



RESEARCH REPORT

Investigating the care and housing needs of Dumfries & Galloway LGBT adults both now and in the future.

KATRINA BENNETT & JOHNATHON GALLAGHER

DUMFRIES & GALLOWAY LGBT PLUS

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The LGBT population do not always have the opportunity to be heard on matters that affect them as they age. This is especially true for people in rural areas. There is scarce research in Scotland into the ageing LGBT population. In carrying out this survey, D&G LGBT Plus have focused on the specific needs and worries of the LGBT community with regards to their care and housing needs at present and in the future. With this research, it is also important to consider the intersectional issues such as long term medical conditions and mental health issues faced by LGBT people, their carers and families. It is my hope that this ground breaking regional research will provide vital insight and information for care, housing and other organisations in Dumfries & Galloway and beyond, that can be used to best support the LGBT community and help shape the services they receive. It is my aim that we represent the community in highlighting their hopes and fears for the future. I would like to thank Katrina Bennett our researcher, D&G LGBT Plus staff and Trustees for their commitment to this research and especially to the LGBT Plus community in this region for taking part.

Johnathon Gallagher - Service manager D&G LGBT Plus

Foreword

The Purpose of the Survey

We wanted to know if people were accessing available services and how they felt about it. We wanted to know about peoples hopes and fears for their future in care and housing services. This would give the people taking part in the research a voice to share with organisations what they would like see in services they use in the future.

72% of participants said they would prefer care, support and housing from organisations that have provided adequate LGBT training to staff and also have specific policies in place for LGBT people to use their services.

We targeted the 15 postcode areas within Dumfries and Galloway with an option of 'another area' on the survey to indicate people who took part from out with the region.

We received no responses from DG14 Canonbie & DG16 Gretna areas.

Katrina Bennet – SLO Researcher

Research Method

4 housing model visits

online & paper surveys

12 one to one interviews

80 survey responses

3 focus groups

1 seminar event

The research survey received 107 responses in total which includes the interviews and focus groups.

10%

of participants suffer from depression and anxiety.

17.31%

of participants are currently receiving care.

72%

of participants said they would prefer care, support & housing from organisations that have provided adequate LGBT training to staff and also have specific LGBT affirming training/policies in place for people to use their service.

32.08%

of participants have a disability.

77.88%

of participants stated cost is a factor in their future care and housing needs.

72%

of participants said being cared for at home was very important.

89.47%

of participants stated continuity of care was important to them.

Key Findings

75.87%

of participants would not or are unsure if they would be able to express themselves freely in a supported living environment.

37.04%

participants opted to live in LGBT exclusive housing.

62.9%

of participants would like more information about Personalisation/Self Directed Support.

46.88% of participants would like more information/training about Living Wills

61.29% of participants would like more information/training about Guardianship

80.00% of participants would like more information/training about Power of Attorney

52.08% of participants would like more information/training about the financial and legal procedures when going into a care setting.

RESPECT

MARGINALISED

ISOLATION

DIGNITY

It is important to note that the process of interviewing for this report has highlighted for us, a concerning undercurrent of felt experience within the D&G LGBT Plus community. Although not always directly communicated, it is evident that people have feelings of shame, alienation, loneliness, isolation, of poor mental health, are fearful, feeling unloved, rejected, abandoned and non deserving.

Key Issues

AFRAID

CAPACITY

LOOSING IDENTITY

"I wouldn't like to be faced with homophobic attitudes".

CONFIDENTIALITY

MENTAL HEALTH

"Being trans and gay, I think it would be almost impossible to expect care providers to protect my interests and am afraid people would isolate me. I am afraid of being bullied because of who I am"

32.08% of participants disclosed they have a disability.

49.06% have a Long Term Medical Condition.

The identified Long Term Conditions:

| | |
|--------------|-------|
| Depression | 6.79% |
| Fibromyalgia | 6.79% |
| Diabetes | 7.76% |
| Anxiety | 3.83% |
| HIV | 2.91% |
| Arthritis | 7.76% |

Mental health affects over 10% of the participants involved in the research as they disclosed they suffer from anxiety and depression. The following figures show the mental health services people are accessing:

| | |
|-----------------|--------|
| Psychiatry | 11.39% |
| Support in Mind | 7.59% |
| Psychology | 6.33% |

The disabilities affecting participants:

| | |
|-----------------------------|--------|
| Mobility | 48.48% |
| Long Term Medical Condition | 48.48% |
| Mental Health Condition | 45.45% |
| Physical Disability | 24.24% |

Health, Wellbeing and Caring

Asking participants to identify whether they see themselves as; a carer, cared for, both or neither, they responded:

| | |
|-------|--------|
| None | 51.92% |
| Carer | 26.92% |
| Both | 11.54% |

Receiving Care

17.31% of participants received care from:

| | |
|---------|--------|
| Family | 55.56% |
| Friends | 27.78% |

Organisations providing care 16.67%

If you were to receive care at home, who would be your preferred choice to provide the care needed?

| | |
|-----------------------------------|--------|
| Partner | 50.00% |
| Family | 45.83% |
| External Agency/Care Organisation | 38.54% |
| Friend | 31.25% |
| None of the above | 8.33% |

72%

of participants stated being cared for at home was very important.

89.47%

of participants stated continuity of care was important to them.

Is continuity of and cost of care given important to you and who is your personal choice of a carer?

“Personal assistant, hired by me. I need to be able to trust and know who is coming . I cross dress and need to feel safe in my own home”

“If external, someone I have interviewed and selected for myself, I need to know I can trust them with my identity”

“But this runs the risk of destroying what makes him a partner once intimacy includes intimate tasks, it risks being compromised”

77.88%

of participants stated cost is a factor in their future care and housing needs.

LGBT Affirmed Training/Policies

We asked participants if they would prefer to receive care and housing services from staff & organisations that have had LGBT affirming training and policies in place. We used a star rating scale where 1 represented “Not very important” to 6 being “Very important”.

72%

of participants stated LGBT training & Policies was very important.

“Motivation”

“Anything psychological & physical that is seen by the person as a care need”

“Irregular Care”

“Anything physical, emotional or spiritual that one is unable to do for themselves without support”

“Assistance accessing company to avoid social isolation”

“Helping to calm down when overwhelmed, helping with budgeting”

What is a care need to you?

“Assistance with laundry, shopping, medication counts and ordering, help making decisions, if I’m ill I need assistance”

“Assistance dealing with agencies and bureaucracy”

“Assistance with dressing, shopping, choosing weather appropriate clothing, emotional support/ care/ advice”

The top 5 fears/worries people would have in receiving care at home:

| | |
|-------------------------------------|--------|
| Loss of control | 65.63% |
| Fear of unknown people in your home | 59.38% |
| Invasion of privacy | 55.21% |
| Being judged for who you are | 50.00% |
| Personal safety | 42.71% |
| Safety of personal belongings | 41.67% |

Care At Home

care needs, fears and worries

“Assistance to reach your own personal goals whatever they are, including social and emotional”

Top 5 identified care needs:

| | |
|-------------------------------------|--------|
| Assistance with personal care | 85.58% |
| Assistance with preparing meals | 78.85% |
| Assistance with medication | 77.88% |
| Assistance to leave the home | 77.88% |
| Assistance to get up in the morning | 75.96% |

FEARS

“Some fear of my sexual identity being discovered”

“Would much prefer family or friend. I need things done in a certain order that works for me so that would concern me”

“I would be worried and nervous, I would wonder how trusting I would be”

“Lack of understanding of condition”

“Not being treated with dignity or respect - not being seen or valued as in individual (not restricted to my LGBT identity)”

“Afraid of violence towards me”

“Sanity issues, confusion MH”

“I think mainly fear of neutralising my identity in order to ‘fit’ in”

What is important to you when receiving care at home?

| | |
|---|--------|
| Dignity | 94.44% |
| Respect | 87.78% |
| Confidentiality | 85.56% |
| Making your own decisions when having the capacity to do so | 83.33% |
| To feel safe with the organisation providing care | 78.89% |
| Being in control | 73.33% |

Care at home

What's important to you?

"I have already confidently refused a care worker entry into my home. I do not have anyone close enough to me to make decisions on my behalf if I lose capacity. I'd like my home to be kept clean and tidy the way I like it"

"I don't want to feel exposed, I need to be me"

"Fear of being ridiculed as such, people/staff should be trained in LGBT Plus matters"

"Fear of ridicule; fear of carers acting shocked or being weird about my body shape. I would ONLY allow an LGBT trained organisation to care for me"

"I would want the carers to know I'm gay and they would need to be happy with that, aware and happy"

"SSSC etc. doesn't guarantee carers are adhering to the codes. If carers were coming in then ideally should have other visitors. So the carer should be able to provide that social essence; conversation, emotional support"

"I don't fear losing my LGBT identity, but to retain it would be important. Good sense of humour, friendly and personable would be important, as might having a same sex carer, or indeed being able to choose someone who was LGBT themselves"

"To feel safe with the individuals actually providing the care. To know that the organisation they work for, if any, recognises their rights, pays them well, and treats them with respect"

"Fear of partner losing status of importance in my life"

What is important to you if you moved to a supported living environment?

| | |
|---|--------|
| Respect | 90.36% |
| Making your own decisions whilst having capacity to do so | 89.16% |
| To feel safe and secure | 87.95% |
| Dignity | 86.75% |
| Confidentiality | 84.34% |
| Being in control | 81.93% |

Supported Living Environments

As you can see from the above figures for care at home and in supported living environments, participants responded with the same top 6 choices but in a different order of importance. This is evidence that these are significantly important to the people that took part in the research.

“I would like to live with other LGBT adults if I had to go into supported living”

“Again the staff in these places should be fully trained on matters affecting LGBT adults as I would again be scared I would be ridiculed. I have mental health problems so I need things done how I do them”

“Danger of dementia making me regress to a pre-transition mind-set. I would prefer that the place had LGBT training and policies in place as I would ONLY allow an LGBT trained organisation to care for me!!”

“I would more fear the loss of my identity in somewhere other than my own home”

“That the people caring for me and others working there were treated with respect, paid well, and their labour rights recognised by their employer”

“Of the above, choice, respect & person centred care are the most important”

Participants left additional comments with regards to losing capacity

“If someone made my decisions I would have to know them very well and they would have to know me very well. I would have to trust they would do things the way I would. I do not want to lose my identity because someone is making choices that is more about them than me”

“I would have to put in place a named person for decision making if I were to lose capacity, I would not want an organisation taking and making those decisions on my behalf, therefore I would have to make the decision as to who I would trust to act on my behalf”

“If I was to have someone making my decisions if I lost the capacity to do this for myself, I would have to choose who it was”

“Again in regards to decision making on my behalf I would need to know I had my own named person, chosen by me to make the decisions if I were incapable of doing so on my own. I would not want a supported living organisation or any organisation taking on board what is best for me when they do not know me as well as someone who could act on my behalf that knows me very well”

“Power of Attorney in place”

“Power of Attorney in place for decisions”

“Power of Attorney in place for decision making when I need it”

“Loss of capacity decision making would be my partner,

Supported Living
Environments

“I would have to put in place a named person for decision making if I were to lose capacity, I would not want an organisation taking and making those decisions on my behalf, therefore I would have to make the decision as to who I would trust to act on my behalf”

“ I need to be in a place where I can still be me and not feel fear or lose the right to make my own choices. I don't want my right to free association to be taken away from me and I don't want to feel judged. I don't want to feel isolated because my life does not fit on someone else's box”

It is important for LGBT people to feel their decisions would be made on their behalf by someone they know and trust. With the uncertainty of the future, we do not know if this will ever affect us but we must be prepared for the potential risk of this happening. Services should be advising and encouraging people to look into Power of Attorney (POA). As evidenced in the above quotes, some people already have POA in place. It is also evident that not all participants are familiar with POA (see page 15) and there was a huge response to people wanting to find out more about it. 53.33% chose to have someone else make their decisions if they lost the capacity to do so themselves.

Would you be able to express yourself freely in a supported living environment ?

| | |
|--------|--------|
| Yes | 24.14% |
| No | 27.59% |
| Unsure | 48.28% |

We asked if people could tell us why they answered 'no' and 'unsure' so we could analyse the findings in order to create an understanding into peoples' uncertainties. The following are statements made by participants and give a sense of the fears through their honest opinions on the prospect of having to move to a supported living environment. The comments suggest there is still a great deal of fear with regards to being able to freely express themselves in different ways.

UNSURE

"I would hope to be treated as an individual but I fear it would not be like this. I do not think they are trained at all in sexuality or gender identity (especially gender) I'd be scared to express myself"

"I would really worry about this. Could I express my gender sexuality as I would wish?"

"I wouldn't like to be faced with homophobic attitudes"

"It would depend on the relationships with carers and the service approach"

"People are still very bigoted"

NO:

"The routine of the institution comes before the needs of the person. I want to go to bed when I decide it is time NOT when others decide"

"Lack of tolerance and understanding"

"I would feel that I would not have a lifestyle and could not be myself"

"I am not sure that the staff or residents would be supportive of LGBT identities. I am very out and confident but if my partner, family and friends who could advocate on my behalf if I was vulnerable etc. were not there then I would likely not feel safe"

"Being trans and gay, I think it would be almost impossible to expect care providers to protect my interests and am afraid people would isolate me. I am afraid of being bullied because of who I am"

"Not within the current provision in my area. Working with supported accommodation & care home residents over 35 years-poor experience"

"Due to being institutionalised within care homes. Although standards and values have changed they are not enforced or reinforced"

"Finance, institutional need, mass need would be prioritised"

"Would feel uncomfortable about admitting about my sexuality"

For the purpose of the survey and to avoid limiting the housing options that exist in Dumfries & Galloway, we felt it was important to list as many housing models that exist globally for people to gain knowledge into different housing settings that are available. We asked that they choose their top three preferences. We also included an opportunity to choose 'remain at home' and 'other', in order to gain feedback and hear what people would envisage their later home life could be in their own words.

37.04% opted for LGBT exclusive housing. This is now becoming available in different parts of the country, though not available in D&G. With D&G currently having a large older LGBT community this could be a successful model in order to support these adults to remain in the region.

One participant expressed that, though loving the region they would be willing to move out with D&G to secure a place in LGBT exclusive housing if that becomes the only option for them to fulfil their needs and wishes.

Housing Models

37.04% opted for LGBT exclusive housing: A project in London called Tonic Housing is developing a retirement housing model for LGBT Plus Adults due to the need for a care/housing model that can meet the needs of LGBT Plus adults as they age. This will enable Tonic to develop LGBT specific policy and training in order for staff to be able to care and support for LGBT adults appropriately. The entry criteria for this could see non LGBT adults also being eligible as some models are open to all older adults and have a ratio of 51% LGBT adults to 49% non-LGBT adults.

35.80% opted for a co-housing model: "Co-housing communities are intentional communities, created and run by their residents. Each household has a self-contained, personal and private home but residents come together to manage their community, share activities and eat together. Co-housing is a way of combating the alienation and isolation many experience today, recreating the neighbourly support of the past. This can happen anywhere, in your street or starting a new community using empty homes or building new. Co-housing communities are often formed on a basis of principles and priorities" (co-housing.org.uk). ;

30.86% said they would not want to move into a supported living environment: (Pg. 9)

29.63% opted for a house share with friends: This is where a group of friends would move into a property together that is large enough for the size of group with shared facilities and costs.

A participant also left this comment in regards to all the options that were listed to choose from. This gave an insight into what they thought would suit them in regards to their future housing options:

"A combination of the above, i.e. care at home by LGBT care providers, or a co-housing idea which is LGBT majority etc. It would also depend on whether I had a partner or not"

We asked people what technologies were important to them and what they would need at home or in a supported living environment.

The top 5 choices from participants were:

| | |
|----------------------|--------|
| Mobile phone | 86.08% |
| Wi-Fi | 82.28% |
| Television | 72.15% |
| Access to a computer | 68.35% |

What needs to be changed to make your accommodation more suitable?

“Need a house with no stairs so bungalow or ground floor property”

“A stair-lift would be good for me but they are very costly”

“Downstairs toilet”

“Move to a location where I can access public transport to be able to travel, socialise, etc.

Independently, where I can be myself without feeling judged or looked at. Privacy is key”

Current Accommodation, Adaptations and Technology

“I need no stairs, a care call in case I have an emergency and help with medicine”

“I need to be in a ground floor flat, handle rails and shower. Support in kitchen area”

“Water to be made clean and damp to be fixed”

“A house with a garden for me to allow my children to play safely without constant worry of the main road”

“I need to move into a bungalow with proper, working heating”

“The bathroom so I can achieve more independent living and self-care”

“Access to phone and internet so that I can stay connected to other LGBT plus people, so that I’m not isolated. I often feel that I do not fit in and knowing that I can speak to people who understand me is really important”

What needs to be changed in your current accommodation ?

“I live in a 2 storey building and need a ground floor or bungalow”

“I have no downstairs toilet”

“Isolated”

“It’s got stairs because of my epilepsy I need a ground floor apartments”

“I am 3 storeys high and I have mobility needs”

“No mains water - spring, is not safe to drink, damp issues, heating problems. Roof needs fixed, poor access to home - farm track”

“Son has ADHD and cannot share a room with siblings. Daughter just turned 8 and requires her own space”

With regards obtaining legal advice, a participant left us the following relevant statement:

Accessing Services

“If the legal advice was LGBT friendly and had LGBT friendly lawyers that would be better for LGBT adults”

The following figures highlight the services LGBT people least access. Some participants did not access any services.

This would appear to be a good thing however, people are living with long term conditions and could possibly benefit from services we have listed here.

| | |
|-------------------|--------|
| Victim Support | 4.94% |
| Psychology | 7.41% |
| Support in Mind | 7.41% |
| Orthopaedics | 11.11% |
| Psychiatry | 11.11% |
| None of the Above | 9.88% |

Following on from this, we asked people if they knew how to access different services. These services ranged from GPs, advocacy, legal, benefit advice, health related services, energy companies, police and 3rd party hate crime reporting. The results showed us the services LGBT people least knew how to access were;

| | |
|--------------------------------|--------|
| Home Safety Services | 24.36% |
| 3rd Party Hate Crime Reporting | 29.49% |
| Community Nursing Team | 34.62% |
| Advocacy Services | 35.90% |
| Samaritans | 37.18% |

It was important to ask LGBT people about guardianship, living will, power of attorney (POA) and personalisation/self directed support as some may still be hiding their true sexuality and or gender identity from family members or keeping this part of their life private from others due to fear.

Given that POA comes into affect when someone does not have the capacity to make their own decisions, it is vital to support LGBT Plus adults make informed choices especially if they are hiding their identity or are not 'OUT'.

Older LGBT Plus adults have lived through times of abuse, violence, imprisonment and segregation. Hate crimes are still being committed within society. Evidence shows family members having been appointed POA for LGBT people and going against their wishes. This is an abuse of power and the ethics of POA and has a negative impact on the people who have trusted their appointee to do everything for them.

46.88% of participants would like more information/training about Living Wills

61.29% of participants would like more information/training about Guardianship.

80.00% of participants would like more information/training about Power of Attorney.

52.08% of participants would like more information/training about the financial and legal procedures when going into a care setting.

Guardianship, Living Will,
Power Of Attorney
& Personalisation/Self
Directed Support

Personalisation/Self Directed Support

Due to the way care budgets are provided and calculated for people who have had a needs assessment completed, we felt it was important to include this in the research to give people an insight into how this works. We gave information on how the Local Authority handles the care budget and the options that people have in gaining full control over this or having the Local Authority being involved. The percentages listed from this are displayed below by the most popular choice to the least.

Option 1: You can manage the money yourself, or with assistance from others, by taking a direct payment. You can buy services or employ a personal assistant for flexible support in your home. **48.00%**

Option 4: You can have a mix of all the options, allowing you to let your Local Authority manage some parts of your support, while you control others. **32.00%**

Option 2: Your Local Authority can help you manage if you are not confident about directly managing your support. You will still choose the support you want and how it will be provided. **12.00%**
Other: **6.67%**

Option 3: You can ask for your support to be arranged by your Local Authority and provided either directly by your Local Authority or by someone else on our behalf. **1.33%**

We found that **62.9%** of participants would like more information about Personalisation/Self Directed Support.

We found that **62.96%** would like more information/training about Personalisation/Self Directed Support.

The report highlights the fears LGBT people have about their care and housing needs both now and in the future. Particularly significant is the fact that some people feel they would not be treated fairly and equally within the care system whilst others are more confident.

It is important to note that the process of interviewing for this report has highlighted for us, a concerning undercurrent of felt experience within our LGBT Plus community. Although not directly communicated, it is evident that people have feelings of shame, alienation, loneliness, isolation, of poor mental health, are fearful, feeling unloved, rejected, abandoned and non-deserving. People are feeling marginalised and are experiencing a negative effect on their mental health as a result. They are afraid of losing their identity and feeling their sense of self and dignity under threat when in need of care and support. This is supported by statements made e.g. a transgender respondent expressed their fears of regressing with regard developing dementia and requiring care. This statement highlights the need for more awareness of the needs of LGBT adults in order for them to feel respected and valued as an individual.

We have identified issues in current housing and how LGBT Plus people have specific needs for housing that are not being met.

CONCLUSION AND RECOMMENDATIONS

DIGNITY

FEAR

ISOLATION



There is a lack of domiciliary care for LGBT people within the region of Dumfries and Galloway. Through research, we found that in the US many older LGBT adults have had to re-closet themselves in order to feel safe and respected within the care system. Our results show that the fear of prejudice from carers is leading to people choosing family, partners or friends as a first choice for care at home.

There is a lack of housing choices for older LGBT adults within Dumfries and Galloway. There needs to be more ways for LGBT adults to set up LGBT exclusive housing or a housing cooperative which would enable LGBT adults to support each other in a similar way to co-housing projects.

It is recommended that care and housing organisations provide LGBT training to all care and support staff in order for people to feel safe and confident when receiving care.

Housing organisations are informed about and understand the issues that LGBT adults face within different communities. In order to provide appropriate safe housing, LGBT policies need to be put in place in addition to specific LGBT training for staff.

There is a general need for LGBT affirming policies in care and housing that are specific to the needs of the people using the services. This has been evidenced through the responses that highlight that people would rather receive care where the staff and organisations have provided LGBT training and have LGBT specific policies.

Housing organisations/providers within the region need to consider LGBT affirming housing, co-housing, house share options and models for the future in order to meet the needs of LGBT adults.

The delivery and development of transgender awareness training and policy to ensure the issues and difficulties that transgender people face are understood and respected by staff and organisations in order to cater for the individual using their services.

All care and housing services are LGBT friendly, inclusive and moreover, promote and protect the rights of LGBT adults.



CONCLUSION AND
RECOMMENDATIONS

MENTAL HEALTH

RESPECT

MARGINALISED

CONFIDENTIALITY

It is important to note, that although this research primarily concerned care and housing. The research findings can be taken into any service provision. The same hopes and fears can be related to accessing any service and will create barriers to accessing other services within Dumfries & Galloway.

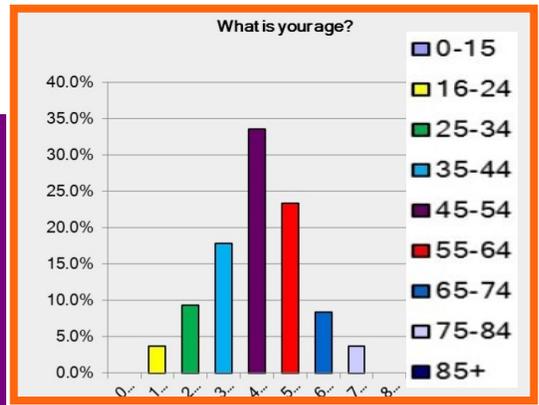
D&G LGBT Plus provides training aimed at helping organisations reducing the barriers LGBT people feel when accessing such services.

Ethnicity:

| | |
|----------------------------|--------|
| White Scottish | 66.04% |
| White British | 19.81% |
| White English | 7.55% |
| White Irish | 3.77% |
| Mixed Ethnic Background | 2.83% |
| Asian, Scottish, British | 1.89% |
| Other White Background | 0.94% |
| Chinese, Scottish, British | 0.94% |

Location:

| | |
|-------|--------|
| DG1 | 22.64% |
| DG2 | 20.75% |
| DG3 | 2.83% |
| DG4 | 0.94% |
| DG5 | 1.89% |
| DG6 | 1.89% |
| DG7 | 3.77% |
| DG8 | 9.43% |
| DG9 | 1.89% |
| DG10 | 0.94% |
| DG11 | 10.38% |
| DG12 | 4.72% |
| DG13 | 0.94% |
| Other | 16.98% |



Respondent Demographics

Religion:

| | |
|------------------------|--------|
| None | 44.34% |
| Christian; C of Scot'd | 12.26% |
| Other Christian | 12.26% |
| Atheist | 11.32% |
| Buddhist | 6.60% |
| Pagan | 4.72% |
| Christian; R C | 4.72% |
| Humanist | 2.83% |
| Prefer not to answer | 1.89% |
| Jewish | 1.89% |

Gender

| | |
|-------------------|--------|
| Man | 44.86% |
| Woman | 49.53% |
| Gender Fluid | 2.80% |
| Prefer Not to Say | 2.80% |

Sexual Orientation

| | | | |
|-------------------|-------|--------------|-------|
| Gay | 31.1% | Heterosexual | 29.2% |
| Lesbian | 19.8% | Bisexual | 7.5% |
| Pansexual | 5.7% | Unsure | 3.8% |
| Prefer Not to Say | 2.8% | | |

Additionally, people described their gender as:

“Socially, I know the identity of 'woman' fits me, but for myself, my gender identity is 'dyke”

“Trans”

“Female transsexual”

Sexual Orientation:

3.77% disclosed they were unsure about their sexuality and left the following comments;

“I don't know”, “Curious but never acted upon it”, “Confusion”

The results here show that people are still facing confusion in regards to their sexuality, some may not feel they are able to disclose this to others'. These are people our organisation needs to reach in order for them to have someone to support them and help them through the process of confirming their sexual identity.

We have received responses from 64.15% LGBT Plus Adults and 29.25 % non-LGBT Adults which shows there is a strong support for the LGBT Plus community from the non-LGBT population's needs.

We offer training for professionals and agencies who support the LGBT community. Through training we aim to reduce the barriers LGBT face when accessing services and increase awareness of LGBT issues across the region. We offer specific LGBT Adult Awareness Training and Long Term Conditions Awareness training. To Book visit:

www.ticketsource.co.uk/dglgbtplus

Dumfries & Galloway LGBT Plus works with LGBT plus people in Dumfries and Galloway and surrounding areas. LGBT Plus refers to individuals who are lesbian, gay, bisexual, pansexual, transgender, queer, intersex, asexual, or otherwise affected by issues of gender identity and/or sexual orientation

“Working towards equality for LGBT and other diverse adults, their families and supporters in Dumfries & Galloway”

Help and support

We offer a range of events to reduce the isolation of LGBT Plus people, their friends, carers and supporters including;

- Regional Lunches in Langholm, Stranraer, Lockerbie, Newton Stewart & Castle Douglas
- Monthly Freedom Café in Dumfries
- Granary Dinner
- Film Nights

Visit us at

www.lgbtplus.org.uk

www.facebook.com/DGLGBTplus

Email: info@lgbtplus.org.uk

We offer a range of services and training to support LGBT Plus People including:

- Psychotherapeutic Group Support for our vulnerable LGBT Community
- 1:2:1 Self Management Support for long term conditions
- 1:2:1 Advocacy Support on a range of issues
- Carer and self management Workshops
- Health walks/cycles
- Rainbow Day fun and learning events.
- Regional Drop in Service in Langholm, Kircudbright and Stranraer

D&G LGBT Plus

3rd Floor

Newall House

22 Newall Terrace

Dumfries.

DG1 1LW

Call FREE on 0800 020 9653 (from landlines)

D&G LGBT Plus is a Scottish Registered Charity SC045377