Lesbian, Gay and Bisexual Equality and Health and Social Care

‘I want to be able to be gay in my last days’

A guide to providing appropriate and discrimination free services and promoting and respecting the needs of lesbian, gay and bisexual service users

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Lesbian, Gay and Bisexual Equality and Health and Social Care

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Introduction

In providing social care services we want to be sure that we are meeting the needs of lesbian, gay and bisexual service users and we need to have a culture where people can be open about their sexual orientation if they want to be. There will be an increased level of expectation by lesbian, gay and bisexual people as fear of discrimination decreases and we need to be equipped to provide services to meet their needs.

This guide looks at the issues facing lesbian, gay and bisexual people, considers good practice, provides case studies, makes recommendations about commissioning, illustrates what can happen when things go wrong and points to resources and sources of information.

What are the issues?

- Research by the Equalities and Human Rights Commission has found that, of those surveyed, 51% of gay men, 61% of lesbians and 25% of bisexual people felt that they had experienced disadvantage as a result of their sexual orientation.

- A UK Study in 2001/2002, “Lesbian, Gay and Bisexual Lives over 50”, involving 266 participants, found that, generally, participants believed that health and social care providers operated according to a heterosexual assumption, and failed to address their specific needs.

- This research also found that a particularly high proportion of participants lived alone and high value was placed on friendships as like “family”.

A glossary of the terms used in this document can be found in Appendix 1.
Other research demonstrates that proportionately lesbian, gay and bisexual people are more likely to experience depression and other mental health issues. Many years of discrimination, feeling different and complex emotions of shame and rejection can have a big impact on self-esteem and social confidence.

Older people’s services often don’t consider sexuality an issue in older people’s services at all and assume heterosexuality which can make it more difficult for lesbian, gay and bisexual people to be open about their sexuality. Similar attitudes attach to disabled people and people with learning difficulties.

There is an assumption that being gay, lesbian or bisexual is only about sex and sexual health rather than identity, community and culture.

For lesbian, gay and bisexual people, their sexual orientation is only one aspect of who they are. They will also have a gender, an age, an ethnic and cultural identity, possibly a disability, and a religious or non-religious belief. All these have a bearing on the services they need and the way they are provided.

There are important differences in the life experiences of older lesbians and gay men. For example, women are more likely to have been married and to have children. They are also more likely than older gay men to be living in long-term relationships.

Lesbian, gay and bisexual people make up approximately 6% of the population.

Providing a lesbian, gay and bisexual friendly service

Inclusivity/language

We can show we provide an inclusive service by:

- providing a non-discrimination policy statement which states that services will be provided to all service users, regardless of age, disability, gender and gender identity, race, religion and sexual orientation;
- providing details of services relevant to lesbian, gay and bisexual people;
- using brochures and posters that include images of Lesbian, gay and bisexual people.
- by not assuming someone is heterosexual

We can use inclusive language by asking open rather than closed questions, for example:
• ‘Who will be caring for you?’ rather than using the term ‘husband’ or ‘wife’;
• If you are asking someone about their partner, refer to ‘him or her’, or let the person tell you which gender their partner is.
• Instead of using the term ‘next of kin’, ask service users to whom information should be given, and who should be involved in decisions or contacted in an emergency.
• Use the term ‘friends and family’ rather than just ‘family members’

Residential care

Some LGB people fear that by moving into residential care they will lose control of their lives and effectively have to return to the closet due to the possible ‘anti-gay’ beliefs of fellow residents and untrained staff. So it is not sufficient to say that we treat everyone equally as this does not take into account the particular needs of lesbian, gay and bisexual people. Neither should we assume that there are no lesbian, gay or bisexual residents just because they haven’t said so or that sexual orientation is solely about what happens in the bedroom. Some ways of ensuring that residential care services are open and accessible to lesbian, gay and bisexual people are:

• All staff are trained and aware of how to meet the needs of lesbian, gay and bisexual residents and their partners, carers, friends and family
• Policies and procedures are in place to respond to staff members and other residents, visitors etc who express opinions that are homophobic
• Policies around safeguarding, bullying and harassment should refer to sexual orientation
• The information pack says that lesbian, gay and bisexual people are welcome
• Open questions and inclusive language are used when asking for personal details
• Asking what terminology the person would like to use rather than make assumptions
• Include local lesbian, gay and bisexual organisations and community groups in any information about facilities and local services that are provided to residents
• Be clear about confidentiality and check with the person about what should be included in records and on support plans and whether they want to be open about their sexual orientation.
• Look at ways of supporting the resident’s sexual orientation through the support planning process
• If the person is the only lesbian, gay or bisexual resident discuss with them ways of overcoming any isolation they might experience.
• Provide privacy during visits
• Welcome partners and/or friends warmly and value their input
• Consult and involve partners and those seen as ‘family’ in the support planning and review process and in decisions around end of life
Home care/community based services/universal services

As well as many of the suggestions listed above, the inclusion of lesbian, gay and bisexual communities and individuals in the commissioning of care services is key to creating a more inclusive and diverse sector. Service providers and their staff need to be trained and aware of the needs of lesbian, gay and bisexual service users. Safeguarding and harassment and safeguarding policies and procedures need to refer to lesbian, gay and bisexual people and lesbian, gay and bisexual people need to know who to report to if they experience discrimination or homophobia. The significance of partners and friends should be recognised. It is for the service user to decide if they want to be open about their sexual orientation with the service provider.

Self-directed support

Social care providers and their staff need to be trained to be able to sensitively discuss relationships and sexuality with individuals and the impact this has upon person-centered and personalised care. Training around sexuality needs to support social workers and carers to understand the impact of discrimination with relation to an individual’s sexual orientation. Open questions and inclusive language should be used when asking for personal details. Information should be available on local lesbian, gay and bisexual organisations and facilities. It is critical to identify what is important to the individual service users and many of the suggestions listed under residential care are relevant to the provision of self-directed support. Again, partners and friends should be recognised, consulted and involved.

Learning disabilities

Social exclusion and isolation are factors in lesbian, gay and bisexual lives. When providing services to a lesbian, gay and bisexual person with a learning disability there will be the need to balance both responsibility toward the individual’s rights and the need to contain risks.

Good practice examples

“George would like to have his subscription to Gay Times continued. He enjoys having some of the articles read out to him. He likes going through the 'personal ads' column thinking about who he might like to contact.”

“Rosaria would like to go out to a local gay pub with three of her closest female friends on a monthly basis.”

“Bet loves watching the films Desert Hearts and Claire of the Moon, which are kept in her bedside cabinet”.

“Eric still enjoys a sexual relationship with his boyfriend Charles and so when there is a 'Do not disturb' sign on the door, this should be strictly respected”.

(Courtesy of “The whole of me...” Age Concern)
Case Studies

These case studies feature the real life experiences of lesbian, gay and bisexual users of social care services. They are taken from a series of videos produced by the Social Care Institute for Excellence (SCIE) that can be found on Social Care TV. [http://www.scie.org.uk/socialcaretv/](http://www.scie.org.uk/socialcaretv/). The learning from these experiences has been incorporated in to this guidance.

Disability

**Case Study 1 – Doug, a disabled service user in a residential home**

Doug carefully considered when to 'come out' within residential care and explains that this is a continual process because of the high turnover of residential care staff.

 Discrimination and insensitivity about Doug’s being ‘out’ to other residents and suggestions by his providers to ‘keep quiet’ around other residents. Doug feels he has little opportunity to meet other gay people, so he feels isolated and cut off from the gay community.

Doug believes that a cultural shift and change in attitudes in social care is vital in order to provide relevant care for LGB people. He also feels that direct payments are only one part of a solution to offer more choice and control to the user of services.

Older people and residential care

**Case Study 2 – Roger’s story – residential care/hospice care**

When David, a friend and former partner of Roger’s was diagnosed with presenile dementia, Roger was happy to disclose information about David and his relationship but he felt that the staff at the home lacked empathy. The home learnt from their experience of working with Roger and David, making improvements so that residents and those connected to them, felt safe, and comfortable to ‘come out’.

In 2002 Roger's partner Michael was diagnosed with cancer which saw him enter a hospice. Both decided from the outset to be ‘out’ to the carers and health professionals working with them. The staff made the effort to understand the needs of the couple so they could provide appropriate support. Roger felt involved in Michael's care provision and that their relationship was honoured and respected.
Learning disabilities

Case Study 3 – Richard a young gay man with a learning disability

Richard was diagnosed with a learning disability at an early age. Richard was confused around his sexuality and was not provided with adequate sex education. Richard discusses how he wanted to find a relationship and the subsequent isolation he felt when his request for support to go out and meet people was dismissed. Richard placed a formal complaint about the lack of support he was given. The case study highlights the need for trained workers in sexuality and learning disabilities along with the need to adequately balance risk and responsibility toward the individual concerned so that they can live an inclusive and empowered life.

Mental Health

Case Study 4 – Alison’s story – Mental Health

Alison is a lesbian with physical disabilities and mental health needs. After being in care Alison married at 18 but left when the relationship turned violent. When Alison decided to come out as a lesbian and live her life her ‘own’ way, the reactions of family members, especially her daughter, prevented her from seeing her grandchildren and left her feeling isolated and rejected.

In 1998 Alison suffered a back injury that left her disabled and in constant pain which lead to a mental breakdown and her referral to the local mental health team with severe depression. The social worker provided Alison with the support and understanding she needed. Her experience of paid carers was less favourable. Training is the key to providing support for lesbian, gay and bisexual people.
Checklist for commissioners

When commissioning a service it is recommended that the following checklist is used. It reflects the guidance used by the Care Quality Commission when assessing equality, diversity and human rights as part of their quality assurance assessment. Although this is focussed on services for lesbian, gay and bisexual people, it is applicable to all equality strands:

- Providers have an equalities policy that makes specific mention of LGB equality
- Monitoring includes sexual orientation monitoring
- Staff are trained in LGB equality and are culturally competent to provide services to LGB people. Training around sexuality should support social workers and carers to understand the impact of discrimination with relation to an individual’s sexual orientation.
- Providers can demonstrate how they are able to meet the specific needs of LGB service users -
  - Providers avoid operating according to heterosexual assumptions and evidence that same-sex relationships and bi-sexual relationships are recognised and valued in the same way as heterosexual relationships in residential care settings and in home care and other service provision. The significance of friends is recognised in the same way as the significance of family is recognised.
  - Inclusive language is used.
  - Sexual orientation is talked about openly and in a positive manner to encourage access by lesbian, gay and bisexual service users and to enable people to be open about their sexuality if they want to be.
  - There is recognition that lesbian, gay and bisexual specific services may be needed and should be provided, for example using a local LGB buddying service for a service user in residential care; enabling an LGB service user to access an LGB venue or social activity; encouraging and supporting people to be open about their sexual orientation; a partner or friend being involved in the care and support of a resident.
  - There are safeguards in place in residential homes to ensure that lesbian, gay and bisexual people are not discriminated against or harassed by other residents, their family or friends.
  - Positive images and statements are included in publicity and information.
• For service users with a learning disability, providers need to be trained to be able to sensitively discuss relationships and sexuality with individuals and the impact this has upon person-centered and personalised care.

• Sexual orientation forms part of assessment and support planning.

• The inclusion of lesbian, gay and bisexual communities and individuals in the commissioning of care services is key to creating a more inclusive and diverse sector.

When it goes wrong!

Experience of LGBT people and suicide prevention

A national mapping exercise concerning suicide prevention for LGBT communities asked service users for their experiences of the services on offer – here are some of their responses:

• 3 responses reported anti-LGBT experiences
• 6 responses reported assumptions, invisibility and not being asked
• 14 responses reported clumsy, inept or awkward responses to disclosure of LGBT identity
• 4 responses were inappropriate response to identity by service provider

“*The crisis team in a local NHS hospital. One nurse even suggested that I was doing well that I had battled my thoughts about being gay*”

“*Statutory mental health services... I was constantly asked if I had a boyfriend even though I had stated I was a lesbian. When I mentioned that I had to keep explaining that I was a lesbian to my CPN she laughed.*”

“*Rang {service} when acutely suicidal. {service}: Do you live alone? Me: No, I live with my partner. {service} : Is he in? Me: She’s a she, and she’s away at the moment. {service} [very long silence, as if she couldn’t take it in] ... Is there anything else I can do for you ?(we hadn’t done anything about the fact that I was at very high risk of committing suicide yet!) ... I hung up.”

“*even though I’d told them why I’d taken the OD and slit my wrist (‘cos of a breakup from my girlfriend), I don’t remember her mentioning this – I felt invisible*”

“*[therapist] referred to my partner throughout the session as my ‘friend’, despite me calling her my partner. Towards the end of the session, she burst out: Are you telling me that the friend who brought you here is your sexual partner?... I didn’t go back*”
“When you assume that I’m straight you make it clear to me that your services aren’t relevant to me or my life, which pushes me closer to letting go of life. I am already working as hard as I can to stay alive moment by moment. I don’t have the energy to constantly come out to you, and then have to deal with your homophobia or ignorance or confusion”.

(“Mental disorders, suicide and deliberate self harm in lesbian, gay and bisexual people.” Prof Michael King - National Institute for Mental Health, 2008)

Local services for lesbian, gay and bisexual people

Information on local services for lesbian, gay and bisexual people can be found at:

http://www.wellaware.org.uk/
http://www.equalitysouthwest.org.uk/
Resources

*Beyond Tolerance*. Equality and Human Rights Commission

*The Whole of Me. Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing*. Age Concern

*Don’t Look Back. Improving health and social care delivery for older LGB users*. Equality and Human Rights Commission

*Sexual Orientation. A practical guide for the NHS*. Department of Health

Age UK: [http://www.ageuk.org.uk/](http://www.ageuk.org.uk/)


References

1. *Beyond Tolerance*. Equality and Human Rights Commission
2. *Beyond Tolerance*. Equality and Human Rights Commission
3. *Beyond Tolerance*. Equality and Human Rights Commission

Health and Social Care. March 2011
Appendix 1

Glossary

Lesbian: a lesbian is a woman who is emotionally (and sexually) attracted to other women and forms relationships with them.

Gay: a gay man is a man who is emotionally (and sexually) attracted to other men and forms relationships with them.

Gay woman: some lesbians may refer to themselves as a gay woman.

Bisexual: a bisexual person is emotionally (and sexually) attracted to both men and women and forms relationships with them.

Heterosexual: is a man or a woman who is emotionally (and sexually) attracted to a person of the opposite sex to themselves and forms a relationship with them.

Straight: is a word used to describe a heterosexual person. Although we would not normally encourage use of this word, sometimes its use helps to make it clearer what is meant by ‘heterosexual’.

Sexual orientation: is the legislative term used to describe how an individual chooses to identify their sexuality, that is, lesbian, gay, bisexual or heterosexual. However, it is better to use the preferred terms of lesbian, gay and bisexual.

Sexuality: an alternative way of referring to a person’s sexual orientation.

Homophobia: describes the aggressive and fearful feelings and behaviour directed at lesbians, gay men and bisexual men and women. These can range from jokes, graffiti, insults and threats, to physical attacks.

Heterosexism: is the assumption that every individual is heterosexual. This has been institutionalised in family, as well as culture and law.