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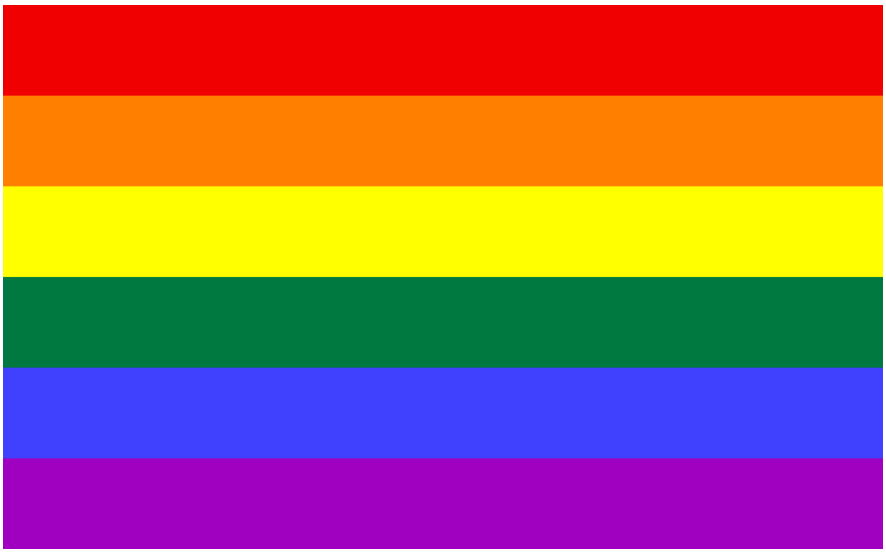
East Sussex
County Council

An assessment of the needs of lesbian, gay, bi-sexual and transgender (LGB and T) people in the East Sussex area using or needing to use Adult Social Care's services



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Introduction

Estimates of the UK LGB population generally vary between 5 -7% of the overall population (Stonewall)[1]. The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys.
All estimates are subject to the very significant caveat that many LGB and T people are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment.
In addition, sources such as the census have not collected sexual orientation or gender identity data so far. Hard numerical evidence is not available therefore.

Taking the Stonewall estimate as a guide, this means that in East Sussex with a population of 509,900[2], around 25,495- 35,693 people are likely to be LGB. This includes around 6,628-9,280 men and women of pensionable age.

When measuring the number of transgender people the same issues apply, plus there is also the question of who is being taken into account. Is it those who have had surgery; those who are living in their chosen gender or also those who are transitioning or would wish to transition? There maybe differences between people originally assigned as men and women, too[3].
In addition, some people identify as intersex[4], which is not to be confused with transgender identity but may pose similar problems for individuals who find they need to use social care services. The numbers of intersex people are also not known and they are not generally identified in studies.

What is known for sure is that LGB and T people (and intersex people) are minorities; are represented amongst all other minority groups; and are socially excluded compared to the majority population.

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[1] www.stonewall.co.uk: The Government is using the figure of 5-7% of the population which Stonewall feels is a reasonable estimate. However, there is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality.Various sociological/commercial surveys have produced a wide range of estimates, but there is no definitive figure available (http://www.stonewall.org.uk/at_home/sexual_orientation_faqs)

[2] East Sussex in Figures website

[3] www.transgenderzone.com), Whittle et al 2008

[4] 'Intersexed people are individuals born with anatomy or physiology which differs from contemporary ideals of what constitutes "normal" male and female…(this set of physical conditions)…. should not be confused with the condition of 'transsexualism' where an individual is entirely of one sex phenotype, but feels that their outer appearance conflicts with their innate sense of self. It may be that there are some overlaps between trans people and those intersex people who experience gender role problems, but the only link is that both groups may take a route to 'transition' across gender roles. (http://www.ukia.co.uk/about.htm)

The purpose of this report is to set out:

- local, regional and national evidence of the experiences of LGB and T people to-date in health and social care;
- what is known about health issues, aging and disability;
- effects on social care needs; and
- recommended good practice in commissioning and providing assessments and services.

This can be a basis for discussion about the way forward in social care practice, procurement and commissioning. Some of the issues raised (for example the experience of 'coming out' to service providers) probably also apply to intersex people.

Members of local LGB and T groups have given informed feedback on this assessment and contributed to the recommendations. They confirm that a key theme that impacts on every individual and group is that of the need to 'come out' to service providers at a time when age, or health or impairment is having an impact on a person's ability to live independently in a society that is still essentially homophobic and heterosexist. This is perhaps the single most important factor influencing individual decisions and experiences' introducing additional stresses, strains and anxieties on top of whatever else is there. It is vital that practitioners and policy makers take this into account in plans for services as well as individual plans: they must be ready and able to offer the appropriate and inclusive services with respect, reassurance and support at the heart.

It is likely- and very desirable – that the evidence base of this assessment will be updated over time, especially through wider discussions and feedback from staff and managers, partner agencies and people in the community.

Policy and legal context

Supporting people to live independently in their chosen lifestyle is a government aim for social care services. Putting People First (transforming social care to provide personalised services) is an opportunity to commission and provide a wide range of diverse preventative, support and residential services to meet the varying needs of older and disabled people from all backgrounds[5].

In the health and social care sectors 'Our health, our care, our say'[6] aims for better access to general health and community services for all with the following outcomes for all older people:

- Improved quality of life
- Freedom from discrimination or harassment
- Personal dignity
- The exercise of choice and control

[5] Putting People First DH 2007
[6] DH 2006

'Choosing health: making healthy choices easier' [7]acknowledges that tackling the causes of ill-health will reduce health inequalities linked to the way people live. Some of these factors are acknowledged to be relevant to LGB and T people[8].

The Civil Partnership Act 2005 gives same-sex couples the same status as heterosexual married couples.

The Gender Recognition Act 2004 gives legal recognition to a transgender person's acquired gender which does not depend on surgical treatment. The Act allows a new birth certificate recognising the new gender and the right to marry. It is a criminal offence to share details of a person's application for gender recognition without their express permission.

Gender identity and sexual orientation both constitute 'sensitive personal data' as defined by the Data Protection Act and therefore must be held securely with permission and only used for purposes that have been consented to.

In addition, the Equality Act 2010 brings together a raft of legislation protecting LGB and T peoples' rights in employment, civic life and receiving services. Notably individuals and employers are now jointly liable with for discriminatory incidents in health and social care services.

From April 2011 the Act adds a general public duty for protected characteristics including sexual orientation and gender reassignment. This will require public sector organisations to be proactive to:

(i) eliminate discrimination, harassment, and victimisation;
(ii) advance equality of opportunity and;
(iii) foster good relations between different groups of people

This includes preventing discrimination and also allows positive action to ensure LGB and T people have a good experience of inclusive health and social care, including staff training and guidance.

Independent and voluntary sector providers who are commissioned by the Local Authority to deliver public services inherit the public duty when carrying out those functions. The coalition government is proposing a specific duty on the publication of data so that public sector organisations can demonstrate how they are meeting the general duty, including through procurement. (www.equalityhumanrights.com/legal-and-policy/equality-act)

[7] Department of Health 2008
[8] Department of Health 2007

Summary of evidence

What are the health risks that have been shown to affect a greater proportion of LGB and T people? Why is it that some people may not get access to health screening programmes with a negative affect on overall health and vulnerability to long-term conditions? Older and disabled LGB and T people have particular concerns and experiences that need to be understood in order to commission or provide adequate and sensitive services[9]. The impact of discrimination and oppression in this should not be underestimated.

LGB and T people often report poor experiences of health and social care[10]. This is of considerable concern for many reasons, including that poor experiences compound peoples' reluctance to seek out services when they are needed. Early intervention is the most effective way to prevent problems developing into seriously life threatening or life-limiting conditions. Early preventative social care assessment can ensure that people are able to continue living at home and have a good quality of life with appropriate support.

However, previous negative experiences of health and social care services are only part of the picture. Generally people who are LGB and T know that it is often risky to be 'out' whether at home, at work or in social and educational life. Endemic homophobia often affects how people lead their lives: individuals are conscious of how 'gay friendly' and trustworthy friends, family, companions, colleagues, professionals- and institutions- really are. As there is often an unspoken assumption of heterosexuality (for institutions this shows in forms, images, language, professional and social relationships) this leads to effective invisibility for LGB and T people and a continual and on-going process of making the decision about 'coming out'[11]. It does not end. Each new contact and situation raises the question of whether to be the 'whole of me' or not. Social work assessment practice needs to change to tackle this, as do commissioning priorities in order that people of all sexual orientations and gender identity are fully catered for.

Although transgender people do experience prejudice and discrimination similarly with LGB people, their experiences of identity and health requirements can be very different. Transgender people may be heterosexual, or lesbian, gay or bi-sexual. LGB people, along with the rest of the population, may or may not understand and support transgender people[12].

[9] Stonewall website, People First 2008
[10] DH 2007, Putting People First 2008, Age Concern 2001
[11] Charnley and Langley 2007
[12] Putting People First 2008, Age UK 2010

LGBT identity and impact on general health

Discrimination, homophobia and transphobia have an impact on LGB and T people's engagement with health and social care infrastructure and on how they are treated by health and social care providers. Social exclusion on the basis of LGB and T identity, especially in conjunction with any other minority identity compounds problems in accessing proper health care[13].

Research shows that heterosexism can lead to the assumption that LGB and T people's needs are the same as the majority population, except in the area of sexual health. In fact LGB and T people do have specific experiences, for example being subject to prejudice, bullying, harassment and actual violence often leads to increased risk of mental health problems[14].

Barriers to effective health care include:

- Staff attitudes: studies show that 25% of health staff have expressed negative or homophobic attitudes, often resulting in ineffective care.[15]

- Staff are not trained to understand LGB and T people's experiences of specific health issues (little in-put in general professional education)[16]

- LGB and T people fear negative attitudes and poorer treatment and are less likely to disclose this personal information as a result and may avoid accessing health care services.[17]

- Key areas of concern are confidentially of records, how information is recorded, lower standards of care or an inappropriate response leading to medical conditions being attributed to sexual orientation or transgender identity.[18]

- Attitudes, communication issues and knowledge gaps lead to delays in people seeking help for health problems and reduced access to routine screening programmes.[19]

- Trans people report staff persistently using the wrong pronoun (he or she), being critical of their appearance and style of dress and asking for their 'real' name.[20]

- LGB and T people are less responsive to preventative health care messages often not seeing themselves represented.[21]

[13] Stonewall website
[14] Department of Health 2007
[15] Beeher 2001,Heaphy et al 2003
[16] Department of Health 2007
[17] Bell and Morgan 2003
[18] Department of Health 2007
[19] Department of Health 2007
[20] Department of Health 2007

- This includes preventable diseases as well as breast cancer, cervical cancer, prostate and anal cancer where early signs and treatment maybe missed as a result. [22]

- Being an LGBT person with mental health difficulties can result in multiple issues of marginalisation which include discrimination, prejudice and isolation from LGBT people, networks and spaces.[23]

Transgender health issues

Transgender men and women report many problems with health and social care. A key issue for many is the lack of understanding of practitioners of all sorts of transgender needs and issues. This transgender 'blindness' can be both personal and institutional. It leads to many avoidable problems, for example lack of access to appropriate mainstream screening programmes.

Perhaps the most fundamental of problem arising from this situation is lack of access to treatment and support for transitioning. There is a lack of funding and a gate-keeping process through psychiatric approval which alienates and compounds fears and anxieties and powerlessness. A high proportion of people have reported problems getting information from their GP and obtaining funding for treatment.[24] Waiting times for and attitudes to gender re-assignment surgery is a general problem for transgender people[25].

- Many people also report having to wait a long time for non-transgender related surgery or treatment, with doctors wrongly assuming that problems are related to their transgender identity.[26]

- Many transgender people report experiencing discrimination in accessing ordinary non-transgender related healthcare and in general, transgender people avoid accessing routine healthcare because they anticipate prejudicial treatment from healthcare professionals.[27]
  The Brighton and Hove 'Count me in too' survey found that finding a non-prejudiced GP is vital:

'GPs act as an important initial point of contact when seeking to transition and bad experiences can result in trans people disengaging from services that are there to support them.'
Count me in too (2009)

[21] Department of Health 2007
[22] Department of Health 2007
[23] Count me in too, 2009
[24] DH 2007, Whittle et al 2007, Count me in too 2009
[25] Johnson 2000
[26] Whittle et al 2008
[27] Whittle et al 2008, DH 2007, Whittle et al 2007

- One European-wide survey showed a most consistent theme was that of improper or abusive treatment by healthcare professionals.[28]

- The same survey also found that 30% of respondents had also found healthcare professionals wanting to help but lacking proper information about transgender issues which confirms the DH finding that professional training lacks content on LGB and T matters.[29]

- Probably related to this, transgender men and woman report often being placed in inappropriate accommodation: male to female (MTF) people on male hospital wards and female to male (FTM) people on female hospital wards.[30]

- Social isolation and the experience of prejudice and discrimination puts people at greater risk of depression, suicide and self-harm, substance and alcohol misuse. One study showed 34% of transgender respondents have attempted suicide.[31]

LGB health issues

The pressures of discrimination and harassment throughout life are also contributory factors to patterns of general health for LGB people. The requirement to continually struggle with 'coming out' to health and social care professionals cannot be underestimated, requiring individuals to take risks and make decisions that other people do not have to.

Studies show that gay men are less likely than lesbian women to disclose their sexual orientation to GPs, with the majority unlikely to do so. However, a third of lesbian women also report not coming out to their health care provider Significantly, those who have come out to medical staff have reported that often the matter is never mentioned again and does not improve the quality of interaction with the professional.[32]

Lack of professional training and awareness has led to 'LGB blindness', as illustrated above. It also leads to inappropriate treatment and care and potential stereotyping of individuals on the basis of popular understanding. Mythologies influencing health and social care practice can also lead to LGB people adopting dangerously inaccurate beliefs about their health needs, too. For example, a significant proportion of eligible lesbian women report not having had a smear test, some because they thought they were not at risk. They are also less likely to practise breast awareness or attend for breast screening.[33]

[28] Whittle et al 2008
[29] Whittle et al 2008, Department of Health 2007
[30] Department of Health 2007
[31] Department of Health 2007,Whittle et al 2007, Count me in too, 2009
[32] Department of Health 2007
[33] Department of Health 2007

This underlying pattern is also reflected in the narrow range of research on LGB health. Studies tend to concentrate on issues such as patterns of mental health, smoking, alcohol consumption and HIV status.

Research on gay men's health has tended to focus on sexual health and HIV as oppose to general health risks. However, there has been little or no research in the UK into gay and bi-sexual men and the incidence, early treatment or prevention of health risks associated with being male e.g. prostate cancer, testicular cancer.[34]

It is important to bear this bias in mind and also to know that individuals may or may not fit into the patterns described in research. Individual lifestyles and choices are not pre-determined.

For example, the majority of LGB people do not experience poor mental health. However, some are at higher risk of suicidal behaviour, substance misuse and self-harm. LGB people overall demonstrate higher rates of anxiety and depression.

Discrimination is shown to be linked to an increase in deliberate self-harm for LGB people.[35] It is helpful to reflect on how many health problems maybe related to stress and as a result of underlying and pervasive homophobia in society. Local LGB people report that stress is increased as a result of the need to 'come out' to providers and practitioners.

Bearing these factors in mind – and the fact that many LGB people are not willing to 'come out' to researchers either- some studies show:

- LGB people are more likely to smoke with associated risks of lung cancer, respiratory problems and cardio-vascular diseases. This is also a risk factor cervical cancer in women.[36]

- Younger lesbian and bisexual women show higher rates of alcohol consumption and alcohol related behaviours such as binge-drinking than heterosexual women.[37]

- Eating disorders are more likely among gay men and obesity among lesbian women than their heterosexual counterparts.[38]

- Younger LGB people are most at risk of suicide attempts with gay and bi-sexual young men being most vulnerable, linked to rejection or fears of rejection from family and friends, recent physical attack and bullying and harassment.

[34] Department of Health 2007
[35] King and McKeown 2003, Department of Health 2007
[36] Department of Health 2007
[37] Department of Health 2007
[38] Department of Health 2007

- Older gay men also have increased risk of suicidal behaviours with complex concerns including anxiety disorders.[39]

- Sexual health studies of gay men show risks of genital warts, hepatitis B, human papilloma virus (HPV), herpes simplex, HIV and associated increased risk of anal cancer (DH 2007)

Social exclusion

Evidence about the economic impact of sexual orientation or transgender identity is limited. There can be a general stereotypical perception that the 'gay community' is white and middle class with relatively high levels of income and few dependants. LGB and T people come from all backgrounds and cultures and economic circumstances.

Stonewall's position is that if 6% of the general population are LGB then 6% of all economically disadvantaged people are LGB. In addition, factors that may lead to greater social exclusion and economic deprivation are:

- 65% of LGB young people experience bullying in education with a negative effect on studies, school attendance and job prospects.

- Transgender people also experience bullying, harassment and violence. Male to female (MTF) transgender women experience more violence than female to male (FTM) transgender men perhaps as a result of greater visibility in the years before they transition.

- LGB and T young people are also more at risk of homelessness because of rejection from their family homes and friendship groups.

- Prejudice and bullying and harassment in workplaces can lead to loss of jobs or lack of promotion as evidenced in employment tribunals.

- Vulnerability to mental health issues as a result of stress and discrimination could affect success in employment.

- Some LGB people report problems accessing the correct benefits as a result of confusion about the rights of same-sex couples.

- Women are more likely to be on lower incomes than men overall as a result of the gender pay disadvantage, lower pensions and fewer opportunities to access education, employment and training.

- Consequently, single women are more likely to be economically disadvantaged and households of two women living together are more

[39] Department of Health 2007

likely to experience double disadvantage when compared with heterosexual couples or men.

- The on-going experience of 'coming out' throughout life in new environments and situations means that people carry on responding to incidents of homophobia and harassment or choose not to entirely be themselves in certain places.

- Harassment can affect a basic sense of safety in daily life:

'I had that in my old flat, there were these two people they were hassling me putting lit matches through my door, just writing 'Dyke' right across the landing.'
Count me in too (2009)

- 22% of LGBT respondents to the 'Count me in too' (2009) study in Brighton & Hove said they had been homeless at some point in their lives. Those more likely to have experienced homelessness include trans- and bi- people; people who identified their sexual identity as 'other''; disabled people; people who were HIV positive; people on low incomes; and people with mental health difficulties.

- Equally the survey showed that whilst most respondents rated their overall health as good or very good, this was lower than comparable general population figures. Some groups were less likely to rate their health as good or very good, including those who identified as trans, deaf, disabled/long-term health impaired or HIV positive, who were older, on low incomes, in temporary/council housing or who had mental health difficulties.[40]

Multiple Discrimination

Multiple oppression/discrimination is very important in determining individuals' actual life experiences. Not every person will have the same 'chances'. The sections below look at additional issues for people who identify with certain characteristics.

Bi-sexual people

The Count me in too survey identified that some bi-sexual people in the Brighton & Hove area felt that they experienced discrimination within the LGB and T community, with hostility based on stereotypical assumptions of being 'greedy' and 'untrustworthy'.

'There are two issues for me really – the homophobia experience from straight people and the bi-phobia I experience from both straight and LG people'
(Count me in too, Bisexual Lives, 2009)

[40] Count me in too, Health Issues and LGBT Lives, 2009

Service providers have role to play here too. Survey respondents stated that service providers showed a lack of understanding: 23% of the bisexual people who took part in the Count me in too survey experienced sexual / gender identity-based discrimination when trying to access goods, services or facilities.

Black and minority ethnic people

Afiya Trust note in their recent submission in response to the Government's proposals for the NHS that,

> **'Multiple marginalisation (for example, of older people from BME communities, of refugee, asylum seeker, gypsy/traveller communities, of BME LGBT people, of mental health service users) can have significant negative outcomes on health which are not always picked up by mainstream service provision.'** (Equity and excellence: liberating the NHS, Afiya Trust Response to the White Paper, 2010)

Count me in too research studies carried out in Brighton & Hove in partnership with local LGB and T people and their organisations notes that,

> **'People of other more marginalised identities more frequently reported experiencing mental health difficulties, including bisexual-, queer-, trans- and black and minority ethnic people, those who feel isolated, and those on a low income.** (Count Me in Too, Mental health and LGBT lives, 2009).

The same pattern emerged for survey respondents who had experienced domestic violence.

Faith and religious belief

A 2006 Stonewall survey of 2000 people found that half of people felt that religious attitudes are the cause of prejudice about LGB and T people and their lives. A recently published report of a series of focus groups with Jewish, Hindu, Muslim and Christian participants suggests that 'what people of faith really think about homosexuality' is varied and that socialising and working together reduces negative ideas. The views of religious leaders have 'created the impression that to be religious it is necessary to be prejudiced against gay people', however followers do not necessarily act on these attitudes.

Individual LGB and T people as well as experiencing discrimination as a result of others religious beliefs also identify with different faiths and may practice a religion. It is important that service providers do not make assumptions.

For example, at the end of life when spiritual practice often becomes very important , it is vital that it is not assumed that people who wish to practice a faith are not of LGB and T identity; or that people who are 'out' as LGB or T are assumed to be non-practising.[41]

Deaf and disabled people

A problem for all Deaf and disabled people is that health and social care practitioners maybe mainly concerned with their medical and functional support overlooking their personal, emotional or other health needs. This can lead to exclusion from general screening programmes, resulting in shortened life expectancy and avoidable health problems.[42]

In a similar way, LGB and T disabled people can be further disadvantaged. It can be assumed disabled people do not need advice about safer sex, for example, with the stereotypical belief that disabled people are asexual (National Disability Authority 2005). Learning disabled people report that they are often not fully informed about sexual orientation issues or their rights in terms of sexual activity or an LGB social life.[43]

'Supporting disabled people who are LGB requires a primary acknowledgement that they might be gay, rather than assuming that sexual orientation does not concern them.'
Stonewall website

Many disabled LGB and T people have not received relevant sex education in schools, denying them information about fertility or sexual health or gender identity. They also report not having information about mental health issues and access to appropriate help.

Learning disabled people report that they wait until they find a member of staff who they feel safe with to discuss their sexual orientation.[44] Unlike non-disabled peers they are more likely to be open with professionals than with family or friends. The possibility of rejection by family may seem more risky and likely to lead to homelessness and a loss of financial and practical support. This underlines training and support for staff to be open to issues of sexual orientation and transgender identity and able to offer appropriate support.[45]

[41] Love Thy Neighbour, Stonewall 2010
[42] Disability Rights Commission 2006
[43] Abbot and Howarth 2005
[44] Abbot and Howarth 2005
[45] Department of Health 2007

The Count Me in Too research in Brighton and Hove has looked at the specific experience of disabled and Deaf LGB and T people. The survey and follow up discussions showed that:

- Experiences of prejudice, suicidal thoughts, domestic violence and abuse, discomfort using services, and housing issues were more likely to affect LGB and T people who are disabled or long term health impaired, compared to other LGB and T people.

- People with a disability/long-erm health impairment reported having experienced bullying, abuse, discrimination or exclusion in employment (21%); and from health services (19%) and they felt more uncomfortable using services because of their gender/sexual identity than other LGBT people.

- They were also over twice as likely (48%) to struggle getting accommodation as those who do not identify as disabled or as having long-term health impairment (21%).

- LGB and T people with disabilities/long-term health impairments could be marginalised by both their disability/health impairment and their LGB and T identity. More than half of the respondents said they did not fit well or at all into disabled activities, events and groups in Brighton & Hove. 38% said they did not fit well or at all into LGB and T activities, groups and events, while another 38% said they did fit well or very well

- Eight percent of Deaf LGB and T respondents said that they had experienced bullying, abuse, discrimination or exclusion from mainstream venues and events, and 11% from LGB and T venues and events. One third of respondents felt marginalised by their LGB and T identity in Deaf circles.

'I am not accepted by Deaf people because I am Gay and I am not accepted by LGBT because I am Deaf.'
(Count me in Too 2009)

More than a third of Deaf respondents found it difficult or very difficult to find information about what help or assistance is available to them and some stated that Deaf services could also be antagonistic towards LGB and T people. Deaf LGB people have actively campaigned on the need for inclusion in the British Deaf Association, organising workshops on HIV and sexual health, counselling and befriending.

Key issues identified in other small scale qualitative surveys have shown:

- Difficulties in meeting and knowing other LGB and T people
- Lack of validation of same sex relationships.
- Few images of LGB and T people in information about services or the services themselves
- Lack of acceptance by other non-disabled LGB and T people
- Lack of privacy
- Few organisations have policies, so staff do not feel supported to be proactive.[46]

Older people

Age discrimination comes into play through the commonly held perception that older people are heterosexual and possibly asexual. This is compounded by a social stereotype of LGB and T people as young and active. One result is invisibility of older LGB and T people in health and social care provision for older people.

Needs that older LGB and T people have in common with all older people are for physical and health support, adaptations, accessible housing access to local community facilities and neighbourhoods and active social networks. However some aspects of LGB and T peoples lives may compound problems with maintaining independence and choice. Whilst many people who are 'out' will have strong social networks and supports, others will not. Bearing in mind the limitations of statistical research there is evidence that:

- Older LGB and T people are 2.5 times more likely to live alone
- Are twice as likely to be single
- And 4.5 times more likely to be without children, although this situation may change over time.[47]
- Using independent living and support, extra care housing and residential and nursing care

'It is the organisation that needs to 'come out' as gay or lesbian friendly rather than depending upon clients to 'come out' in order to get their needs met' (Age Concern- Opening Doors, 2001)

There are difficulties for older LGB and T people in accessing appropriate care and support, whether from community based or residential facilities. Older and disabled respondents to the 'Count me in too' survey (2009) said that they wanted to be able to access dedicated supported housing and residential services for LGB and T people, linked to negative expectations about mainstream providers.

[46] Department of Health 2007, Abbot and Howarth 2005
[47] Knocker 2006

A 2003 study of the views of older lesbians and gay men found that only one-third of those surveyed believed that health professionals were positive towards lesbian, gay and bisexual clients. The majority felt that health and social care professionals operated according to heterosexual assumptions and failed to address their specific needs. Many concerns were expressed about care provision and special housing.[48]

In June 2008 a local LGB organisation surveyed care homes in the Hastings area through the Independent Providers Forum, using the format of the Age Concern Opening Doors project publication ' The whole of me…meeting the needs of older lesbians, gays and bisexuals living in care homes and extra care housing'.[49] This followed up on a similar piece of work with extra care housing providers in the Hastings and St Leonards area. The researchers commented that:

- 75% of potential care home respondents did not reply. Of the 10 who did:
- 4 referred to residents' sexual orientation/gender identity in their equal opportunity policy.
- However, most policies made reference only to rights of staff and not of residents.
- 2 organisations mentioned treating people with dignity and respect in general.
- Only one organisation mentioned sexual orientation in their literature.
- The researchers had serious concern about the number of responses which indicated that treating everyone of their residents 'the same' is considered a good approach. 6 of the 10 responded that they would 'treat LGBT people the same as everyone else' or 'no differently to anyone else'.
- 2 reported awareness of hostile attitudes to LGB and T people expressed by residents and staff.
- 6 organisations were interested in staff training, but 7 said they were not interested in further discussion of the subject.

On challenging homophobia:

- 1 reported having challenged homophobic views
- 6 said this would be challenged if expressed.

On how to deal with homophobia most said they would use staff training and staff meetings but that it is problematic to tackle residents attitudes. One organisation reported receiving good support from the Gender Trust in supporting a transsexual resident.[50]

Unsurprisingly, many older LGB and T people are worried about the prospect of receiving care and support from the voluntary, independent or statutory sector agencies.

[48] Heaphy et al 2003
[49] Hastings and St Leonards Social Group 2008
[50] Hastings and St Leonards Social Group 2008

These local findings are backed up by other research. In one study only around 14% of LGB older people have said they are open about their sexual orientation with service providers.[51] People have concerns about care staff and other residents in residential and extra care housing who hold discriminatory attitudes. At the same time people may have less informal support to call on, and therefore may need to use statutory; voluntary and private caring services.

In common with people of all backgrounds, LGB and T people wish to be with others who are like-minded and share a history in later life. Sharing activities in many care environments may have implications for LGB or T residents. One commentator suggests sensitive approaches to reminiscence/ life review are needed, for example, especially in group situations. In relation to gender identity:

'Transgender people have 'switched off' part of their life through choice…and so may find recalling it abusive. Subject matter such as recalling the traditional role of being a wife and mother and the issues of family, are subjects often raised in conversation. This could have taken place for a transgender person, but in a past 'gender role'. (Johnson 2000)

Many LGB and T people may consider their personal identity highly confidential. Older gay men will have lived in times when having same-sex relationships was a criminal offence with the risk of losing employment, children and contact with families. Older women may have risked losing custody of their children. Even for people who are generally 'out' in their personal lives now it may seem risky to disclose their personal identity.

Personal LGB and T networks are very important to health and well-being. LGB and T people have concerns about friendships, supports networks and partners not being recognised as the significant people they are. Only 25% of older LGB people who took part in a recent survey believed that health and social care professionals were positive towards LGB people and only 16% trusted professionals to be knowledgeable about LGB lifestyles.[52]

Social care users will want access to support and help from personal networks generally and/or help lines or the web. Studies have identified the web as an important way for transgender people to keep in touch emphasising that web access can be an important issue in older age and residential care.[53]

[51] Heaphy et al 2003
[52] Heaphy et al 2003
[53] Whittle et al 2008

LGB and T older people want to be able to meet with friends and to have partner relationships respectfully supported.

"The most civilised manager set the caring tone of the nursing home. He even offered to put up a bed in my partner's room occasionally, so that I could spend the night with him. It was clear that we were being treated with respect as a gay couple. The manager and two of the staff came to the funeral." Jim, Alzheimer's Society Lesbian and Gay Network Newsletter, July 2005

Age Concern Opening Doors participants emphasise the importance of being included in the care of loved ones:

"One day when I arrived to visit, one of the carers said 'Hi Roger! He's just having a bath. Want to come in and help?' In other words the most intimate features of his care programme involved me as the most intimate person in his life.'
(Age Concern 2006)

For transgender people there are also particular physical health and personal care matters that must be acted on appropriately: proper attention to hormone replacement regimes; intimate care, skin and hair care; appropriate attention to personal choice of clothing and style and privacy. . There are legal requirements about confidentiality of personal identity that providers need to be aware of and ensure their staff comply with it.[54]

'She wasn't allowed a razor which means ultimately she was growing a beard whilst in there. And I think that sort of atmosphere just made her look in the mirror, feel bad, she got worse, and it was a kind of spiraling thing. I don't think there was any acknowledgement whatsoever by the staff towards the transgender aspect of it'
(Nicky Ward presentation, Brighton University Conference 2010)

Safety can be a real concern for LGB and T users of social care. There is anxiety about other service users or staff passing on information that may lead to hostile behaviour. 36% of LGB people have been subject to verbal abuse; 44% of men and 16% of women have been physically attacked. Gay and bi-sexual men are three times more likely than lesbian and bi-sexual women to have experienced physical attack. For those who have mental health problems, thoughts of suicide are more likely.[55]

Hate crimes of this sort have a serious affect on people's behaviour too with many changing how they behave in public places.[56]

[54] Johnson 2000
[55] Age Concern 2006
[56] Department of Health 2007

This can lead to emotional deprivation for LGB and T people living in extra care housing or nursing and residential situations, for example.

Age Concern (now Age UK) promotes practice examples that tackle such problems:

Good practice in action: a team approach

"We found that after we took a stronger approach as a staff team, when Mrs H made comments about 'those awful queers', some of the other residents used to tick her off too. One of the residents told me in confidence that her brother had been 'that way' and it upset her to hear these unkind comments. Mrs H did stop after a while, because she knew she was not going to get away with it. One of our colleagues, who was a lesbian herself, really appreciated that we took this on as a whole team. It made her feel more comfortable at work too." (Age Concern 2006)

Charnley and Langley[57] stress the importance of viewing LGB and T people's needs through the lens of culture to provide adequately and combat these valid concerns and worries. All the above issues would be taken account of in this approach. This needs to happen at the very highest organisational levels and within commissioning and procurement as well as point of delivery. It is vital for culturally appropriate services for people of sexual minorities where people can expect compassionate, non-judgemental responses and respect for confidentiality.

Being a carer

Assumptions of heterosexuality and 'family norms' can also affect LGB and T carers. At a recent Brighton University conference (2010) issues of 'coming out' as a carer and the impact on work/life balance were explored. An LGB or T partner or other carer maybe denied recognition or respect and involvement. Some report feeling the need to conceal a long-term relationship, maybe referring to it only as a friendship in order to avoid any prejudicial attitudes of professionals in their partner's life.

LGB and T carers need support and acknowledgement and involvement. LGB and T partners who are not married or in civil partnerships can find they have limited rights in relation to decision-making and involvement. Regard, an organisation of LGB and T disabled people has been campaigning on the right to nominate a 'next of kin' following experiences by people whose long-term partners or trusted LGB and T friends have been unable to help when family members with negative attitudes have taken control at the end of life.[58]

[57] Charnley and Langley 2000, 2007
[58] http://www.regard.org.uk 'Sue's law'

The experiences of LGB and T carers have not been widely researched yet. Nicky Ward at the Brighton University conference 2010 outlined the following area for research:

- 'To what extent carers do experience homophobia and heterosexism?
- How do Carers and those they care for handle the process of 'coming out' to services?
- What are the barriers carers face in challenging services that are homophobic/heterosexist/transphobic?
- What is the role of gender norms and assumptions on the caring experiences of LGBT carers?
- What are the similarities and differences – between LGBT and non LGBT carers; to what extent do LGBT carers experience the same services differently?
- What are the similarities and differences between L [and/or] G [and/or] B [and/or] T?'

Priorities voiced by local people

LGB and T groups and individuals have given information about their concerns and what they would like to see happening locally. People have voiced consistent concerns about a lack of 'gay friendly' provision in the independent residential sector and in extra-care housing. Voluntary sector support services are not often seen as inclusive of LGB and T older people either.

Social care assessment staff have been criticised for heterosexist assumptions, language and questions during assessments. LGB lifestyles and the wishes of older or disabled LGB and T people are regularly and consistently sought. Some questions are based on heterosexual expectations and can out off people who are not 'out' and undermine their confidence e.g. a question about 'marital status' in the initial contact assessment.

People have said that they would like to see specific mention of LGB and T equality in organisations policies and regular staff training for all in social care or preventative services, wherever they are delivered.

People also wish to see positive statements about sexual orientation and gender identity as well as images of LGB and T people along with other minorities in local authority and provider leaflets and publications.

LGB and T support networks feed back that they would like to be linked into community-based social care provision too e.g. an LGB and T tea club included in day opportunities provision. There has been some discussion about this happening at the Isobel Blackman Centre, subject to resources being allocated. People would also like to see Personal assistants and other small businesses who register with Support with Confidence stating LGB and T friendliness in their 'offer'.

Key messages

It is vital that service providers and commissioning organisations ensure that

- All staff are familiar with the medical, social and emotional and cultural needs of older and younger LGB and T people who may need to use services. Staff are clear how to make sure people have a safe, inclusive and positive experience of services.

- Good practice as described in publications referenced here and through the ASC Equality and Diversity toolkit are familiar to staff and managers.

- Social care assessment practitioners and social care providers are audited for good practice.

- A range of support and direct care options are available that are inclusive of and appropriate for LGB and T people across the county.

- This includes voluntary, preventative, community-based and residential and nursing provision.

- Information about services is specific about positive attitudes to LGB and T people and uses positive images.

- Local authority commissioning strategies include information and joined up strategy on the needs of LGB and T people.

- Local authority procurement practice includes clear requirements and measures to assess the quality of services to LGB and T people.

- Networks of supportive friends are recognised and involved in people's lives and care.

- LGB and T carers are recognised and supported with access to services.

- LGB and T people and their organisations are supported to be involved in the design and commissioning of services.

- LGB and T people and their organisations are regularly involved in finding out and reporting on what service users and carers think about the services they receive.

References, bibliography, useful organisations

1. Stonewall
   'The Government is using the figure of 5-7% of the population which Stonewall feels is a reasonable estimate. However, there is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality. Various sociological/commercial surveys have produced a wide range of estimates, but there is no definitive figure available.'
   http://www.stonewall.org.uk/at_home/sexual_orientation_faqs/2694.asp

2. United Kingdom Intersex Society http://www.ukia.co.uk/about.htm

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Domestic violence and abuse and LGBT Lives
Community safety and LGBT Lives

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Department of Health (2006) - Our health, our care, our say.

Department of Health (2005) - Delivering Choosing Health: making healthy choices easier

Disability Rights Commission (2006) - Equal Treatment: closing the gap

Equality and Human Rights Commission
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www.equalityhumanrights.com/advice-and-guidance/your-rights/

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Johnson, Samantha - Residential and community care of transgender people:
http://www.transgenderzone.com/research/rescomcaretranspeople.pdf

NB This is useful for practical information in the community and residential care sections. Some information (the glossary for example) is now out of date.

King and McKeown, (2003) - Mental health and social well-being of gay men, lesbians and bi-sexuals in England and Wales: a summary of findings.

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Whittle, Turner, Combs and Rhodes (2008) - Transgender Eurostudy, legal survey and focus on the transgender experience of healthcare:
'Estimates range from about 1 in 11,000 to as many as 1 in 20 in the male population and the ratio between those assigned male at birth seeking gender reassignment and those assigned female, is estimated at 3:1 (van Kesteren et al 1996):

http://www.pfc.org.uk/
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Useful organisations

Hastings and Rother Rainbow Alliance
http://www.hrra.org.uk/
'Hastings and Rother Rainbow Alliance is an organisation that is working to support the Lesbian, Gay, Bisexual and Trans (LGBT) local communities.

Established in 2003, HRRA works to support the local LGBT communities by:

- Providing a voice within the statutory and voluntary sector
- Looking at the social needs of our communities and working to develop social outlets
- Promoting training and information services
- Providing training where possible
- Informing services providers of the needs of LGBT communities
- Holding events that will encourage active citizenship by LGBT people
- Engaging in forums and meetings that will develop a greater understanding of the support needs of LGBT communities
- Provide regular newsletters and information to members and others'

Hastings & Rother Gay & Lesbian Social Group
Aims to organise a calendar of social events.
Regular meetings. Offers a chance for gay, lesbian, bisexual and transgendered people to meet up. Frequent social events. Linked to Hastings Rainbow Alliance, but a separate group.
Disabled access to regular meeting place
P.O.Box 6, St Leonards on Sea, TN37 6SS
t 01424 444777
Mr P Broadhurst, Social Events Co-ordinator t 01424 444777
R Sweetman, Chair t 01424 444777

Bourneout
http://www.bourneout.org.uk/glfusion/html/

Aims to break down barriers which exist and unite the diverse LGBT community living in Eastbourne. To provide a voice and a platform for the community to promote, challenge, encourage, influence and shape equal opportunities for the LGBT community.

Purpose:
1. Seek to represent the views of LGBT people living in Eastbourne
2. To raise awareness of issues in regard to obtaining equality for the LGBT community, recommending solutions, monitoring progress and evaluating outcomes
3. Work with Eastbourne Borough Council to assist and influence their equality work and to specifically monitor progress against the actions set out in the Council's Equality Scheme and evaluate the outcomes

4. To act as a reference group and advise on improved services across the town for the LGBT community
5. To share information and highlight good practice (from TOR)
6. To listen to individual concerns and issues and to represent and champion causes; signposting individuals to relevant agencies where appropriate for further support and guidance
7. To help shape the future service delivery in Eastbourne

Regard
National organisation of disabled LGBT people
www.regard.dircon.co.uk

Brighton and Hove Disabled Dykes Club
01273-204050
Email: disableddykes@yahoo.co.uk

Brother and Sisters
Deaf LGB club, London
www.brothers-and–sisters-club.com

Disabled women on the web: lesbians and queers with disabilities
www.disabilityhistory.org/dwa/libarary_k.html

GEMMA
A friendship network of lesbian and bi-sexual disabled women
020 7485 4024
Email: gemmagroup@hotmail.com

The Lesbian and Gay Alzhiemer's Society Carer's Network
Support and information on choosing residential care, examples of good practice
www.alzheimers.org.uk/gay_Carers/residentialcare.htm

Press for Change
Campaigning for respect and equality for transgender people
www.pfc.org.uk

Transgenderzone
UK resource base for transgender living, including health and social care
www.transgednerzone.com

Beyond Barriers
More resources about transgender issues
www.beyondbarriers.org.uk