people are and LGBT people have many other facets to their identity such as disability, race, faith and age.
- LGBT people need to have accessible, sensitive mainstream services as well as the opportunity to get support from specialist services.
- Commissioning for personalisation means nurturing the type of peer support, community and voluntary activity that happens in LGBT communities.
- Commissioners, providers and practitioners should treat every individual with dignity and respect.

This At a glance briefing explores what personalisation means for lesbian, gay, bisexual and transgender (LGBT) people. It looks at some of the main issues and examples of good practice.

Social care commissioners and providers don't often think about LGBT people when planning and delivering services, but this does not mean that LGBT people are not using services or do not want to use services. There may be a lack of visibility because LGBT people do not feel comfortable being open about themselves and may fear discrimination.

A 2008 survey found that 45 per cent of LGBT respondents had experienced discrimination when using social care services (CSCI 2008).

There is a fear among LGBT people that discrimination could lead to poorer care and support, both in community and residential settings. This is particularly relevant if their disability or health condition is attributed to sexual identity for LGB people or gender-related treatment for transgender people. This can be furthered by worries about the confidentiality of records and who may have access to them.

These experiences can result in LGBT people delaying seeking support when they need it or finding care and support services inaccessible. This is particularly true of people with mental health problems and older people (Carr 2010; Ward et al 2010). LGBT people from different generations or cultural backgrounds may have varying degrees of confidence about being 'out' about their sexual identity/orientation or gender identity. However, people from LGBT communities are increasingly likely to become more confident and visible as people who use services and carers, often paying for their own care, so care and support services need to be ready to welcome them.

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> ‘This is always the issue related to coming out, once you feel safe, then you deliver those heart rending words ‘I’m gay’.’

(Roger’s Story, Social Care TV)

Personalisation is about ensuring every individual is respected and can discuss their support needs with sensitive staff who are confident to work with people from diverse backgrounds and who may have different sexual identities, family set-ups or life histories. Personalisation means people being able to choose services that are supportive, safe and culturally appropriate; through self-directed support and personal budgets or direct payments if eligible.

Being inclusive

Many social care commissioners, providers and practitioners ask why LGBT people need special treatment. When asked about how to be inclusive to LGBT people, providers usually say that they would treat everybody in the same way. This is a good place to start, but it is important to recognise that treating everybody in the same way does not account for difference and may not always make people feel very comfortable. For example, referring to a husband or wife may not be correct for an LGB person, so by making a small change to say partner can make everyday conversation much more inclusive.

> ‘We need each lesbian and gay man to be seen as a unique individual within his/her own context.’

(Cosis-Brown 2008 p270)

Example: Age Concern Opening Doors Project, London

Opening Doors is a Big Lottery funded project which seeks to meet the needs of LGBT people who are over 50. The project‘s services aim to combat isolation, promote independence and wellbeing and ensure dignity and self-esteem through regular social activities, a telephone advice and signposting service, and a befriending scheme. They also provide information, guidance and training for other service providers to help them develop appropriate and inclusive services for older LGBT people.

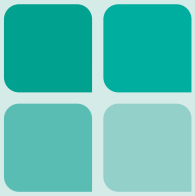
Opening Doors runs several social groups and a support network for nearly 400 diverse older LGBT people across central London. For some, issues of health or mobility access may mean leaving their home becomes increasingly difficult. For others, experience of a lifetime of homophobia may leave them increasingly unable to engage with the world outside their homes. The befriending scheme provides vital support to such older LGBT people.

A recent evaluation found that ‘a number of service users talked about how the project’s existence had given them a renewed sense of being part of a community, a structure to their life and things to look forward to again’ (Phillips and Knocker 2010).

Rather than treating everybody in a uniform way which ignores difference, commissioners, providers and practitioners should be aiming to treat every individual with the same level of dignity and respect. This means listening, understanding and responding to their unique needs and is at the heart of personalisation.

Person-centred approaches

LGBT people don’t necessarily feel they need special treatment, but they don’t want to have to explain or justify their lives or relationships, especially at a time when they may be in crisis



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or in need of personal care and support. Instead they want to feel comfortable, and that they are in an environment where people understand LGBT issues and where social care practitioners are confident to work in an inclusive, anti-discriminatory way.

Sexual orientation and gender identity are just aspects of who people are and LGBT people have many other facets to their identity such as disability, race, faith and age. They may have a 'dual identity' like being gay and black or transgender and disabled. If the person chooses, all of these can come to play when designing self-directed support and undertaking person-centred care and support in residential settings such as care homes.

> 'Because people have usually experienced homophobia or trans phobia in their lives, they are concerned when you go into the care home, you are losing control over what people you are with.'
>
> (Roger's Story, Social Care TV)

Good care and support is about considering a person's circumstances, life history, their family, partners, friends and those caring for them, as well as their experiences of discrimination. When working with LGBT people to design self-directed support plans and deciding how to spend personal budgets, practitioners should keep an open mind about things like social networks and family relations and shouldn't make assumptions about sexual orientation or gender identity. Non-judgemental, relationship-based working is key.

Choice and control

In order to give LGBT people choice and control over their care and support, they need to have accessible, sensitive mainstream services as well as the opportunity to get support from specialist services which are often provided by the community and voluntary sector.

Frequently LGBT people feel more comfortable accessing services that are either explicitly LGBT friendly or run for and by LGBT people. This is particularly true for people with mental health problems and for some older people (DH 2011; Ward et al 2010). The LGBT community has a history of establishing culturally appropriate local voluntary and community support organisations, particularly where mainstream services have been experienced as discriminatory or have not met people's needs. LGBT people using personal budgets and direct payments may want to employ a personal assistant from the LGBT community – specialist brokerage organisations can help with this. Building community capacity and supporting active citizenship is an important part of the wider aims of personalisation (DH

Example: MindOut LGB&T Mental Health Project, Brighton

MindOut is a specialist voluntary sector organisation based in Brighton which provides support to LGBT people who have mental health concerns. It won the 2010 Stonewall Community Group of the Year award. The organisation offers free, confidential one-to-one meetings with trained lesbian or gay mental health workers and provides a safe space for group work and peer support where LGBT people can meet and share their experiences and problems. MindOut provides information, advice and advocacy about accessing appropriate mental health services and social care and support. They also provide LGBT awareness training for mainstream mental health service providers so that the quality of local services is improved.

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2010). Commissioning for personalisation means understanding the profile and needs of the local population and nurturing the type of peer support, community and voluntary activity that happens in LGBT communities.

Mainstream services are not always welcoming to LGBT people, yet personalisation is about being able to choose appropriate mainstream community-based or residential care and support if you want or need to.

LGBT people are more likely to 'come out' to services if they feel comfortable and safe to do so. Organisations should have an explicit equality and diversity policy statement which they are committed to putting into practice and use publicity which includes LGBT people. The Equality Act 2010 provides a legal framework which can support personalisation and prohibits discrimination on named grounds. This includes sexual orientation and gender identity as 'protected characteristics' (see SCIE At a glance 41).

> 'Well-designed and inclusive equalities training programmes were identified as crucial to reducing people's levels of discomfort and fear and improving their understanding of how people who are lesbian, gay, bisexual and transgender experience inequalities.'
>
> (McNulty et al 2010, p15)

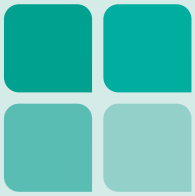
Personalisation is about relationship-based working, co-production and establishing trust. One of the key ways to address this is practitioner education and training so that staff can challenge discriminatory behaviour by colleagues or people who use services (Ross and Carr 2010). Currently there is very little input about anti-discrimination and sexual orientation or gender identity in the social work degree or in social care training (Cocker and Hafford-Letchfield 2010). A 2008 survey of 400 providers found that only nine per cent had carried out any equality work on LGBT people (CSCI 2008). The Social Work Reform Board overarching professional standards for social workers includes the recognition of diversity and applying anti-discriminatory principles in practice (SWRB 2010).

Example: Anchor Homes LGBT Group

Older LGBT people can find living in sheltered housing a lonely experience. An older lesbian tenant spoke at one of Anchor's national tenant forum meetings about how she was worried about coming out in her scheme for fear of rejection by other tenants. The tenant participation manager wrote an article in Anchor's national tenant newsletter to see if other tenants were interested in forming a support group and the results have been extremely beneficial, both internally and externally.

The Anchor LGBT Group acts as a sounding board on LGBT issues, provides support and guidance to other tenants and staff, benchmarks activities with other organisations and networks with other organisations to share best practice.

(Case submitted to SCIE Good Practice Framework)



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Example: Identifying and commissioning for older and disabled transgender people

Lancashire County Council found that the percentage of older and disabled transgender people living in its area was equal to the national average. In addition, it found that it had the fourth largest population of LGBT people in England and Wales. It therefore estimated that a significant number of transgender people in its area who were at risk of, or already had, illnesses and disabilities associated with getting older might not be accessing the care services they needed for fear of prejudice and discrimination.

An organisation supporting transgender people provided training for staff across Lancashire. It included myth-busting and raising awareness of issues specific to transgender people.

Staff are much more confident in supporting disabled and older transgender people as a result.

Disabled and/or older transgender people who use services feel that better consideration is given to maintaining their dignity because staff show respect for their gender identity by enabling them to express it.

(EHRC 2010)

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Further information

The Consortium of LGBT Voluntary and Community Organisations: www.lgbtconsortium.org.uk

Equality and Human Rights Commission (EHRC): www.equalityhumanrights.com

MindOut LGB&T Mental Health Project, Brighton: www.lgbtmind.com

Age Concern Opening Doors Project, London: www.openingdoorslondon.org.uk

SCIE At a glance 41: Personalisation briefing: Implications of the Equality Act 2010

Social Care TV: Working with LGBT people: www.scie.org.uk/socialcaretv

SCIE Good Practice Framework: www.scie.org.uk/goodpractice

Shout!, Centre for HIV and Sexual Health, Sheffield Primary Care Trust (2010) Different strokes: a training tool for reducing health inequalities for lesbian, gay and bisexual people. Sheffield: Shout!

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What is personalisation?

Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support. The traditional service-led approach has often meant that people have not been able to shape the kind of support they need, or received the right help. Personalised approaches like self directed support and personal budgets involve enabling people to identify their own needs and make choices about how and when they are supported to live their lives. People need access to information, advocacy and advice so they can make informed decisions.

Personalisation is also about making sure there is an integrated, community-based approach for everyone. This involves building community capacity and local strategic commissioning so that people have a good choice of support, including that provided by user-led organisations. It means ensuring people can access universal services such as transport, leisure, education, housing, health and employment opportunities. All systems, processes, staff and services need to put people at the centre.

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