

## KEY NOTES

**Tower Hamlets (LBTH) Adult Social Care Pan-Providers Forum  
Tuesday 20 September 2016, 9.30am- 12.00pm, Professional Development  
Centre**

### **Presenters**

Sarah Humphreys- *Chair, East London Out Project*

Luise Dawson- *Senior Public Health Strategist, LBTH*

Barbara Disney- *Service Manager, Strategic Commissioning, LBTH*

Sheila Begum- *Market Infrastructure Officer, Strategic Commissioning, LBTH*

### **1. Introduction and housekeeping**

1.1. Barbara Disney welcomed all to the forum and made points around housekeeping. Barbara shared the following two updates:

1.1.1. Staff and residents are being reminded to take care of their eyes with a range of events to support the seventh annual National Eye Health Week, which runs from 19-23 September to promote the importance of eye health. Leaflets on this were made available by Public Health.

1.1.2. Charging for social care services and how this will be implemented will be further considered and discussed by the Cabinet in early November, and financial assessments are expected to start in mid-October.

### **2. Designing and providing care and support to meet the needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) community**

2.1. Sarah Humphreys from the Tower Hamlets LGBT Community Forum provided an overview of the forum and the East London Out Project (ELOP), which represent the needs of the LGBT community and offer a range of support such as counselling, information line, social and support groups, youth support, family support, LGBT asylum support, LGBT hate crime support, schools work, training and consultation. Sarah pointed out that there are gaps in data available on the LGBT community and that negative perceptions of LGBT people still exist, and referred to 'Out Loud,' a resource setting out LGBT voices in health and social care.

2.2. Once Sarah delivered her presentation ([available on the Tower Hamlets providers' webpage](#)), she asked forum members to consider a series of

questions. The questions and responses from the participants are set out below:

**What are the gaps in your knowledge about LGBT and how could you fill them?**

- More of what the LGBT community want - gap in data/information
- During assessments and care plans – are we considering all needs? Important to keep a balance between an individual’s wider needs applicable to all e.g. housing and needs specific to that individual e.g. sexual orientation or gender identity
- Among the older generation – harder to discuss
- Moving to bigger cities – rejected by an ageist community
- Visibility/ information lacking on where to go for sexual health support
- More awareness and education needed
- Need to know the culturally correct language to use with non-binary people
- When is the moment to ask a little more and when is not? Know what is intrusive and non-intrusive
- Raise awareness via the internet, physiology, psychology to support change in attitude
- How to think “us” not “them”
- Inclusive body language, pre-conceptions, respect, understanding, variations, culture
- Need to gather information prior to starting delivery- delay in capturing information due to lack of relationship
- Some key information not highlighted/ some social workers do not capture this information
- Generating informal discussions with elders about what changes we can see in society helps to understand attitude
- Information needed on LGBT services
- Language barrier for some – LGBT not as accepted as other cultures
- There is still a stigma in many cultures – ‘hide identity’
- Confidentiality issues with family giving rise to issues – might not know (transgender)

**What can you do to involve LGBT people in the development, design and delivery of your work?**

- Local authority to lead on gathering data on the LGBT community – consider undertaking impact assessments
- Pan-London approach to meeting needs- consider good practices in other boroughs
- Local authority to set out its standard on involving and supporting the needs of the LGBT community and embed the principles in existing strategies and policies e.g. the Ethical Care Charter – place emphasis on equality and fairness for all
- During the award of service contracts, local authority to consider including specific contractual terms on meeting needs of the LGBT community
- Make the conscious effort to support inclusion – avoid being tokenistic
- Signal/advertise to reach out to members of community
- Follow through an action plan – commit

- Involve the community from the beginning
- Give people the option to disclose – have a policy in place
- Ask about requirements, history, needs, get views on user groups
- Ask groups to have more awareness, looking at gathering information; make it more inclusive among services
- Different approaches may be needed in collecting information
- Consider training need on capturing this information, include support from the council
- Staff inductions to emphasise on diversity in a meaningful way
- Workforce to reflect the diversity in London
- Undertake monitoring of satisfaction levels
- Training on understanding and meetings needs– embed in team meetings
- Embed equalities in everyday practice and identify LGBT champions
- Initial process – could do more to welcome people – could have a particular worker who has more knowledge/training on LGBT matters- there will be pros and cons to having a specifically knowledgeable worker: person holds responsibility, but if done well, could work – could raise issues in team meetings so it becomes a regular conversation
- Could address LGBT issues and matters through business plans and workshops and training
- Managers can discuss in 1-1, probe attitudes, support and address people who ‘deflect’
- Religion, culture, belief, background and community awareness (solution)
- Provide training – personal space balanced with engagement
- Specific focus on LGBT training as part of equalities- focus usually on ethnicity

**What quick changes can you make to ensure that LGBT people are visible in your literature, publicity and visual environments?**

- More leaflets on specific support available
- Information available within the NHS (e.g. hospitals)
- Information to be included in general literature
- Having a visual symbol – small rainbow flag to indicate safe environment for example (if backed by staff)
- Disability – similar logo/badge (no place for hate)
- Flyers, books, signals, data can be produced advocating the rights of the LGBT community
- Example given: Alice Springs
- Endorse integration without being explicit on pamphlets
- Consider training on language use (gender neutral)
- Raise awareness at an early stage
- Need for input, lack of forums, and question how accessible forums are
- Service user feedback to emphasise on equalities
- LGBT quality assurance mark can be introduced for champion services
- Good practise guides to emphasise on gender equality
- Visuals on walls
- Consider producing an LGBT cultural calendar
- Produce a wide range of publicity, so we can develop partnerships

**Do you know what local LGBT organisations and provisions exist?**

Examples given include:

- Galop – LGBT and anti-violence charity
- Broken Rainbow
- Rainbow Haven
- ELLGC – East London Lesbian and Gay Community
- After Party
- Positive East
- GPs
- One Stop Shop
- Pan London organisations, but not specific to Tower Hamlets
- Not many local services

**Can you identify good practice in your service around changing attitudes towards or about LGBT people?**

- Delivering on personalisation – this helps to meet a range of need covering the needs of the LGBT community
- Regular workshops- awareness-raising
- Welcoming and positive environment
- Don't make assumptions (workshops)
- Care worker training
- Emphasis on integration
- Involvement with service user
- The assurance that people will get support if needed and not be discriminated about
- How can we remove fear of expression?
- How do we demonstrate to people an opportunity for openness?
- Knowing about other services we can benefit from and consider work done already
- Discussions are key- addresses and reduces the stigma and shame and encourages positive belief
- LBTH – developing understanding through workshops like today
- Identifying people to listen to is key
- Monitoring of identity and individuality
- Open up discussions
- Assurance is important
- Consider “secret” monitoring groups
- As part of recruitment, Riverside use a case study related to a care plan on an elderly, lesbian lady
- Sharing knowledge
- People are getting more used to being asked about their sexual orientation, can be us “professionals” who are not comfortable – if individuals prefer not to say, they can be asked why to create a conversation to make people aware of why data is collected
- Learning disabilities (LD): more workshops around sexuality generally

**Was today was surprising? What wasn't surprising? What will you share?**

- Still cultural and generational gaps
- Surprised that there is still a need to talk about matters concerning the LGBT community and that they are still experiencing exclusion
- Assumption people are “clued up”, but statistics show maybe not

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| <ul style="list-style-type: none"><li>▪ We wait until they tell us, maybe we make assumptions</li><li>▪ Surprised at being unaware of LGBT services</li></ul> |
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### **3. Seasonal flu programme**

3.1. Luise Dawson reminded providers about taking the flu vaccination, and encouraged providers to remind their staff. Luise agreed to share a leaflet on the flu vaccination - **ACTION**.

3.2. Delegates shared mixed feelings about the vaccination, and discussions centred around making the vaccinations more accessible.

### **4. Carers' Strategy**

4.1. Barbara Disney updated forum members about the borough's plan to produce a carers' strategy, and provided an overview of actions undertaken to date to plan this. All key updates including the vision for producing the document are set out in a presentation available on the [Tower Hamlets providers' webpage](#).

### **5. Market Position Statement**

5.1. Sheila Begum informed members about the council's intention to refresh the Market Position Statement. Plans are underway to produce themed-based statements individual to either the needs of residents, or the provisions that are operating within adult social care. A life-course approach will be adopted as appropriate. Providers were asked to forward any comments or feedback to either Barbara or Sheila.

### **6. Meeting summary and end**

6.1. Barbara thanked forum members for their input, and noted that the forum is Sheila's last one, as she is returning to her substantive role. Barbara noted her thanks for Sheila's commitment and efficiency in organising the forum, which continues to run smoothly and achieve positive feedback from attendees.

**Next meeting:** Wednesday 30 November 2016