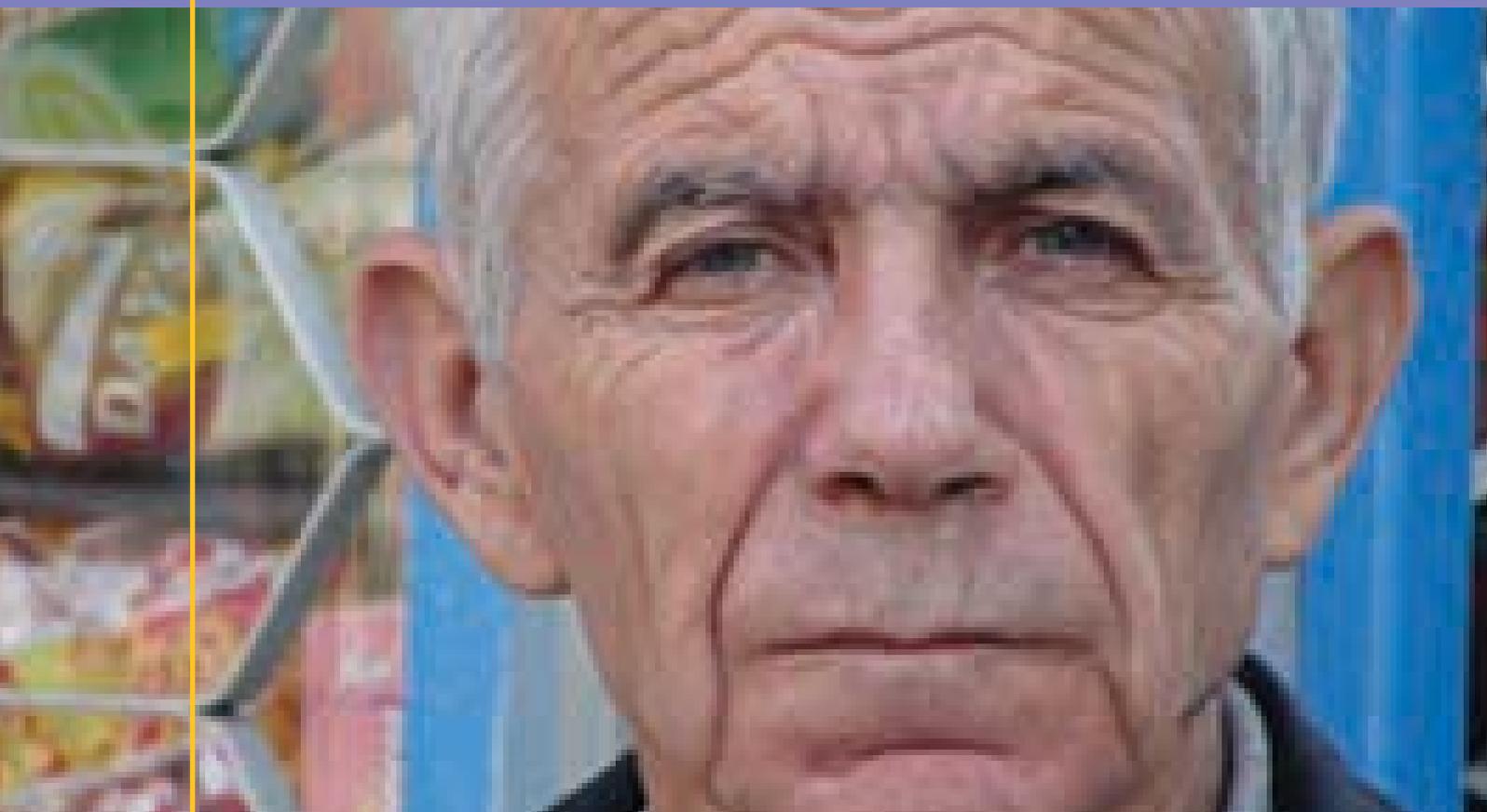


# Putting people first: Equality and Diversity Matters **1**

Providing appropriate services for lesbian, gay and bisexual and transgender people



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This bulletin is the first in a series of three designed to help service providers address the **personalisation agenda** in **social care**.

The series looks at issues in **equality** and **diversity**. This bulletin focuses on lesbian, gay and bisexual and transgender people using services.

Whilst this bulletin is primarily written to assist social care service providers, it may also be of interest to commissioners of adult care services and people using services.

[www.csci.org.uk/professional](http://www.csci.org.uk/professional)

## About CSCI

The Commission for Social Care Inspection (CSCI) was set up in April 2004. Its main purpose is to provide a clear, independent assessment of the state of social care services in England. CSCI combines inspection, review, performance and regulatory functions across the range of adult social care services in the public and independent sectors.

CSCI exists to promote improvement in the quality of social care and to ensure public money is being well spent. It works alongside councils and service providers, supporting and informing efforts to deliver better outcomes for people who need and rely on services to enhance their lives. CSCI aims to acknowledge good practice but will also use its intervention powers where it finds unacceptable standards.

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## Quality issues in social care

Promoting improvements in social care and stamping out bad practice for the benefit of the people who use care services are key functions of the Commission for Social Care Inspection (CSCI). The Commission has a commitment to promote equality and diversity in all that it does.

### The Equality and Diversity Matters series

This bulletin is the first in a series of three designed to help service providers address the new personalisation agenda within *Putting people first*.<sup>1</sup> The series looks at issues in equality and diversity. This bulletin focuses on lesbian, gay and bisexual and transgender people using services. The other bulletins will cover race equality and disability equality. We are producing these bulletins to:

- support service providers to ensure that services are personalised so they meet the needs of a diverse range of people
- highlight and increase understanding of the key issues for diverse groups of people using services
- share what we have learnt about good practice in equality and diversity matters from inspecting services and from hearing from people who use services
- identify practical steps that can be taken by service providers to improve the experiences of people who use social care services.

Whilst the series is primarily written to assist people providing social care services, some of the issues

raised are also relevant to commissioners seeking to ensure that the services they commission meet the diverse needs of their communities.

### How have we developed this bulletin?

We have used a number of sources of information to write this bulletin, including:

- Examining the National Minimum Standards (NMS) for care services to look at the key issues relating to equality and diversity. Whilst the standards are highly relevant, it is not possible to analyse the performance of service providers against the standards specifically in relation to services for lesbian, gay and bisexual (LGB) people, so we have used the data sources listed below.
- A survey of LGB people who have used social care services or have considered using services; 92 people responded.
- The CSCI conference – ‘Coming out with the goods: care services for lesbian, gay, bisexual and transgender people’ held in Manchester in October 2007.
- A representative sample of Annual Quality Assurance Assessment (AQAA) forms (400 in total) completed by managers of home care agencies and care homes, reporting the work they have carried out to make their services accessible and appropriate for a diverse range of people.
- Speaking with groups of people using services.
- Discussions with service providers who are leading the way in providing appropriate services for LGB people.

1. Department of Health (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*. London: Department of Health

## Summary of key points

The key to achieving appropriate services for lesbian, gay, bisexual and transgender people is good practice that personalises support for people. Personalised care is about ensuring people's needs are fully understood and care plans are developed in partnership with the individual who can then direct their own care. This is at the core of the 'Putting people first' protocol, which describes the vision and commitment for the transformation of adult social care.<sup>2</sup>

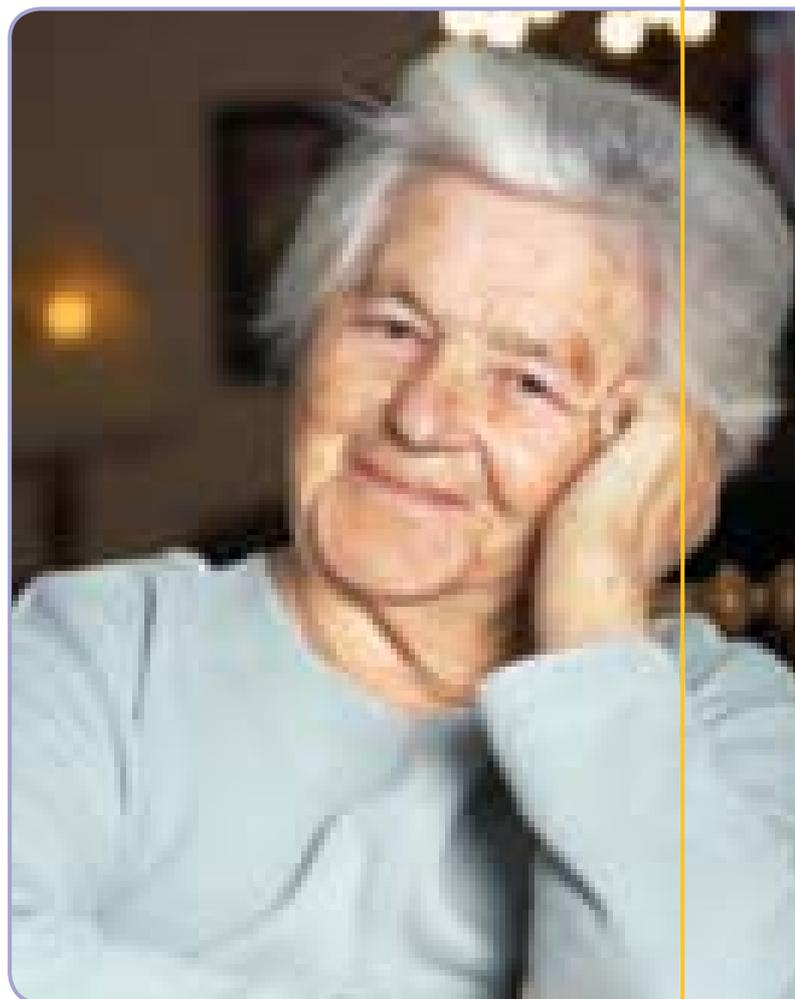
There is increased recognition by government, and in society as a whole, that discrimination against lesbian, gay and bisexual (LGB) people needs to be tackled. In April 2007, LGB people obtained legal rights to challenge discrimination in service provision. LGB people using social care services have the same needs as other people. However, sometimes the way that these needs are met has to take account of the fact that they are lesbian, gay or bisexual people. If discrimination is not addressed, LGB people have less choice and control in their lives. As discrimination decreases, LGB people are likely to be more open and have higher expectations that social care services will meet their needs.

Transgender people do not yet have the same legal rights to equality in services, although legislation is planned. However, the same fundamental principles can be applied to the needs of transgender people using services, although some of the ways these principles are put into practice may be different.

2. Department of Health (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*. London: Department of Health

Lesbian, gay, bisexual and transgender people want:

- **To feel safe and be free from discrimination**, where services take seriously any discrimination, whether from people providing services, other people using services or from the wider community; and LGB people have choice in the way that this is handled.
- **To be valued for who they are**, where services provide an environment where LGB people know that they will be valued, have opportunities to 'come out' when they choose and receive a positive response from staff.



- **Support to live the lives that they choose**, where services enable people to have choice about their social life, leisure activities and relationships. For many people, this means support to have contact with other LGB people.
- **To live a variety of lifestyles**, where services recognise that not all LGB people are the same and understand the aspirations and needs of each individual, ensuring they have choice and control over the support they use.
- ensuring that LGB people have a choice of which staff support them
- enabling LGB people to have contact with their communities and friends
- valuing LGB people's relationships
- taking appropriate action when discrimination does happen
- listening to the views of LGB people and monitoring progress.

In CSCI's survey, 45% of LGB people using social care services told us that they had faced discrimination whilst using services. However, only 9% of service providers in our sample said that they had carried out any specific work to promote equality for LGB people and only 2% had done so for transgender people.

In order to actively meet the needs of LGB people, service providers need to take specific steps in order to ensure that LGB people are not discriminated against and that they receive an equal service. These include:

- most importantly, creating an ethos in the service where LGB people are valued through positive leadership and action on the issues
- reviewing policies and procedures and assessment/admission processes to ensure that they do not discriminate
- providing training and support to staff on the issues
- positive action to make LGB people feel welcome and able to come out, for example through ensuring inclusion of LGB people in publicity

# Introduction

## 1. What is this bulletin about?

We all want to feel safe, to feel valued for who we are and to feel part of a community. There is increasing recognition by government, and by society as a whole, that lesbian, gay and bisexual (LGB) people sometimes face discrimination that prevents them feeling safe, valued or included in society. This Quality issues in social care bulletin looks at these matters, and others, from the perspectives of LGB people who use social care services. We consider how people providing social care services can ensure that their services meet the needs of LGB and transgender people. In April 2007, LGB people gained protection in the law from discrimination in service provision<sup>3</sup> making this bulletin relevant to all service providers (see page 13).

### Structure of this bulletin

All the bulletins in the series start by showing how good, personalised care can underpin the delivery of services that are appropriate to a diverse range of people. We then move on to looking at how common issues in equality and diversity apply to the particular dimension being considered – in this bulletin, sexual orientation. We then discuss particular issues relevant to providing services – in this case, to meet the needs of lesbian, gay and bisexual people.

We also have a specific section on meeting the needs of transgender people. Whilst transgender people have some experiences which are in common with LGB people, many of the issues

3. The Equality Act (Sexual Orientation) Regulations 2007

are different, including the legal position relating to discrimination, which is covered by sex discrimination law rather than law around sexual orientation.

We appreciate that using the phrase ‘lesbian, gay and bisexual people’ may be preferable to abbreviating it to ‘LGB people’. However, using the abbreviation makes sentences shorter and easier to understand. For this reason, we have used ‘LGB people’ for lesbian, gay and bisexual people and ‘LGBT’ for lesbian, gay, bisexual and transgender people.

Each bulletin ends with a checklist for people providing services and a list of useful resources.

Before looking at general good practice we highlight some important issues for understanding the needs of lesbian, gay and bisexual people.



## 2. Important issues

### Some definitions

The Guidance on the Equality Act (Sexual Orientation) Regulations 2007<sup>4</sup> define sexual orientation as meaning:

“...an individual’s sexual orientation towards:

- people of the same sex as him or her (gay or lesbian);
- people of the opposite sex (heterosexual);
- people of both sexes (bisexual).”

The fuller definitions below are based on those used by Stonewall, a national organisation promoting equality for lesbian, gay and bisexual people:

**Sexual orientation** is a combination of emotional, romantic, sexual or affectionate attraction to another person.

**Sexuality** is how someone expresses themselves sexually.

**Lesbian** is a term that is used to describe a woman who has an emotional and/or sexual orientation to women. Some lesbian women also use the term ‘gay’ but some do not like this. It is better to include the word ‘lesbian’ as well as ‘gay’ if referring to both women and men.

**Gay** is a term that is used to describe a man who has an emotional and/or sexual orientation towards men. ‘Gay’ is an adjective, so someone should be referred to as a ‘gay man’ rather than ‘a gay’.

**Bisexual** women and men can experience sexual and emotional feelings for both their own and the opposite sex.

**Heterosexual** people experience attraction and seek partners of the opposite sex.

**Homophobia** is the irrational hatred, intolerance, and fear of lesbian, gay and bisexual people.

**Heterosexism** describes a bias shown by a society or community where institutions and individuals are conditioned to expect everyone to live and behave as heterosexuals.

**Transsexual** is a medical term. It refers to people who feel that distance between their physical gender as a man or woman and their actual gender is so great that they need to take permanent steps in their life to alter the way they present themselves. That is, by taking hormones and undergoing surgeries (gender reassignment) to alter their body so that people can see them for who they are. Transsexual people can be heterosexual, lesbian, gay or bisexual.<sup>5</sup>

**Transgender** and **Trans**<sup>6</sup> are broader terms that refer to people who live part or all of their lives in their preferred gender role. This includes people who may cross-dress or undergo some hormone treatment, but not necessarily full gender reassignment, as well as transsexual people.

The discrimination that trans people face is because of **gender identity** rather than sexual orientation. Prejudice against trans people is called **transphobia**.

4. Department of Communities and Local Government (2007) *Guidance on New Measures to Outlaw Discrimination on Grounds of Sexual Orientation in the Provision of Goods, Facilities and Services*. London, department for Communities and Local Government

5. Burns, C (Press for Change) *A world that includes trans people*, speech to CSCI conference 2007

6. Department of Health (2007) *Reducing health inequalities for lesbian, gay, bisexual and trans people*. London: Department of Health

## Lesbian, gay and bisexual people are not all the same

LGB people are as diverse in terms of ethnicity, age and impairment as heterosexual people. Experiences and needs will thus be very different for each individual. For example, evidence from our survey shows that people who are LGB from black and minority ethnic communities experience higher levels of prejudice or discrimination from services because of their sexual orientation compared to LGB people from white British backgrounds. 6 out of 8 black and minority ethnic people answering this question said they had faced prejudice compared to 16 out of 41 people from white UK backgrounds. LGB people from black and minority ethnic communities may face particular issues when using services.

*“I have Black lesbian friends who have felt very vulnerable in case a ‘carer’ from ‘their’ community outed them, and who have stopped using services as a result. They have also experienced racism from ‘carers’ which is as traumatic as the homophobia that most of us have experienced at times.”*

**(A disabled lesbian)**

*“It is unthinkable of telling a member of staff that you are LGB. Especially where you seem to be the only LGB using the service. I suspect even staff are afraid. Especially in the Asian community.” (Asian gay man, a family carer)*

There are also differences between some lesbian cultures and some gay men’s cultures, which are explored within the bulletin. Bisexual people

can also experience different reactions from both the lesbian and gay and the heterosexual communities.

As well as these variations, individual LGB people will make different choices, based on personal preferences. For example, for some LGB people using services, contact with other LGB people through organised groups, the commercial ‘gay scene’ or through informal friendship networks is essential for their well-being; for others this is less important. Two survey respondents illustrate this difference.

*“The Independent Living Fund did consider my needs for social interaction within the lesbian community, and with my wider ‘lesbian family’, and gave me extra hours to be able to go and see friends who live on the other side of London. I think this is because they understand independent living in its real sense.”*

*“Why would I want the services to help me take part in the LGB community? I would want the services to help me take part in the community as a whole.”*

For this reason it is important to read the other bulletins in the series, in order to understand the way that everyone using services may experience a variety of issues relating to equality and diversity.

## What lesbian, gay and bisexual people using services want

These differences between lesbian, gay and bisexual people do not mean that there is nothing

to say about LGB people using services, as a group of people, though there are obviously dangers in making large-scale generalisations about 'what LGB people want'. Everyone who uses social care should be treated as an individual and be empowered to influence their own situation. However, there are some common experiences that LGB people are likely to have when using services and there are actions that service providers can take to ensure that they not only do not discriminate against LGB people, but that they positively support LGB people to feel safe, feel valued and feel part of their chosen communities.

LGB people say they want:

- To feel safe and not to be discriminated against.
- Opportunities to come out when and if they choose, which means that there must be a

culture in the service where they know it will be alright to talk about their sexual orientation.

- The people who work directly with them to be positive about their sexual orientation. For some people, this means they would prefer to be supported by LGB staff.
- Support to live the lives that they choose; with choice about their social life, leisure activities and relationships. For many people, this means support to have contact with other LGB people.
- Services to take seriously any discrimination, if it occurs, from people providing services, other people using services or from the wider community; and choice in the way that this is handled.



### 3. How well do social care services respond to the needs of lesbian, gay and bisexual people?

- 94% of services reported that they were carrying out some general work around equality and diversity, such as advising staff of equality policies or carrying out staff training. Some of this activity will undoubtedly include equality work around sexual orientation.
- Only 9% of providers gave any examples of the equality work they have carried out around sexual orientation. This compares to 37% who gave an example relating to race equality and 33% who gave an example relating to disability equality.
- The number of providers who said they had worked specifically on equality around sexual orientation was higher amongst care homes for younger adults (16%) than for care homes for older people (7%) or domiciliary care agencies (8%).
- 12% of voluntary sector providers said that they had carried out some specific work around equality for LGB people, compared to 9% of council providers and 7% of private sector providers.
- The number of providers saying that they had done work around sexual orientation was higher amongst providers with an 'excellent' quality rating from CSCI (17%) than amongst lower rated providers.

These numbers may seem low, but some service providers are now developing good practice around providing services to LGB people, which we illustrate in this bulletin.

Some providers report that sexual orientation is not an issue for their service. There are four common misconceptions about LGB people using services:

- **Assumptions about disabled people/older people and sexuality.** Sometimes people assume that older people and disabled people are not interested in sex, whether they are lesbian, gay, bisexual or heterosexual. Firstly, this is not true. Secondly, being lesbian, gay or bisexual is not just about sex, it is about identity and community. An older lesbian told Age Concern, for their research:

*"If I didn't have sex at all with another woman for the rest of my life I would still be a lesbian. It's as integral to who I am as my identity as a mother, the job that I do, and the beliefs I hold dear. It's not the whole of me but it is a big part."*<sup>7</sup>

- **Assumptions that there are no LGB people using the service.** This is impossible to know, unless every person using a service has been asked. Even then, it is unlikely that all those who are LGB will 'come out' unless they feel safe to do so and they choose to do so. Every new person who uses a service could be LGB, so even if there are no LGB people currently, it is worth ensuring that the service could meet

7. Knocker, S. (2006) *The whole of me*. London: Age Concern England

the needs of LGB people in the future. LGB people should not have to risk coming out to improve a service. The responsibility is with the service provider. The current generation of older people using services lived in an era where it was fairly common for people to lose their jobs or custody of their children because they were lesbian or gay and male gay sex was illegal. This has had an impact on how open older LGB people are about their sexual orientation. In the future, LGB people using services for older people are likely to be more open and to expect that services will meet their needs.<sup>8</sup>

- **Assumptions that there are not many LGB people, so it is unlikely to be an issue.**

The Government estimates that 5% of the population are lesbian, gay or bisexual.<sup>9</sup> This means that, if there are more than 10 people using your service, it is more likely than not that one of these people will be LGB. LGB people live in all parts of the country, in rural and urban areas.

Some research has indicated that older LGB people are less likely to have children or contact with their families, so they are more likely to need social care services.<sup>10</sup> However, in our survey we found that some LGB people are reluctant to approach services, for fear of discrimination or because of actual

discrimination in the past. If services get better at meeting the needs of LGB people, this reluctance to use services may reduce and numbers of LGB people using services will increase.

- **Assumptions that the needs of LGB people are no different to the needs of heterosexual people.**

As described in the introduction, everyone has a need for safety, validation of who they are and their community. It is *the way* these needs are met for LGB people that may be different to meeting the needs of heterosexual people. Being LGB is not just about whom you have a relationship with; it is about your identity and culture. Despite anti-discrimination legislation, LGB people can still face prejudice or invisibility. This has an impact on the well-being of individuals and services need to be sensitive to this.

Some believe that the best way forward is to recognise lesbians, gay men and bisexuals as a cultural minority group.<sup>11</sup> Others believe that the idea of an 'LGB culture' is problematic because this could lead to stereotyping. However, the important practical issue remains – LGB people have needs concerning safety, positive reinforcement of their identity and engagement with their communities which are likely to be different from those of heterosexual people.

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8. Knocker, S (2006) *The whole of me*. London: Age Concern England

9. Department of Health (2007). *Reducing health inequalities for lesbian, gay, bisexual and trans people*. London: Department of Health

10. Knocker, S (2006) *The whole of me*. London: Age Concern England

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11. River, L and Davies, P (2006) *Being taken seriously: the Polari in Partnership Project – promoting change for older lesbians, gay men and bisexuals*. London: Polari, also Butler, R and Rainbow Ripples (2006) *The Rainbow Ripples Report*. Leeds: University of Hull and Rainbow Ripples

### Equality Act (Sexual Orientation) Regulations 2007

The Regulations prohibit discrimination on the basis of a person's:

- actual sexual orientation
- the sexual orientation he/she is thought to have, and/or
- the sexual orientation of someone with whom he/she is associated.

It does not include transsexuality, which is related to gender and is covered in the employment context by sex discrimination legislation.

#### Direct and indirect discrimination

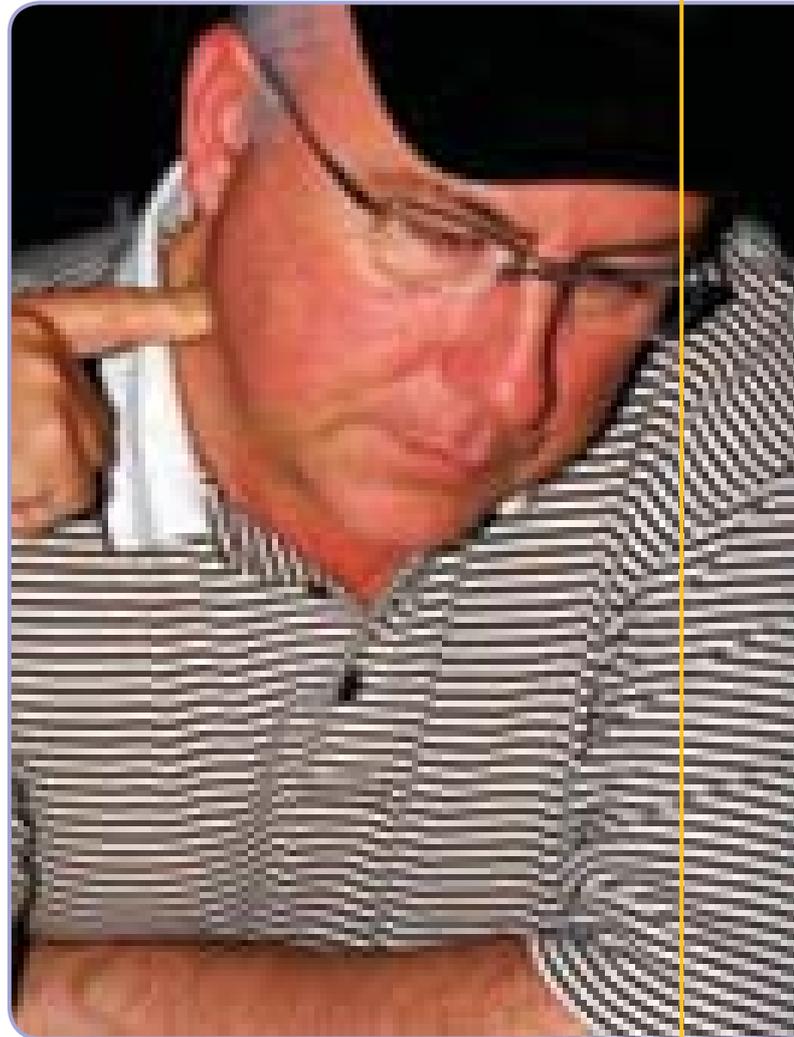
The Regulations outlaw both direct and indirect discrimination on the grounds of sexual orientation.

Direct discrimination takes place when someone is treated less favourably than other people are/would be treated. This is where there is no material difference in the relevant circumstances and the reason for the treatment is the sexual orientation the victim holds or is thought to hold, or that of someone associated with them.

Indirect discrimination occurs when provisions, criteria or practices that are applied generally, result in people of a particular sexual orientation being put at a disadvantage, as compared to people with others, and these provisions, criteria or practices cannot be objectively justified. This applies even if the negative impact is unintentional.

For example, if a company refused to provide customers who have had an HIV test with access to its services, this could indirectly discriminate against gay men, who are more likely to have had such a test.

Taken from Department for Communities and Local Government (2007) *Guidance on new measures to outlaw discrimination on grounds of sexual orientation in the provision of goods, facilities and services*. London: Department for Communities and Local Government



## Good practice works for everyone

**Good practice in assessment, person-centred planning and self-directed services is an important foundation for ensuring personalised services, which are appropriate for a wide range of people, including LGB people and transgender people. Current social care reforms, particularly the drive to increase the personalisation of adult services, as in ‘Putting people first’,<sup>12</sup> should enable more people to benefit from these approaches in the future. Specific work on equality issues can build on this foundation.**

### 4. Assessment and care planning

Good assessments and care plans directed by the person using the service are key to individualised, person-centred services. Whilst assessment may be a daunting prospect for many people, for LGB people, and transgender people, there is the added dimension of coming out to contend with.

Only 40% of people responding to our survey came out as lesbian, gay or bisexual at their last assessment or review. Some people did not want to disclose their sexual orientation at assessment.

*“Fear that my problems would be put down to my sexuality and having to face questions around this when I felt it was personal and not relevant to the problems I was having.”*

**(A gay man using mental health services)**

Others felt that the opportunity did not arise due to the nature of the assessment. For others, it was vital for them to come out, in order for them to either be themselves or to ensure that any services met their needs. For example, someone may want to discuss with the assessor support around socialising with other LGB people or concerns about staff attitudes.

If someone is living with a same-sex partner, the issue of sexual orientation is more likely to arise during the assessment. However, it is important that sexual orientation is not viewed as a taboo subject and that everyone has the opportunity to discuss this, if they wish to do so, without being pressured.

In our survey only 24% of people felt that their needs as an LGB person were adequately considered at their last assessment.

*“I didn’t say and it was assumed that I was straight. Even though I talked about my partner they were given the opposite sex pronoun in the report.”*

Even if someone has been able to come out, their needs may not be then adequately responded to.

*“When you say you are a lesbian, they just do not know how to respond or they think the only issue is around sex, not culturally appropriate social care. I felt that I had to justify my existence. The whole thing was hard work.”*

In the sample of quality assurance forms (see page 4), 14% of care homes gave sexual orientation in a list of factors that they would take

12. Department of Health (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*. London: Department of Health

into account during assessment or care planning. Less than 1% of providers said that they had done any specific work around sexual orientation and assessment or care planning.

### Assessments – good practice pointers

- Make sure that the introductory information, such as the organisation's statement of purpose and service user guide, is positive around issues of sexual orientation and gender identity. This means that LGBT people will be more confident in coming out at assessment.
- Be clear about the confidentiality of the assessment at the start. Who else will see the assessment? This helps LGBT people decide whether they want to come out or not.
- Introduce an element of self-assessment that includes open questions (see below). This enables LGBT people to decide whether to come out themselves, rather than waiting for an appropriate time to raise the issue in a verbal assessment.
- Ensure questions do not assume that people are heterosexual, for example replace questions about 'husband or wife' with 'partner' and avoid the phrase 'marital status'.
- Use open questions that enable people to describe who is important to them and their lifestyle, without pressuring people into giving answers, for example:
  - Would you like to tell us who are the important people in your life?
  - Do you need support to keep up contact with anyone in particular?
  - How do you like to spend your leisure time?
  - Do you need support to be involved with any groups or activities?
- Is there anything you would like to tell us about what is important to you in your life?

### Good practice example – Ashton Lodge

Ashton Lodge is a privately run care home for older people, including people with dementia, in Leicester. Following discussions about diversity with a CSCI inspector, the manager decided to work on making the home welcoming to LGB older people by:

- providing training for staff on meeting the needs of older LGB people after applying for funding to bring in an external trainer
- revising assessment questions to make them more open
- discussing the Age Concern publication *The whole of me* with staff.

*"When somebody gets shown around the home now, we've decided to change our approach and say that we welcome couples of the same sex. We have a personal history form for every person that comes into the home. We ask them about growing up, their childhood, their likes, their dislikes. We have re-phrased the form. Before, it said, "Have you ever been married?" and now it says, "Have you ever had any significant partnerships or relationships?"*

## 5. Choice and control

In our survey, levels of satisfaction were higher for LGB people using Direct Payments<sup>13</sup> than for other services. Three factors were consistently mentioned. Addressing these in other services would make services more appropriate to LGB people and transgender people:



13. Direct Payments are cash payments given to people by councils, so that they can purchase social care services themselves instead of being provided with services

- **Choice and consistency of worker to ensure positive attitudes to LGB people.**

*“I am a Direct Payments user. Yes, it has been a much better option for me as an LGB person, no question. I would have been imprisoned with a care agency. Can’t stress that too strongly. I live at home supported by people I recruit who I am very clear with who I am. They don’t change every week and they are not all straight or gay... Life has been a thousand times better on Direct Payments even with its challenges.”*

*“Staff treated me with respect because I was in control of who was employed and what they did to assist me, both in my home and the wider community. I would not employ a ‘carer’ who decided they would take over my life and decide what was best for me. And I certainly would not employ any person who did not feel comfortable around my lifestyle.”*

- **Flexibility over care tasks and times to enable people to meet with LGB friends or attend LGB events.**

*“Without my personal assistance and Direct Payments I wouldn’t be able to take part in gay events or gay social community life.”*

- **Control in deciding what to do if a worker is discriminatory.**

*“Staff treat me with respect because otherwise I would dismiss them. I have freedom to recruit people who I have decided are safe for me to be myself with.”*

Person-centred planning is an important component of people taking control. Of the sample of service providers, 19% said that they used person-centred planning to promote equality and diversity.

### National Minimum Standards: choice and control

Care homes for older people:

Standard 14.1: The registered person conducts the home so as to maximise service users’ capacity to exercise personal autonomy and choice.

Care homes for younger adults:

Standards 6 – 10 are standards on individual needs and choices. These “start from the premise that service users should be enabled to take control of their own lives.”

Home care agencies:

Standard 9 (autonomy and independence) should have the outcome that “Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.”

### Choice and control – good practice pointers

- People using services have choice as to which staff work with them so LGB people and transgender people are more confident that they will not face prejudice. This would also increase the confidence of other people who may face prejudice, such as black and minority ethnic people.
- People using services are involved in staff recruitment, including assessing staff attitudes on equality issues.
- People using services have a say as to the times they have support and with which tasks they have assistance. This enables LGB people and transgender people to take part in their communities, and maintain important friendships. Again, this could be particularly important for people from other specific communities.
- If someone using a service faces discrimination, they should, wherever possible, remain informed and involved in the way that the complaint is handled.

# All equal – key issues in equality and diversity

**In this section we look at how common actions to tackle equality and diversity issues can improve services for LGB people and transgender people.**

## 6. Staffing

In our survey the majority of people (62%) felt that all or most staff treated them with respect as an LGB person. A small minority (9%) said that “no staff” treated them with respect, with the remainder feeling that this only applied to some staff.

The role of individual staff in promoting positive self-esteem in LGB people can be highly significant for some people.

*“I did not feel I could come out until chatting and spending time with our registered manager who enabled me... My life changed due to our registered manager who was a very positive role model and enabler to me.”*

**[A lesbian living in residential care]**

Conversely, homophobic or negative reactions can have a big impact on how comfortable people are in using services.

*“There is an overall commitment [in the agency] to tackling homophobia, but I am not sure that they really understand the need for staff to be comfortable (as opposed to vaguely tolerant, or trying not to mind!) with my being a lesbian.”*

The majority of LGB people replying to the survey did not specifically want assistance from LGB

staff, though a significant minority would prefer this. This is discussed further in section 13. The key point is therefore ensuring that all staff have positive attitudes towards LGB people.

Staff recruitment processes should ensure that new staff have a positive commitment to a range of equality and diversity issues including sexual orientation and gender identity.

Staff training can be important in dispelling myths around LGB people, explaining the expectations that an organisation has around equality and diversity and enabling staff to explore issues about providing appropriate support. Fifty-five percent of service providers stated that they used staff training to promote good practice in equality and diversity. This training may include issues around sexual orientation or gender identity. However, only 1% of providers mentioned any training for staff that specifically covered issues of sexual orientation. The good practice examples on pages 28 and 15 show how training on sexual orientation can be introduced in a large social care organisation and a smaller service.

Ensuring that staff develop positive attitudes around equality and diversity is an ongoing process which cannot be addressed by training alone. Management action to promote equality in the overall ethos of the service is essential. Equality issues should be regularly discussed in staff supervision.

One particularly difficult area is where individual staff have objections to addressing issues of equality for lesbian, gay and bisexual people because of religious reasons. Four of the people

responding to the survey had received negative comments about their sexual orientation from staff who cited religious reasons.

*“We have had the odd person, mainly agency, who has told me that I should pray to God to become straight.”*

**(A gay man living in residential care)**

Of course, the majority of people working in social care who hold religious views would not impose negative views on LGB people using the service and it should not be assumed that they would do so.

The new legislation deals with religious exemptions from equality on the grounds of sexual orientation at the level of a service, rather than at the level of the individual worker. Religious organisations cannot be exempt from treating lesbian, gay or bisexual people equally if:

- their purpose is mainly commercial, or
- they are providing the service on behalf of and under contract to a public authority, or
- the restrictions are not necessary in order to comply with the doctrine of the organisation or to avoid conflict with the strongly held religious convictions of a significant number of the religion’s followers.<sup>14</sup>

So a worker cannot use the exemption to justify discrimination, and indeed there will be very limited cases in which a service can do this.

Objections by an individual member of staff should be treated as an issue of professionalism. Staff need to be professional in all their interactions, without imposing their own religious

or moral values on people using the service. Staff should not therefore be able to ‘opt out’ of supporting people because they are lesbian, gay or bisexual. However, many people using services have stressed how important it is that the staff supporting them are positive about their sexual orientation. The principle that staff members should support people equally will need to be balanced with the views of any LGB people



14. The Equality Act (Sexual Orientation) Regulations 2007

using the service and the type of task that the member of staff will undertake.

*“Is a person who disapproves of homosexuality, but doesn’t say so, because they are being professional, the ideal person to help someone to keep in touch with their gay friends because they have dementia and can’t read their address book? Then they might not be the best person.”*

**(A staff member from a campaigning organisation on the needs of older LGBT people)**

Transgender people also need to be supported by staff who are positive about their gender identity. No providers in the sample mentioned staff training on gender identity. Good practice pointers regarding staffing and transgender people are covered in section 16.

### Staffing – good practice pointers

- An assessment of the attitudes of potential staff around equality issues, including equality for LGBT people, should be part of the recruitment and selection process.
- Training on equality and diversity issues should include training around sexual orientation.
- Managers need to give staff consistent messages about expectations on equality and enable staff to discuss these issues regularly, for example through staff supervision, appraisals and staff meetings.
- Equality and diversity policies that enable LGBT staff to feel confident that they will be treated equally will enable services to recruit and retain a more diverse workforce. This is likely to have a positive impact on equality and diversity in service provision.
- All staff should be expected to treat LGBT people using the service with equal regard to other people.
- There may be circumstances where ‘matching’ staff to particular types of assistance for LGBT service users would be beneficial to the person using the service. People using the service should be able to choose the member of staff supporting them if they have a specific reason for this.

## 7. Management and leadership

*“The most significant influence in any care home... is the leadership of the manager and the ethos that they promote.”<sup>15</sup>*

In many cases, issues for LGB people using services are first raised by LGB staff working within the service, whether they are managers or other staff. For organisations to effectively address equality and diversity issues, it is important that there is leadership on these matters from managers:

- some 60% of services said that they used policies on equality and diversity
- nearly 30% were taking management action on equality issues, such as discussions in team meetings or specific work on quality assurance around diversity.

Most services do therefore have the capacity to undertake work on equality for LGB people. Many of the action points do not require a large investment in resources, but people raising issues of sexual orientation may face prejudice from some staff or from some people using services. It is important that managers do not view sexual orientation as a taboo subject for discussion with staff or with people using the service. Talking about sexual orientation validates the identity of LGB people and is different from talking about sex. Change can be difficult when others have entrenched attitudes but this does not mean that the issue should be avoided.

Transgender people using services would also benefit from a well-informed and supportive management approach (see section 16).

### Management and leadership – good practice pointers

- Assess the attitudes of candidates around equality issues, including equality for LGB people when recruiting new managers.
- Assess the training and development needs of managers around sexual orientation and gender identity; these may be different from the needs of other staff.
- Consider the resources managers may need to take action on LGB and transgender equality, such as using the checklist in this bulletin and the resource list on page 39.
- Enable managers to assist each other to take the issue forward through peer support.
- Consider using a quality standard or charter mark that covers LGB equality (see page 22 for an example) to look at your services and agree action plans.
- Appoint a ‘champion’ for LGB issues. This person does not have to be LGB themselves; they just have to argue for and defend the issues from a senior level.
- Make links with local or national LGB organisations that may be able to provide advice.
- Consider buying in advice or training if your management needs support to work on the issues.

15. Knocker, S (2006) *The whole of me*. London: Age Concern England

### Good practice example – Windsor Road

Windsor Road is a Richmond Fellowship care home for people using mental health services. In 2001, the service applied for a 'Navajo' charter mark, which is available to private, public, voluntary and community sector organisations that take positive steps to welcome and encompass LGBT issues within their service. The staff at Windsor Road felt that this would provide a positive statement for both LGB people using the service and staff that the service was 'lesbian and gay friendly' and that this was reflected in policies and procedures.

Someone from the Navajo Project came to assess the service and this helped staff at Windsor Road to plan some actions. The service now has an identified member of staff to support LGB people and to help people access specific services.

*"The only issue I've come up against is one of confidentiality, as people do not want their sexual orientation to be known, even though there is a confidentiality and information sharing policy in place...so I have overcome this by placing LGB material around the unit for easy access."*

Staff at Windsor Road see the charter mark as demonstrating their commitment to equality with external agencies such as the primary care trust, which also holds the charter mark.

For more information about the Navajo charter mark (which is available to organisations in the North West and to national organisations), see [www.navajoonline.org.uk](http://www.navajoonline.org.uk)



## 8. Monitoring sexual orientation

Anonymous monitoring to measure take-up or satisfaction with services is a different process from raising issues of sexual orientation in assessment and care planning.

Research on other equality issues, such as race equality, shows that monitoring in service provision is an essential tool for improving services for people who have faced discrimination. Monitoring sexual orientation appears to be a controversial area in some social care services.

Monitoring sexual orientation should be carried out alongside anonymous monitoring of other equality issues such as gender, ethnicity and disability. It should not be a stand-alone exercise. If sexual orientation is not monitored but other equality issues are, this can send a negative message to LGB people and reinforce views that sexual orientation is taboo or unimportant.

The good practice example on page 33 shows how a service provider has used monitoring of sexual orientation in quality assurance.

CSCI is committed to monitoring the quality of social care services for LGB people in line with good practice. LGB people using services have consistently told CSCI that they want more monitoring in services. We monitor sexual orientation in our service user surveys. We also encourage service providers to develop their monitoring systems, by asking them to report on a range of monitoring information including sexual orientation, if they already collect it, in

Annual Quality Assurance Assessment (AQAA) forms.

How this information is collected is very important. The points in the box below provide guidance.

### Monitoring sexual orientation – good practice pointers

- Monitoring sexual orientation should be introduced alongside other actions on LGB equality. Consult with people using your services, particularly LGB people, on introducing the monitoring of sexual orientation.
- Monitoring is only useful if the results are used to improve services. The purpose of monitoring should be made clear to people completing the form.
- Confidentiality needs to be made clear to people completing the form. Who will see the forms? Who will see the overall results?
- People should be given a choice whether they wish to answer each monitoring question.
- Where people may need assistance with completing a monitoring form, offer independent advocacy to maintain confidentiality.
- If staff are going to ask monitoring questions verbally, provide guidance to staff on how to do this. Consider which staff would be best to ask the monitoring questions and whether it would be better to use an independent person for this task.

- Ensure that individuals cannot be identified from the findings. Consider who is best to collect and analyse the monitoring forms. For example, to maintain confidentiality in a smaller service, the data could be collected and analysed at a higher organisational level, away from the service itself.
- It may take time for LGB people to be confident about disclosing their sexual orientation on forms, so monitoring should be repeated, for example, annually. When analysing results bear in mind that under-reporting of LGB sexual orientations is likely to persist for some time.
- ‘Transgender’ is not a sexual orientation. If monitoring the number of transgender people, this should be a separate question relating to gender identity. Monitoring transgender people is more complex due to the generally small number involved; seek advice before embarking on this. Press for Change has useful online resources about monitoring gender identity – see [www.pfc.org.uk](http://www.pfc.org.uk)



## 9. Tackling prejudice and discrimination

Of the LGB people responding to our survey, 45% said they had faced prejudice from service providers on the grounds of their sexual orientation. This ranged from direct homophobic comments from care staff, to assumptions of heterosexuality, to management decisions that prevented people from being themselves.

*“I didn’t feel confident enough to come out with my previous care agency as I had heard the manager and some staff use homophobic language.”*

*“At one point, I was told that I was not allowed to let other service users know that I am a gay/bi person, based on an assumption of their ability or otherwise to cope with the knowledge.”*

Sometimes, this can lead to LGB people withdrawing from using services.

*“Social Services were inflexible and refused to take into account my lifestyle. As a result, I declined to take up Direct Payments. This has had an adverse effect on my personal life and at times has left me powerless and not in control over the things that matter to me, and a lot of the time very isolated.”*

Some LGB people may be particularly prone to prejudice or discrimination. As already discussed, in our survey, people from Black and minority backgrounds reported higher levels of

prejudice from service providers on the grounds of sexual orientation than those from white UK backgrounds.

Fewer people had faced prejudice from other service users, with only 25% reporting this. This lower figure may be partly due to the services that people used, as many were using home care or Direct Payments. Of the seven people using residential care who answered this question, four said that they had faced prejudice and a further two were unsure.

People may also need help to challenge discrimination from others. In recent research with LGB people with learning difficulties, nearly every one had been bullied or harassed because of their sexual orientation, often by family members, and half the interviewees had been physically or verbally abused on the street because of their sexual orientation.<sup>16</sup>

There may be an under-reporting of discrimination to service providers. Only 31% of survey respondents were confident that the services that they used would deal well with a complaint of discrimination on the grounds of sexual orientation.

The high percentage of LGB people in our survey experiencing discrimination indicates a need for decisive action from service providers. Some organisations have taken a ‘zero-tolerance’ approach to homophobia, alongside other forms of discrimination. Guidance to councils on engaging with LGBT communities suggests that, in fostering services, councils should “E

16. Abbott, D and Howarth J (2005) *Secret loves, hidden lives?* London: Policy Press

take prompt action to address homophobia. Be prepared to discipline staff or de-register carers”.<sup>17</sup>

Providers need to ensure their approach is in line with the General Social Care Council Code of Practice for employers:

*“As a social care employer, you must put into place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice. This includes:*

*Making it clear to social care workers that bullying, harassment or any form of unjustifiable discrimination is not acceptable and taking action to deal with such behaviour...”<sup>18</sup>*

Tackling prejudice against transgender people is discussed in section 16.

### Tackling discrimination – good practice pointers

- Policies on complaints, harassment or discrimination should explicitly mention discrimination against LGB people to encourage reporting.
- Complaints policies should promote confidentiality and non-victimisation of anyone making a complaint.
- Service user guides should make clear the organisation’s expectations around all equality and diversity issues, from both staff and people using the service.
- There should be a focus on prevention of discrimination through changing the organisational culture and work on staff attitudes (see sections 6 and 7).
- Services should consider a programme of work with people using the service to look at prejudice and discrimination, including homophobia and heterosexism.
- When individuals do make complaints of discrimination because of their sexual orientation, they should be offered appropriate advocacy and, wherever possible, should remain informed and involved in the way the complaint is handled.

17. Improvement and Development Agency (2007) *Sexuality – the new agenda*. London: Improvement and Development Agency

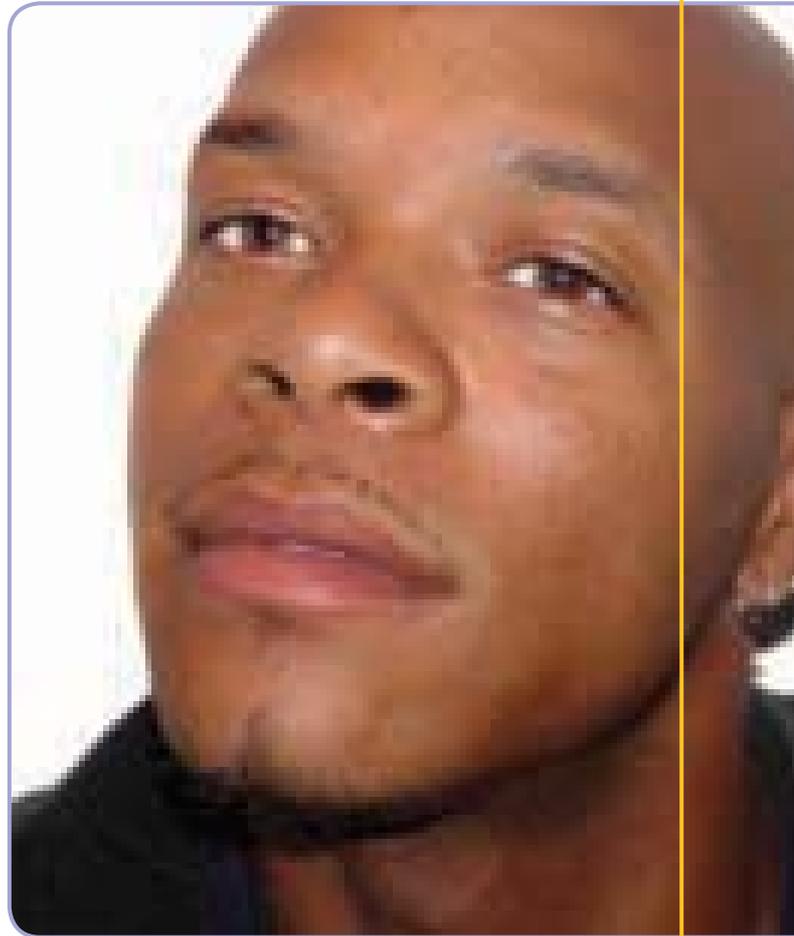
18. General Social Care Council (2002) *Code of practice for social care workers and Code of practice for employers of social care workers*. London: General Social Care Council [www.gsc.org.uk]

## 10. Involving lesbian, gay and bisexual people who use services

Lesbian, gay, and bisexual people using your services are the best people to tell you how services are working for them.

### Involving LGB people – good practice pointers

- Individual involvement, such as surveys for people using services, should encourage LGB people to raise issues about the services.
- Sometimes it can be difficult for LGB people to raise issues around sexual orientation in general meetings for people using services so a few services have developed LGB involvement meetings.
- Where people have come out as LGB and are prepared to talk to you about their experiences of using services, consider alternatives to meetings, such as one-to-one interviews, to gather their views.
- If none of the people using your service have come out, consider consultation with local LGB groups as people who could potentially use your service.



# Specific issues for lesbian, gay and bisexual people using services

## 11. Are we welcome?

Knowing that the service welcomes LGB people is very important to enable LGB people to be themselves and to choose whether to come out as LGB or not.

Only two of the 400 service providers in the sample told us of specific steps they had taken to make LGB people welcome; two more were planning to take steps. Only 33% people answering the survey felt welcomed by the services that they used, with the same number 'neutral' on this question.

Steps to make LGB people welcome can be simple and should go alongside other work, especially about staff attitudes, as positive responses from individual staff members are vital to reinforce welcome messages.

### Making LGB people feel welcome – good practice pointers

- Make sure that the statement of purpose and service user's guide say that LGB people will be treated equally.
- If you use images of people in publicity or in reception areas, make sure that these include LGB people.
- Use symbols such as the six-colour rainbow flag, which represents a welcome to LGB people.
- If you display publicity from local organisations on notice boards, include relevant local LGB groups.
- Review the language used in publicity, policy and procedures. As well as including LGB people, use neutral language, for example 'partner' rather than 'husband or wife'.
- Remember that visitors, carers or staff may also be LGB people.

### Good practice example – Adult and Community Services, North Yorkshire County Council

North Yorkshire County Council looked at issues of sexual orientation and gender identity as a result of an equality impact assessment of the admissions procedures to their directly provided care homes for older people. This assessment flagged up the need to monitor sexual orientation on the admission form.

*"Before we took this step, we wanted to explore the implications and best way forward, through consultation with LGBT people. We thought that there might be staff sensitivity/training needs, and we also wanted to know what LGBT people thought the best approach might be. We weren't sure how older people might respond to a blunt 'what's your sexual orientation' question and we were pretty sure that staff would need some support as sexual orientation tends to be viewed as 'private' and 'not relevant to the way we support people'."*

A programme of work to address these issues included:

- Using the Age Concern resource pack<sup>19</sup> *The whole of me: meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing as guidance.*
- Raising the topic at a registered managers' forum and introducing rainbow stickers as a simple visual sign to show that individual care homes are welcoming for LGBT people, supported by staff development in each service before these were used.
- Introducing LGBT equality issues into the in-house basic equalities e-learning course, ensuring these issues are covered in the Skills for Care induction course and briefing NVQ assessors on the guidance.
- Distributing a new equality and diversity in social care guide for staff, which has a section on sexual orientation.
- Consulting with the local LGBT forum on introducing monitoring.

19. Knocker, S. (2006) *The whole of me*. London: Age Concern England

## 12. 'Coming out'

'Coming out' is a process of telling people that you are lesbian, gay or bisexual. LGB people face this on a regular basis, making decisions whether to come out or not with every new person that they meet. Only one-third of respondents to our survey were 'out' to all the people providing their care. The commonest reasons why people decided to come out to staff were if they felt safe to do so and if it was necessary for the assistance that they needed.

Many people do not feel comfortable unless they are 'out' to people that they see on a regular basis. Coming out is essential for these people to 'be themselves'.

*"I had already been out for 10 years so would never have wanted to 'go back in', so to speak."*

A minority of people positively chose not to come out because they did not feel it was relevant to their care.

If an LGB person using domiciliary care is not comfortable with being 'out' or feels that staff are prejudiced, they can find themselves in the situation of hiding in their own home – that is, removing any evidence of their sexual orientation, such as pictures or books.

If there is poor staff continuity or high staff turnover, the LGB person will be unable to get to know workers and build up trust with them, in order to come out.

Of our survey respondents, 44% felt that their right to privacy was respected by services.

Several people expressed concerns about confidentiality and this stopped some people from being as open as they wanted to.

*"I have seen and heard domiciliary care workers gossip negatively about services users, and assume they do the same about me."*

### Coming out – good practice pointers

- Staff should not make assumptions about whether people are LGB or not.
- If staff portray positive attitudes around LGB issues, LGB people are going to feel safe to come out. This can allow LGB people to express who they are more freely.
- Once someone has come out the service should check about confidentiality of this information. Many people would prefer to choose which staff to come out to, others would prefer that all staff know, so they do not have to come out repeatedly.
- If there are occasions when policy allows someone's sexual orientation to be recorded without their knowledge (for example during a safeguarding investigation), this should be carried out on an equal basis for LGB people and for heterosexual people.

### 13. Who supports us?

Two-thirds of people responding to the survey did not necessarily want staff or personal assistants to be LGB themselves, as long as individual staff had positive attitudes.

*“I have no opinion on this. It might make me feel a bit more comfortable to work with an LGB person, but I am completely happy with straight care staff who are respectful and supportive of my LGB relationship.”*

One-third of respondents said that they would prefer to be supported by LGB staff/personal assistants. Some people had opted for Direct Payments in order to fulfil this.

*“On the whole, I would prefer personal assistants who are also lesbian. There is a whole lot of stuff that you just do not have to explain. Therefore I would not be on tenterhooks. I would be more relaxed. After all, I have to take personal assistants into account when they are working for me; this is easier when the person is a lesbian too.”*

Others wanted the option to have LGB staff for some circumstances, for example in social situations.

*“I do find I have developed very good working relationships and in some cases friendships with my lesbian personal assistants. However, this has also happened with my hetero personal assistants. I like the variety of people’s experiences, but usually try*

*and make sure I have one lesbian PA out of the three I employ – especially useful for attending lesbian events!”*

Some people had faced confusion from service providers around whether it is lawful to specifically request support from LGB staff. There is a ‘genuine occupational requirement’ clause in employment regulations, which may allow this; for example, if an LGB person felt it was essential that they received support from an LGB worker in a specifically LGB social environment. In order to fulfil this requirement, the employer would have to show that:

- being of a particular sexual orientation is a genuine and determining occupational requirement
- it is proportionate to apply that requirement in the particular case.<sup>20</sup>

This legislation is relatively new and as yet, there is little case law. It is definitely lawful to request that staff are positive about LGB lifestyles.

*“My wishes as an LGB person were ignored when I wished to advertise for an LGB-friendly [note the word friendly, not that they ‘had’ to be LGB] personal assistant. I was told by the Direct Payments agency that I wasn’t allowed to but I could advertise for a male or a female worker if I needed to.”*

Older people and disabled people often ask LGB support organisations for names of home care agencies or care homes where there are LGB

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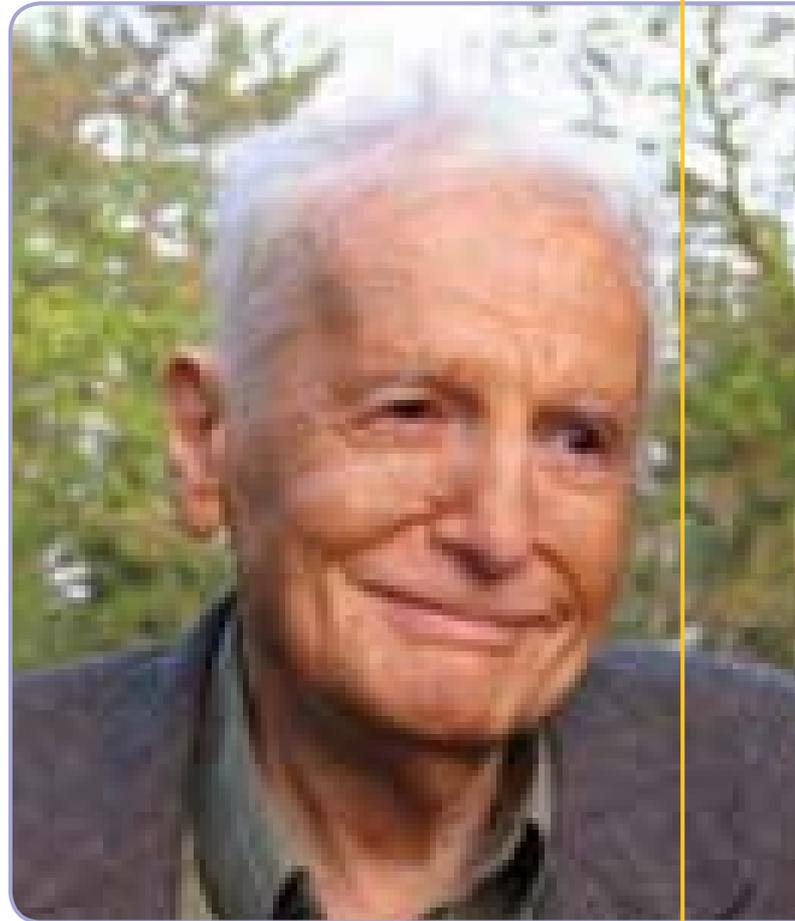
20. The Employment Equality (Sexual Orientation) Regulations 2003, paragraph (7)

staff, or ‘LGB-friendly’ staff. Organisations rarely have any information that they can use to answer this question.

Individual choice regarding gender can be important too. Many LGB people prefer to be supported by staff of the same sex. However, some gay men prefer to receive personal care from female staff.

### Providing specific staff for LGB people who request this – good practice pointers

- Be aware of the ‘genuine occupational requirement’ regulations and seek advice on these, if necessary.
- Matching LGB staff to LGB people using the service for particular tasks (rather than recruiting specifically LGB staff) should not breach employment regulations.
- Enable people to choose the gender of staff supporting them, wherever possible.
- Consider asking all staff, regardless of whether they are LGB or heterosexual, if they would have their name on a list of ‘LGB-friendly’ staff and offer training and peer support to staff who volunteer to go on the list.
- Then publicise the existence of this list through local LGB organisations and older people’s or disabled people’s organisations, as well as to people using your service. People who are self-funding will want this information also.
- Make sure that your employment practices encourage the employment and retention of LGB staff.



## 14. Connections

Some people completing the survey identified strongly with aspects of LGB culture, others less so. Being involved with other LGB people can be important for people's identity and self-esteem. LGB groups or organisations can be invaluable in providing particular support to people.

There are many differences in 'LGB culture'. For example, the commercial 'gay scene' tends to cater mainly for men and for younger people. Some lesbians prefer women-only social environments or identify with different friendship networks and have a different history and culture to gay men. Older LGB people have lived through a time when discrimination was greater, which gives them particular perspectives and shared histories that younger LGB people do not have.

The key to providing a service which meets an LGB person's needs for connection with others is to use person-centred approaches to meet individual requirements rather than making assumptions about 'LGB culture'.

Of the respondents to the survey, 24% felt that services had helped them take part in the LGB community. Some people did not feel that this was the role of services. For others it was particularly important, for example if people need personal assistance in social situations or in reading or finding information, as these two survey respondents illustrate.

*"It's hard to take non-LGB staff into gay venues - it makes them uncomfortable."*

**(A disabled lesbian using home care and Direct Payments)**

*"Staff gave me information on Gay Pride."*

**(A gay man with learning difficulties)**

LGB community venues and events can present access difficulties for some people and attitudes towards older or disabled people can also exclude people. Services can assist in removing these barriers.

*"As a Direct Payments user with a good care package, I can choose what events to go to, so I can spend all day at Pride with my personal assistant (PA) or meet lesbian friends. However, this does not deal with the discrimination and exclusion I face as a disabled person in the LGBT community... having a good PA is essential when going to not-very-accessible events."*

People with low levels of support from the council or funding their own care may face particular problems in maintaining contact with other LGB people. Some voluntary organisations are developing services to address this; for example, Age Concern has 10 local initiatives to support older LGB people. Where councils are commissioning preventative services, they need to consider how these services meet the needs of LGB people.

Friendships play a particularly important role for some LGB people, especially if they have faced homophobia from their family. In the survey, 29% of people felt that services had helped them maintain and develop friendships. Some people using residential care services faced particular problems developing friendships, as these two gay men explain.

*“All friendships I have developed have been despite the service, not because of it.”*

*“Internet access restricted, I am unable to visit gay websites. I am not able to meet men outside in the general population.”*

Care homes should also consider whether the environment recognises LGB cultures, for example, by providing magazines and newsletters that are for LGB communities. This can also assist in making the environment more comfortable for LGB people who have not come out.

Transgender people may also have a need for contact with other transgender people or wider LGBT communities (see section 16).

### Good practice example – Community Links

Community Links is a provider of mental health services, including a registered care home. The organisation’s mission statement includes ‘valuing diversity’ and this has been put into practice for LGB people in a number of ways, including:

- staff training on LGB issues
- accompanying people using the service to LGB venues and events, where this is identified as need
- monitoring sexual orientation at an organisational level, rather than a service level, to retain anonymity; including asking people in the annual satisfaction questionnaire if they feel their sexual orientation is respected and monitoring complaints by sexual orientation
- involvement in a Leeds-wide LGBT mental health partnership to share good practice with other providers and people using services.

### Connections – good practice points

- Understand the needs of individual LGB people who want to maintain or develop contacts with the LGB community, such as LGB groups or social activities.
- Ensure that you know where to find information on local LGB groups and activities – the local lesbian and gay switchboard is often a good starting point or try internet directories, such as [www.queery.org.uk](http://www.queery.org.uk), as well as initiatives such as Age Concern Opening Doors programme.
- Ensure that services encourage people to maintain and develop friendships in the wider community.
- Ensure that people in care homes have privacy when friends come to visit.
- Support people in challenging access or attitudinal barriers that they may face as older people or disabled people in the LGB community.
- Consider whether any leisure activities provided by your service could be more inclusive of LGB people, including magazines, books, etc.

## 15. Significant others

Being lesbian, gay or bisexual is about identity and community, but it is also about having sexual relationships with people of the same sex. Some LGB people using services face particular discrimination in this area. For example, they find that safeguarding procedures are applied inappropriately when they have relationships, or face disapproval when they want a same-sex partner to stay, when the same would not apply to heterosexual people.

The most common action that care homes told us they were taking around LGB equality was in the area of relationships. This included developing policies on sexuality or relationships. However, few providers said whether these policies are designed so that LGB people and heterosexual people are treated equally, or whether they are focused solely on issues such as safeguarding.

In our survey, 51% of respondents felt that services had helped them to maintain relationships that are important to them, which is significantly higher than those reporting that services helped to maintain friendships.

Everyone may need support with relationships; however, LGB people may need particular help if they have internalised negative views around being lesbian, gay or bisexual. People using mental health services and people with learning difficulties particularly commented on the value of services in supporting people around relationships.

*“The services have helped me achieve wellness so have contributed to maintaining*

*relationships.” (An older lesbian using mental health services and home care)*

*“I feel isolated when I have sexuality problems as I have no one to talk to.” (A bisexual man with learning difficulties)*

LGB people also have more variation than heterosexual people in who they view as ‘next of kin’, including friends, as well as partners or family, particularly when their family disapproves of their sexual orientation. This is similar to some disabled people, and in contrast to many people from Black and minority ethnic groups.

*“As minorities, [LGB people] are also somewhat unique in that they represent a marginalised segment of our society whose parents do not share their minority status. Consequently, they are confronted with the additional challenge of not only being stigmatised by society at large but also the prospect of being an outcast in their own homes...”<sup>21</sup>*

This can cause particular problems when someone lacks capacity and a dispute arises over who should be involved in making decisions, or providing care, as this friend of an older gay man with dementia describes.

*“I was the close friend, ‘significant other’, referred to as the patient’s ‘carer’ and*

21. Carr S (2005) ‘The sickness label infected everything we said: lesbian and gay perspectives on mental distress’. In Tew, J (ed) *Social perspectives in mental health*. London: Jessica Kingsley

*‘advocate’ by social services. The family, having had little contact with social services throughout the previous eight years he was in care, suddenly objected to my being in any way involved, receiving information or representing him as had happened over the previous nine years.”*

In this case, the social services department agreed with the family and the friend was prevented from continued involvement. The man in care died before this was resolved. The friend took his case to the Local Government Ombudsman, who criticised the council’s handling of this situation.

The Mental Capacity Act 2005 does now enable an independent mental capacity advocate (IMCA) to be appointed if a person is facing a decision about a long-term move or serious medical treatment and there is disagreement about who is representing the person or being consulted about their best interests. Councils or NHS bodies must consider whether an IMCA is to be appointed if someone lacks capacity, so service providers should report any such situations to the council.

### Relationships – good practice pointers

- Ensure that any policies or working practices about relationships are applied equally to same sex relationships and relationships between people of the opposite sex
- Recognise LGB partners in the same way that heterosexual partners are recognised, for example around visiting or the need for privacy
- If people using your service may need support around relationships, ensure that staff have opportunities for training and development in this area and that the impact of homophobia is included in any learning.
- Ensure that people are given an opportunity to nominate their “next of kin” and that this can include friends as well as partners or family members.
- If someone lacks capacity and there is uncertainty or disagreement about who should be involved in decisions about their care, involve an independent advocate.



## Transgender people

### 16. Good practice in supporting transgender people

*“Trans people are only about a thousandth the size of the lesbian, gay and bisexual community, but some of the issues are very often felt most acutely.”<sup>22</sup>*

Services should adopt similar good practice and person-centred care for transgender people. This includes making transgender people feel welcome, and enabling them to obtain support from other transgender people, in order to promote positive self-esteem and reduce isolation.

Six of the 400 services in the sample had carried out some work on gender identity, in every case in response to having a transgender person using the service.

There are specific good practice points that relate to transgender people; most importantly, that gender is about how you wish to be regarded as a person, not your physical body. The issues are therefore about how other people respond to the transgender person, not about the person being transgender.

Trans people may experience homophobia as well, usually relating to same-gender relationships. The similarities of discrimination experienced by trans people, especially when they are in same-gender relationships, explains why the LGB and transgender communities may come together in sharing areas of joint concern, resulting in joint

LGBT approaches. Not all trans people, however, are comfortable with being aligned with LGB communities.

Transgender people may face prejudice from staff, other people using the service or even members of their own family.

*“We’ve all grown up with the knowledge that some of the people we knew, for instance, having spent a life expressing what gender they were, were actually buried by their relations in the opposite gender. A complete eradication of everything that their life stood for.”<sup>23</sup>*

The equality legislation is different for transgender people. Whilst LGB people have some protection from discrimination in services through the Equality Act (Sexual Orientation) Regulations 2007, equivalent legislation against discrimination on the grounds of gender identity is planned but not yet law.

Good practice extends beyond legal duties. Services can play an important role in counteracting prejudice though explicitly including equality for transgender people in policies and procedures and ensuring that these are upheld by staff.

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22. Burns, C (Press for Change) ‘A world that includes trans people’, speech to CSCI conference 2007

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23. Burns, C (Press for Change) ‘A world that includes trans people’, speech to CSCI conference 2007

### Transgender people using services – good practice pointers

- Ensure that policies, procedures and publicity include transgender people when talking about equality issues, including addressing transphobia from staff or other people using services.
- Ensure that staff training on equality includes issues for transgender people.
- Ensure that staff and managers have access to resources on transgender issues. National organisations of transgender people are a useful starting point for information.
- Equality policies that enable transgender staff to feel confident that they will be treated equally are likely to have a positive impact on equality and diversity in service provision.
- If none of the people using your service have come out as transgender, consider consultation with local groups of transgender people or LGBT groups as people who could potentially use your service.
- Use the name and title (eg Mr, Ms, Mrs, Miss) that the person prefers.
- Allow transgender people access to appropriate single-sex facilities which are in line with their gender identity.
- Be aware that some transgender people may have specific personal care needs and handle these sensitively; for example, trans women who have transitioned later in life may still need to shave regularly. Trans people who need assistance going to the toilet or bathing require support from workers who understand that their body may not match their gender identity.

- Transgender people may need support if they face prejudice from other people using the service or their family.
- Confidentiality around someone's transgender status is very important. Whether someone wishes other people to know about their status may change over time, particularly if the person is in transition.
- Support transgender people who want to maintain contacts with other transgender people or the broader LGBT community as this is important for identity and self-esteem.

## 18. Checklist for action

This checklist gives a suggested order for putting the good practice points in this bulletin into action. Some of these points will benefit all people using services. Services may wish to vary the order, according to their own requirements.

		Yes/ No	Page ref.			Yes/ No	Page ref.
1	Develop an overall strategy for working on LGB and transgender equality issues which is adopted at a management level and enable managers to familiarise themselves with the issues		21, 37	8	Review assessment processes and ensure that they are appropriate for LGBT people		15
2	Decide how to involve LGB and transgender people using services and staff in all the developments		27, 37	9	Assess the environment and any leisure activities (if applicable) to check that they are inclusive and welcoming for LGBT people		28
3	Review key organisational documents, particularly equality policies, the statement of purpose and service user guide to ensure that they include LGB and transgender people		28, 37	10	Assess how well the service enables people to maintain links with their friends and communities		33, 37
4	Review key policies, procedures and forms to take account of issues for LGB and transgender people, particularly assessment/admission forms, complaints and harassment procedures, sexuality/relationship policies, confidentiality policy, next of kin, staff recruitment questions		15, 20, 26, 29, 35, 37	11	Obtain information on local LGB and transgender organisations for support, activities and advocacy		33, 37
5	Make sure that your employment practices, including staff terms and conditions, support and encourage the employment and retention of LGBT staff		20, 37	12	Consider ways in which the service could be more flexible to allow people more choice over staff, times of service and tasks undertaken		17, 31
6	Review staff training on equality issues to ensure coverage of specific LGB and transgender issues		20, 35, 37	13	Introduce monitoring of sexual orientation in quality assurance processes and ensure that actions are taken as a result		23, 24
7	Communicate changes to staff and people using the service on a regular basis		20, 21, 27	14	Consider ways of involving a diverse range of people using services in staff recruitment		17
				15	Consider whether to develop a specific list of 'LGBT-friendly' staff and to advertise this		31
				16	Review progress regularly through quality assurance and feedback from LGB and transgender people		23, 27

## 19. Useful resources

### Publications

*Reducing health inequalities for lesbian, gay, bisexual and trans people: briefings for health and social care staff.* Department of Health, 2007. Available from [www.dh.gov.uk](http://www.dh.gov.uk)

*The whole of me: meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing.* Age Concern, 2006. Available from [www.ageconcern.org.uk](http://www.ageconcern.org.uk), as are a number of other publications

*The Rainbow Ripples Report: lesbian, gay and bisexual disabled people's experience of service provision in Leeds.* Rainbow Ripples, 2006. Available from [www.rainbowripples.org.uk](http://www.rainbowripples.org.uk) in a number of formats

*Secret loves, hidden lives? Exploring issues for people with learning difficulties who are gay, lesbian or bisexual.* David Abbott and Joyce Howarth, Policy Press, 2005. A summary and a booklet to help services challenge homophobia with staff and people using services is available from the Norah Fry Research Centre – [www.bristol.ac.uk/norahfry/online.html](http://www.bristol.ac.uk/norahfry/online.html)

### National Organisations

**Equality and Human Rights Commission:** [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

**Department of Health Sexual Orientation and Gender Identity Advisory**

**Group group:** [www.dh.gov.uk/en/Policyandguidance/Equalityandhumanrights/Sexualorientationandgenderidentity/DH\\_4136008](http://www.dh.gov.uk/en/Policyandguidance/Equalityandhumanrights/Sexualorientationandgenderidentity/DH_4136008)

**Polari** – works for better services for older LGBT and transgender people: [www.polari.org](http://www.polari.org)

**Age Concern Opening Doors programme:**

[www.ageconcern.org.uk/AgeConcern/openingdoors\\_about.asp](http://www.ageconcern.org.uk/AgeConcern/openingdoors_about.asp)

**Regard** – national organisation of disabled LGB people: BM Regard, London, WC1N 3XX

**Stonewall** – national organisation working to achieve justice for LGB people. Has useful resources for employers including a diversity champions programme: [www.stonewall.org.uk](http://www.stonewall.org.uk)

**Press for Change** – a lobbying and educational organisation on issues for trans people: [www.pfc.org.uk](http://www.pfc.org.uk)

**The Gender Trust** – supports anyone affected by gender identity issues: [www.gendertrust.org.uk](http://www.gendertrust.org.uk)

**Queery** – the community-driven LGBT resource directory: [www.queery.org.uk](http://www.queery.org.uk)

**PACE** – London based organisation, with a national training programme, promoting the mental health and well-being of LGBT people: [www.pacehealth.org.uk](http://www.pacehealth.org.uk)

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- CSCI Lesbian, Gay, Bisexual and Transgender Workers' Group
- Polari
- Rainbow Ripples
- Social Care Institute for Excellence

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