

Delivering Equality

Executive Summary

Somerset Lesbian, Gay, Bisexual & Trans
Health and Social Care Report

EXECUTIVE SUMMARY

The Executive Summary of 'Somerset Lesbian, Gay, Bisexual & ¹Trans Health and Social Care Report', published November 2012.

Section headings of the full report are:

- Executive Summary
- Demographic Data
- Health Report
- Social Care Report
- Missing Health and Social Care Services
- Education
- Additional comments on the research from participants
- Bibliography and Appendices

INTRODUCTION

In April 2012, NHS Somerset and the Somerset Local Involvement Network (LINK) jointly commissioned the Diversity Trust to find out about the experiences and views of LGB&T people of health and social care in Somerset. In particular, they wanted to hear about the stories, both positive and negative LGB&T people in Somerset had to tell about accessing and receiving health and social care. The research was carried out throughout the county between April and October 2012. The Executive Summary report includes the aims, sample size, outputs, headlines, conclusion and recommendations.

Copies of the report and sections and a related training module are available from the Diversity Trust website www.diversitytrust.org.uk

AIMS

The research had six main aims:

- Facilitate a series of focus groups with a wide population of LGB&T people in Somerset
- Interview LGB&T community leaders and individuals within Somerset
- Survey a sample of Somerset resident LGB&T people
- Promote the research through a range of media, including social networks and social media
- Produce a set of reports with recommendations
- Develop a local LGB&T training model for use with health and social care service providers throughout Somerset

¹ 'Trans' is the term preferred by the Trans community

SAMPLE SIZE

A total of 246 people took part in the research, including; 44 participants in focus groups, 12 face-to-face interviewees and 190 respondents to an online survey.

The focus group and interview participants were drawn from the Somerset LGB&T population. The online survey respondents were drawn from people who “lived, worked or socialised” in Somerset, and therefore do not only reflect the Somerset LGB&T population, but are a sample of both the Somerset LGB&T population and other LGB&T people with an attachment to Somerset.

Over 55% of the sample identified as female and over 35% were young people, under age 25, and a further 20% over age 55. Where social and support groups and spaces have been set up by the local LGB&T community, for example support groups for Lesbians (Somerset Lesbian Network) and for young LGB people (2BU), this has been reflected in the sample demographic of the survey.

Social isolation has been decreased for these populations through community development, which has often received no or very little formal financial investment or support from statutory authorities.

It is possible to conclude that the lower numbers of Gay and Bisexual men in the sample stems from:

- Survey fatigue: Gay and Bisexual men have been heavily surveyed over recent decades on their experiences of HIV and sexual health
- A lack of community development and engagement, apart from HIV and sexual health for Gay and Bisexual men, has resulted in a lack of formal spaces for Gay and Bisexual men to meet and gain support

Additional work was carried out to include the voices of Trans people throughout the survey including one-to-one interviews, focus groups and distribution of the programme through Trans groups and networks. This was reflected in over 10% of the sample identifying as Trans.

OUTPUTS

Six focus groups, with 44 participants (range in group 2 to 18), took place between April and October 2012. The focus groups were recruited from existing groups and networks and focussed on the experiences of Lesbian and Bisexual women, Gay and Bisexual men, young LGB people, mixed LGB&T groups and a Trans focus group. The focus groups took place in or near Taunton and Yeovil in Somerset.

Interviews with 12 community leaders and individuals took place between April and October. The interviews were carried out around the county in Glastonbury, Martock, Street, Taunton, Wellington, and Yeovil. Interviews were with individuals and representatives from LGB&T community groups and other organisations, including:

- 2BU
- NHS Somerset
- Somerset College
- Somerset County Council
- South West Regional LGB Equality Network
- South West Regional Trans Equality Network
- QWesT FtM UK
- Terrence Higgins Trust

Additional interviews were carried out with individuals within Somerset LGB&T communities not attached to community groups or organisations. These interviewees were recruited from contacts suggested as potential contributors by the initial round of interviewees. All quotes in this report are anonymised.

The LGB&T Somerset Health and Social Care Survey was online between July and October 2012. A total of 190 people completed the survey.

The programme was promoted via social networks and social media including Facebook, LinkedIn and Twitter, as well as LGB specific social media including community profiles on Gaydar and OutEverywhere. Online databases were used to increase the reach of the programme through organisations which included 2BU, Equality South West, the Intercom Trust, the LGBT Consortium, Somerset Lesbian Network and the South West LGB and Trans Regional Equality Networks.

Contact was made with a Trans group based in Taunton, 'Somerset TG' and a group for disabled Gay and Bisexual men in Bristol, 'So Out in the South West', with links in Somerset. Contact was also made with Age UK and Somerset Racial Equality Council (SREC) to increase the number of older LGB&T and Black Minority Ethnic (BME) LGB&T participants. The survey was distributed through a range of community groups and networks to achieve a broad range of LGB&T individuals taking part.

The programme featured on Shout Out Radio, a Bristol based LGB&T radio programme on BCFM.

HEADLINES

Assumptions

The main headline from the research is the assumptions often made by health and social care professionals about people's gender identity and/or sexual orientation.

“The assumption is everyone is heterosexual and married. I am regularly asked “what about your husband”, when the word 'partner' could easily have been used instead.”

(Lesbian, age 50)

Making assumptions can be addressed through staff training. Training will significantly improve both the accessibility and experiences of health and social care services for LGB&T people.

Confidentiality

Another headline is about people feeling safe to 'come out', to discuss their gender identity or sexual orientation, and feel their 'coming out' won't compromise their access to services or the responses they receive. LGB&T people have a much more positive experience of accessing and receiving health and social care when they feel safe to 'come out'.

“I am very pleased that there are confidential services (sexual health services) as I am in the closet, I am nervous about the lack of confidentiality. For instance, I haven't yet told my GP that I'm gay because I know a little bit about GP surgeries and the staff that staff them, not the doctors, I mean the rest of the staff and I'm afraid that I don't believe in confidentiality when it comes to anything remotely scandalous.”

(Gay man, age 56)

People sometimes choose to go out of county to access health and social care for fear of being 'outed' (having their gender identity or sexual orientation disclosed without consent), or having to disclose their gender identity or sexual orientation, when they may not feel safe to do so.

“It would be difficult for me to stay in the closet if I went there (to the local sexual health clinic), not in this case, because I'm worried about the confidentiality of the staff, but quite simply because I'm likely to be in the waiting room with somebody I know and I don't want to be in that situation. So I go outside the area, I go to Bristol for visits to the ²STI clinic and they're fantastic.”

(Gay man, age 56)

² Sexually transmitted infection

Mental Health

Just under half of survey respondents, 48.9%, had sought medical help for anxiety or depression. About 30%,³ one in four, of people in the UK population experiences a mental health problem in any given year (Mind, 2012).

“One GP told me that I was depressed because I am lesbian. I was depressed because of the stigma and homophobia I was experiencing. When the first "port of call" for help and support is as prejudiced as this, then it stands to reason that LGB&T individuals are hesitant to engage. Why should they when they are faced with yet more negative judgement?”

(Lesbian, age 41)

LGB&T specific services

There were many contributions throughout the research about the pro's and con's of LGB&T specific versus inclusive mainstream services. In conclusion both are required during the transition from an organisational culture which is exclusive of LGB&T to a culture which is inclusive of LGB&T. During this period of transition LGB&T specific services are required to ensure accessibility, a culture of safety and inclusion, is made available to all.

Many towns and cities around the UK have specialist dedicated LGB&T health and social care services, for example 'Inscape' in Portsmouth <http://www.inscapeLGBT.co.uk/>

NHS Somerset, and partners could develop a similar satellite service for LGB&T health and social care.

Sexual health

Over half the respondents, 57%, experienced no barriers to sexual health services. Many Lesbian and Bisexual women however felt there were barriers to sexual health services and that services were geared mainly towards Gay and Bisexual men, and/or towards Heterosexual and young people.

“I would not have found out about it (sexual health services) if it were not for word of mouth.”

(Lesbian, age 24)

An increase in visibility of sexual health services would reduce the inaccessibility of sexual health services for all, including LGB&T people.

³ Mind report 2012 'How common are mental health problems?'

“I think the people on the frontline, the people who staff the STI clinics for instance, are worth their weight in gold, I think they're doing a lot more than checking people for STIs. They're doing a social service and I think they should be given medals. I worry about resulting in them losing their jobs or that service being cut down and it would be absolute disaster if it happened.”

(Gay man, age 56)

Social Isolation

A large proportion of survey respondents, 41.1%, had over 25 Heterosexual friends, whilst 16.0% have over 25 LGB and/or T friends. 4.3% of respondents had no LGB and/or T friends and 1.6% had no Heterosexual friends. The data suggests it is more likely for LGB and/or T people living in rural communities to have more friendships with Heterosexual people than with other LGB and/or T people.

“Loneliness and the isolation of living in a rural area.”

(Gay man, age 66)

CONCLUSION

Whilst the majority of people who took part in the survey were in good health, with positive mental health and reported good experiences when accessing health and social care services, there are still barriers to health and social care for some individuals and groups of LGB&T people. These barriers are increased when other equalities issues are considered. For example the experiences of younger LGB&T and older LGB&T people, and when gender and gender identity is an additional consideration. Further research is needed into the specific health and social care experiences and needs of protected groups within LGB&T communities, in particular the needs of BME and disabled LGB&T people.

The barriers LGB&T people experience are not unique to Somerset and due attention should be paid across all sectors, and across all services where services are being provided to the public to ensure they are LGB&T inclusive.

This report is an important contribution to the on-going debate and development of LGB&T health and social care in Somerset. It shouldn't be seen as the end of the journey, but the beginning, as two interview respondents explained.

“This (research) is not to be something that papers over the cracks, this is not to be something that is ticking the boxes for diversity, ticking the boxes for LGB&T, which I would be confident that it's not. To hear the messages from all the interviews, all the questionnaires, because there's going to be such a wide-range of issues out there for everybody right from young people right the way through to older LGB&T people. Just to listen really.”

(Lesbian, age 42)

“I think that if they consulted more and said, this is a brilliant opportunity, actually what could we do?’ The fact we don't go in there and say 'Do you know what, you should do this for us', well some of us don't feel comfortable doing that. And therefore if they were to ask, 'is there something we could do to improve? How could we make the services feel personalised to you? We would tell them and I believe a lot of people would say 'this will make a real difference'.”

(Gay woman, age 39)

RECOMMENDATIONS

There are three very simple changes that any and all service providers can make to their practices which would alter the experiences LGB&T people have when accessing health and social care. Making positive changes which will impact do not have to involve a significant financial burden.

1. Use positive images: display posters, or other media, in public spaces, especially reception areas, which include positive images reflecting LGB&T lives.
2. Display a mission statement that includes the 'Protected Characteristics' in the Equality Act (2010): age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
3. Use inclusive language: by moving from using words such as “husband/wife” and “boyfriend/girlfriend”; by not making assumptions and using more inclusive language such as “partner”. Especially when the gender identity or sexual orientation of the person is unknown. This will significantly improve the experiences of LGB&T people when accessing and receiving health and social care.

LGB&T Friendly Logo

Creation of an LGB&T friendly logo for health and social care services, especially for GP and other frontline health and social care services. Have this displayed in public spaces, especially in reception areas.

LGB&T Champions

Organisations ensure leadership in LGB&T issues by having an LGB&T Champion at Board and senior management levels. LGB&T Champions across all levels of the organisations, including an LGB&T representative on the frontline would improve accessibility to LGB&T patients. LGB&T role models really help to ensure all LGB&T people feel safe, included and represented.

LGB&T Support Group for staff

Health and Social Care service providers to support the development of an LGB&T support group for LGB&T staff. This development could be adapted from the examples set by local authority staff support groups.

Monitoring

A number of people in the sample were in relationships, but they didn't co-habit or live together with their partner. Consideration should be given to including this option when monitoring 'relationship status' in the development of monitoring forms in the future.

Person Centred Approach

The understanding of equality and diversity has changed. Previous best practice was considered to be to 'treat everyone the same/to treat everyone equally'. This approach doesn't acknowledge or recognise the diversity of communities and a more individualistic, person centred approach is now considered better practice.

The report has shown there are pockets of excellent practice and in the main good and very good practice. There are however, still some examples of poor and very poor practice, including examples of direct and indirect discrimination.

Whilst individuals experiencing direct and indirect discrimination can be supported in making complaints, it is important for the culture to change across organisations. An inclusive culture is then created whereby no-one, including LGB&T people, feels discriminated against or excluded.

Lesbian Health Matters

Good work is being done to raise awareness within the Lesbian community on women's health issues especially on the importance of having smear tests. Additional training is needed to get the same messages across to healthcare professionals.

Community Development and Engagement

Comprehensive LGB&T community development and engagement is urgently required throughout Somerset to develop groups for marginalised LGB&T protected groups within Somerset. There are significant gaps, including but not limited to groups and resources for young Trans people, Trans women, Black and Minority Ethnic (BME), disabled and older LGB&T people, as well as (non HIV and sexual health) resources for Gay and Bisexual men.

“Having moved here five years ago I was shocked at how little services, support groups, and information there was, and still is, for LGB&T people living in Somerset. Being a founding member of Somerset Lesbian Network I am aware of the social isolation, loneliness, and poor mental health this brings to individuals. Local support groups need to be better funded and supported to develop across this very big county.”

(Lesbian, age 55)

Where groups exist, including models of excellent practice, such as 2BU for young LGB people and the Somerset Lesbian Network, these LGB&T communities are thriving. The groups often rely upon the good will of volunteers from the LGB&T community and are mostly self-funded. Formal financial and other support is required to ensure these groups and resources are sustainable, with community development and engagement work to support the development of the existing groups and the creation of new ones.

LGB&T Feasibility Study

It would be timely for a feasibility study to be carried out by statutory authorities into the development of resources for protected groups within the LGB&T communities. This work would be supported by an Equalities Impact Needs Assessment (EINA) within the Public Sector Equality Duty of the Equality Act (2010).

Further Research

Further research is required, particularly into the health and social care needs of protected groups within LGB&T communities. Assessing further the needs of older LGB&T, BME and disabled LGB&T and specific population studies on Trans health and social care.

Education

The focus of this study has been on health and social care. A number of participants, particularly young LGB&T people, identified the need to supplement this study with a similar one into the experiences of LGB&T people in education. They reported the health impact bullying at school and college has made upon them, particularly in relation to their mental health.

In the School Report (2012) from Stonewall, 96% of LGB pupils heard homophobic language and more than half, 55%, of LGB pupils experienced direct bullying whilst in school or college. Urgent work is required across the education sector to tackle this problem to ensure another generation of young LGB&T people has better mental health and educational attainment. Further local research is required in this area.

Information

It would be sensible and beneficial for LGB&T information, particularly around mental health and sexual health, to be made available in all schools and colleges.

Training

Make the LGB&T Health and Social Care module developed within this resource mandatory across all service providers.

Training Module

Please see the LGB&T Health & Social Care Training Module available at www.diversitytrust.org.uk (Available December 2012)

