

Progressive practice for sexual and gender diversity

While tackling and preventing discrimination remains important, what is needed is a radical rethinking of social care practices, which we term 'progressive practice for sexual and gender diversity'. Progressive practice is work that is always 'in progress'; a cumulative process of increasing understanding and awareness. It is not characterised by a checklist of activities or techniques but by the combination of key strands that develop over time through practice experience and critical thinking, supported by exposure to research evidence and a broader debate. The central aspects are:

- **Practitioners being reflexive** about their own role in the sexual cultures of social care. This means critically examining their own experiences, beliefs and practices about gender and sexuality, as well as the broader systems in which they work.
- **Seeing the bigger picture.** Sexuality and gender identity are crucially shaped by the biographical, historical, generational, social, and geographical settings in which people live. This means, among other things, that a holistic approach to service users' lives and identities is needed.
- **Integrating** sexuality and gender issues into mainstream care practices, not just thinking about them in relation to sexual health or when people identify as LGBT. This means, for example, incorporating sexuality into wider individual assessment, care and planning of services (Cambridge and Mellan, 2000) and not starting from the assumption that service users are heterosexual.
- **Recognising differences.** People use identity labels differently and changes of identity over the lifecourse are not uncommon. People using the same identity label or seeming to belong to the same group may have very little in common and may mean different things by the labels they choose. In addition, differences exist within the category 'LGBT' – bisexual and trans people are often forgotten (Jones and Ward, 2010). Multiple identities (such as being a gay Deaf person) can lead to multiple exclusion.
- **Working empoweringly.** Involving service users in the design, delivery and appraisal of services is, of course, vitally important. So too is recognising the strengths that being LGBT can bring to individuals and to organisations, rather than conceptualising LGBT status as a factor creating additional needs (Bayliss, 2000).

We discuss these issues in greater detail in what follows. It can be helpful to approach progressive practice for sexual and gender diversity at three different levels; at the level of working with service users, within the workforce and for practitioners, and at the level of organisations and policies.

Service users

The importance of self-definition. There is a huge amount of variation in how people define their sexual and gender identities, many people dislike or reject particular identity labels, and some people prefer not to use common labels at all. Jones (2010) notes that sexual identity, behaviour and feelings are not necessarily the same thing, so targeting materials at 'gay men' may not reach everyone to whom a service might be useful. Trans people often experience people using the wrong pronouns and other gender markers for them and this is profoundly alienating (Alleyn and Jones, 2010). Practitioners need to be alert to cues and signals from service users and offer open-ended opportunities for people to self-define (Langley, 2001).

The significance of biography. LGBT people may have had very negative experiences of care services in the past, due in part to the history of medicalised responses which pathologised homosexuality, bisexuality and transsexuality (Pugh, 2005). Conversely, LGBT people may have developed skills such as gender role flexibility which stand them in good stead when they become care users (Bayliss, 2000). Finding out more about a service user's life-history has been shown to be a particularly good way of better understanding their current use of services and what future support might be helpful to them. In so doing, it is crucial to be transparent about what is being recorded and who will have access to this information about a person's life (CQC, 2008).

Later life issues. Provision for LGBT people is mainly focused on younger generations, but later life is often a time when the need for support or care may increase, such as the need for palliative care or experiences of bereavement. Practitioners can help by being alert to the possibility that older people too may be LGBT and by ensuring, for

example, that they treat the loss of a same-sex partner equally as seriously as the loss of a wife or husband (Bevan and Thompson, 2003).

Understanding social and support networks. LGBT people may have less contact with birth families (e.g. approximately 45% of transgender respondents to one major study reported family breakdown due to their cross-gender identity (Whittle et al, 2007). This may mean that they are more in need of support from formal care services, but 'families of choice' (friends, partners, former partners etc.) may provide significant help and support. Practitioners need to ensure they do not assume that informal care can only be provided by family members, and to ask LGBT people who the significant people are in their lives. Facilitating social networks among LGBT service users can promote reciprocal and supportive relations (Cant, 2004).

Recognising multiple identities. LGBT people can, of course, also be members of other stigmatised groups. Practitioners need to recognise the differences that exist within the category 'LGBT', such as the fact that women generally live longer, on lower incomes and often make higher use of social care services (Creegan and Lee, 2007). They also need to inform themselves about particular issues for specific groups, such as LGBT people with learning disabilities (Abbott and Howarth, 2005).

The importance of advocacy. Fish (2009) recommends practitioners spending more time on support, advocacy and brokerage, rather than on assessment. Advocacy, including peer advocacy, can be especially enabling to individuals with high-level support needs such as people with dementia or learning disabilities (Concannon, 2009).

Workforce and practitioners

Thinking critically about sexuality and gender. Practitioners need to ask themselves what they personally understand by sexuality and gender and how sexual and gendered labels are applied to service users. Supervision can provide useful opportunities to discuss different approaches to, and understandings of, sexuality and gender (Cosis-Brown 1998) as can training. Jones (2010) and Manthorpe (2003) both recommend case studies as a particularly effective way of exploring LGBT issues in training. Action Learning Sets can also be used to target particular issues (e.g. in the development of BME LGBT advocacy).

'Out' LGBT practitioners. LGBT care workers are sometimes told that they should not be 'out' to clients on the grounds that their sexuality is private and irrelevant to service users (Abbott and Howarth, 2005). However, this fails to recognise the way that heterosexual people's sexuality is constantly made public (through, for example, everyday chat mentioning 'my husband' or family photos displayed on desks). 'Out' LGBT workers can be a valuable resource to social care organisations, especially when appropriately supported by management (for instance, they can function as role models for vulnerable service users in learning disabilities contexts, Cambridge and Mellan, 2000). However, it is important not to assume that LGBT-positive practice is automatically understood or observed by LGBT workers, and 'being the gay one' at work (Hunt et al, 2007) can lead to inappropriate questions or assumptions by colleagues and discrimination in the wider workplace. LGBT employee networks can be useful ways of supporting LGBT staff and raising awareness of LGBT issues within an organisation.

Appoint champions. Formally appointed champions of LGBT issues within an organisation can be an effective means to making changes at an organisational level (Commission for Social Care Inspection, 2008).

Organisational and policy level

Showing 'LGBT friendliness'. Through things such as the choice of pictures on walls, the terminology used in forms, having statements about sexual and gender diversity prominently displayed and so on greatly increases the likelihood that LGBT users will feel able to disclose and discuss their sexuality if they wish to (Lee, 2007).

Community mapping. It is vital that local authorities and service providers understand needs at a local level. It is important not to equate LGBT communities with the more visible commercial gay 'scene' (MacKian and Goldring, 2010) since many LGBT people do not use these spaces. Good practice examples of how best to identify LGBT populations include the Count Me in Too project.

Building partnerships: Working in partnership with other agencies, including

voluntary sector LGBT-led groups and organisations can enhance the quality of support offered to LGBT service users. Such partnerships can also help to build capacity in the voluntary sector, and support communication and knowledge-sharing, for example by offering mentorship or short-term placements within the public sector for third sector workers (Scottish Government, 2008).

Policies. Having specific policies about sexual orientation and transgender status is important, because it reminds practitioners and service users that LGBT people are welcome and included, as well as providing guidance on particular issues. Working with service users to introduce policies can be particularly helpful in balancing the need to protect vulnerable individuals with protection of other sexual rights, such as a right to information and education (e.g. in relation to learning disabilities, see Cambridge and McCarthy, 1997). It is also important to ensure general equalities statements include 'sexual orientation' alongside disability, ethnicity.

User involvement strategies. These have particular significance for LGBT groups and individuals because of histories of lack of trust, and the fundamental power imbalances that still characterise certain areas of provision such as mental health (Wintrip, 2009) and services to trans people (Alleyn and Jones, 2010). LGBT users therefore have a critical role to play in setting criteria and priorities for practice and in establishing user-defined outcomes that may be distinct from a broader population of users. Kitemarking by LGBT-led groups can be an effective way of improving services through user involvement (Concannon, 2009).

LGBT-led action research approaches. When LGBT communities take responsibility for defining the knowledge about them that is shared with service providers and practitioners, this has proved a means of capacity-building as well as of engaging with groups and individuals previously labelled 'hard to reach' (examples include Count Me in Too, The Gay and Grey (Dorset) project and Polari in Partnership (London) (see Ward et al, 2008).

What do we still need to find out?

There are some particular issues in social care where we clearly need more research:

- Direct Payments and Individualised Budgets look as if they might be very useful to LGBT service users (Commission for Social Care Inspection, 2008) but it is not yet clear how beneficial they are in practice, and in particular whether it is actually possible to recruit LGBT or LGBT-friendly personal assistants or carers if desired (Gulland, 2009).
- There is very little research on trans people's experiences of social care services. Research tends to focus on healthcare. There is very little research on bisexual people's experiences of social care.
- As the post-Stonewall generation of LGBT people ages, there may be more 'out' LGBT people using social care services, and they may interact very differently with services.
- The significance of geographical variations to LGBT communities has been noted to be under-researched (Mitchell et al, 2009)
- The intersections of multiple identities are still poorly understood, e.g. sexuality and disability (Mitchell et al, 2009).

Values into practice

Social care practice draws upon knowledge which is often context-specific, tacit and derived from experiential forms of learning that are informed by many different types of evidence. The five strands of progressive practice set out above reflect this approach to developing 'practice wisdom' when working with LGBT service users. Identity categories are never able to fully convey the lived experiences of the people they apply to. This means that empowering individual users and creating inclusive, equitable services means developing a process for working that is critical of the labels we use and is continuously revised and improved upon. This process is informed not only by research evidence but by each new practice experience concerning sexual and gender diversity. Crucially, it requires us to look beyond categories to see what sexuality and gender mean at an individual level for each and every one of us.

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Useful links

Stonewall

<http://www.stonewall.org.uk/>

Equalities and Human Rights Commission. <http://www.equalityhumanrights.com/>
Includes summaries of legislation and advice and guidance.

How To Be LGBT Friendly - 30 Practical Ways to Create a Welcoming Environment for Lesbian, Gay, Bisexual and Transgender People

<http://www.llgbc.com/page.php?id=56>

Count Me in Too project

<http://www.countmeintoo.co.uk/>

Summaries of extensive research into the needs, views and experiences of LGBT people living in Brighton and Hove, but widely applicable.

Separate reports on a wide range of issues including Trans issues, Bi issues, Alcohol and drug use, Deaf and disabled LGBT people, Mental health, General health, Housing, Community safety, Domestic violence.

Press for Change

<http://services.pfc.org.uk/>

Campaign group for equality for all trans people. Includes briefings on good practice, legal guidance and research reports on trans issues.

Mental health and wellbeing for LGB people

http://www.mind.org.uk/help/people_groups_and_communities/lesbians_gay_men_and_bisexuals_and_mental_health

<http://www.pacehealth.org.uk/>

Organisations for disabled LGBT people

<http://www.regard.org.uk/>

<http://www.rainbowripples.org.uk/index.html>

BME LGBT groups and the arts

<http://www.wisethoughts.org/wisethoughts.php?height=577&width=1217>

Muslim LBT women

<http://www.safraproject.org/aboutus.htm>

including information on barriers to accessing social care services:

http://www.safraproject.org/Reports/Safra_Project-Initial_findings-2002.pdf

Older LGBT people

<http://www.ageconcern.org.uk/openingdoors/>

<http://www.casweb.org/polari/> (Polari is now closed, but extensive online resources still available)

References

Abbott D and Howarth J (2005) *Secret loves, hidden lives? Exploring issues for people with learning difficulties who are gay, lesbian or bisexual*, Bristol: The Policy Press.

Alley C and Jones R L (2010) Queering care: Dissident trans identities in health and social care settings, in Jones R L and Ward R (eds) *LGBT issues: Looking beyond categories*, Edinburgh: Dunedin Academic Press

Bayliss K (2000) Social work values, anti-discriminatory practice and working with older lesbian service users, *Social Work Education* 19, 45-53

Bevan D and Thomson N (2003) The social basis of loss and grief, *Journal of Social Work* 3 (2) 179-94

Cambridge P and McCarthy M (1997) Developing and implementing sexuality policy for a learning disability provider service, *Health and Social Care in the Community* 5 (4) 227-36

Cambridge P and Mellan B (2000) Reconstructing the sexuality of men with learning disabilities: empirical evidence and theoretical interpretations of need, *Disability and Society* 15 (2) 293-311

Cant B (2004) Facilitating social networks among gay men, *Social Research Online*, <http://www.socresonline.org.uk/9/4/cant.html>

Care Quality Commission (CQC) (2008) *Guidance for inspectors on how we promote the rights of people whatever their sexual orientation* (<http://www.cqc.org.uk/guidanceforprofessionals/socialcare>)

Commission for Social Care Inspection (2008) Putting people first: Equality and diversity matters 1: Providing appropriate services for lesbian, gay and bisexual and transgender people, *In Focus, Issue 7*. Commission for Social Care Inspection

Concannon L (2009) Developing inclusive health and social care policies for older LGBT citizens, *British Journal of Social Work* 39 (3) 403-417

Cosis Brown H (2008) Social work and sexuality, working with lesbians and gay men: what remains the same and what is different? *Practice* 20 (4) 265-75

Creegan C and Lee S (2007) *Sexuality - the new agenda: A guide for local authorities on engaging with lesbian, gay and bisexual communities*, Improvement and Development Agency

Fish J (2009) Invisible no more? Including lesbian, gay and bisexual people in social work and social care, *Practice* 21, 47-64

Gulland A (2009) Direct payments letting down gay service users, *Community Care*, 24-25

Hicks S and Watson K (2003) 'Desire lines: 'Queering' health and social welfare', *Sociological Research Online* 8

Hughes M (2006) Queer Ageing, *Gay & Lesbian Issues and Psychology Review* 2, 54-59

Hunt R and Dick S (2008) *Serves you right: Lesbian and gay people's expectations of discrimination*, Stonewall

Hunt R, Cowan K and Chamberlain B (2007) *Being the gay one: Experiences of lesbian, gay and bisexual people working in the health and social care sector*, Stonewall

Jones R L (2010) Troubles with bisexuality in health and social care, in Jones R L and Ward R (eds) *LGBT issues: Looking beyond categories*, Edinburgh: Dunedin Academic Press

Jones R L and Ward R (eds) (2010) *LGBT issues: Looking beyond categories*, Edinburgh: Dunedin Academic Press

Langley J (2001) Developing anti-oppressive empowering social work practice with older lesbian women and gay men, *British Journal of Social Work* 31, 917-32

Lee A (2007) "I can't ask that!": Promoting discussion of sexuality and effective health service interactions with older non-heterosexual men, in Clarke K, Maltby T and Kennett P (eds) *Social Policy Review*, Bristol: The Policy Press

Mackian S and Goldring J E (2010) 'What's he looking at me for?': Age, generation and categorisation for gay men's health promotion, in Jones R L and Ward R (eds) *LGBT Issues: Looking Beyond Categories*, Edinburgh: Dunedin Academic Press

Manthorpe J (2003) Nearest and dearest? The neglect of lesbians in caring relationships, *British Journal of Social Work* 33, 753-768

Mitchell M, Howarth C, Kotecha, M and Creegan C (2009) *Sexual orientation research review 2008*, Manchester: Equality and Human Rights Commission

Pugh S (2005) Assessing the cultural needs of older lesbians and gay men: Implications for practice, *Practice* 17, 207-218

Scottish Government (2008) *Challenging prejudice, changing attitudes towards lesbian, gay, bisexual and transgender people in Scotland (Recommendations of the Hearts and Minds Agenda Group)*, Edinburgh: The Stationery Office

Ward R, River L and Fenge L (2008) 'Neither silent nor invisible: A comparison of two participative projects involving older lesbians and gay men in the UK, *Journal of Gay and Lesbian Social Work* 20 (1/2), 147-166

Whittle S, Turner L and Al-Alami M (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination, London: The Equalities Review, in association with Press for Change and Manchester Metropolitan University

Wintrip, S (2009) *Not safe for us yet - The experiences and view of older lesbians, gay men and bisexuals using mental health services in London*, London: Polari

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OutLine 16

How can adult social care services become more accessible and appropriate to LGBT people?

Underpinning social care is a value-base that includes a commitment to empower service users, to promote social inclusion and to demonstrate a respect for diversity. Realising these values means developing awareness and understanding of how they translate into particular ways of working with different groups and individual service users. This OutLine identifies five key approaches for promoting more equitable provision for lesbian, gay, bisexual and transgender (LGBT) people. It is supported by a range of examples taken from the evidence base for social care and sexuality.

What is the issue and why is it important?

Currently, social care services are often neither accessible nor appropriate for LGBT people. For example, 45% of the respondents to one recent survey of LGB service users said that they had experienced discrimination when using social care services (Commission for Social Care Inspection, 2008). In addition, past experiences of exclusion and abuse often mean that LGBT people expect to experience discrimination (Hunt and Dick, 2008; Whittle et al, 2007) and this expectation is itself a barrier to accessing services.

Where efforts have been made to improve the accessibility and appropriateness of services, the concern has usually been to prevent discrimination, with a focus on tackling homophobia. The literature on social care now contains an increasingly comprehensive discussion of discrimination and its effects (for example Fish, 2009; Whittle et al, 2007) alongside recommendations for how to prevent it. Recent policy and legislative change, including the *Equality Act* 2006, makes discrimination unlawful and places new responsibilities on service providers to prevent discrimination on the grounds of sexual orientation and transsexual gender identity (for an overview, see <http://www.equalityhumanrights.com/>). This means practitioners are increasingly well supported both in accessing information about discrimination, and in tackling it.

However, there are limitations with this approach. A focus on discrimination can fail to deal with the more subtle but systemic level at which inequalities are embedded and reproduced in social care (Hicks and Watson, 2003). Care services, like society more generally, are usually set up with an unspoken assumption that service users (and practitioners) are heterosexual and traditionally-gendered, and this has consequences at every level of service delivery and organisation. The term *heteronormativity* has been coined to describe this: it can be defined as practices which privilege heterosexuality, viewing it as natural and normal, and setting it above and apart from other sexualities and gendered identities. The failure to tackle heteronormativity means underlying patterns of exclusion may be carried forward into new developments in social care (e.g. user involvement initiatives can be exclusionary to LGBT users, Wintrip 2009, while the personalisation agenda ignores sexuality issues, Gulland, 2009). As a result, profound problems of exclusion and invisibility remain for LGBT users of social care.