

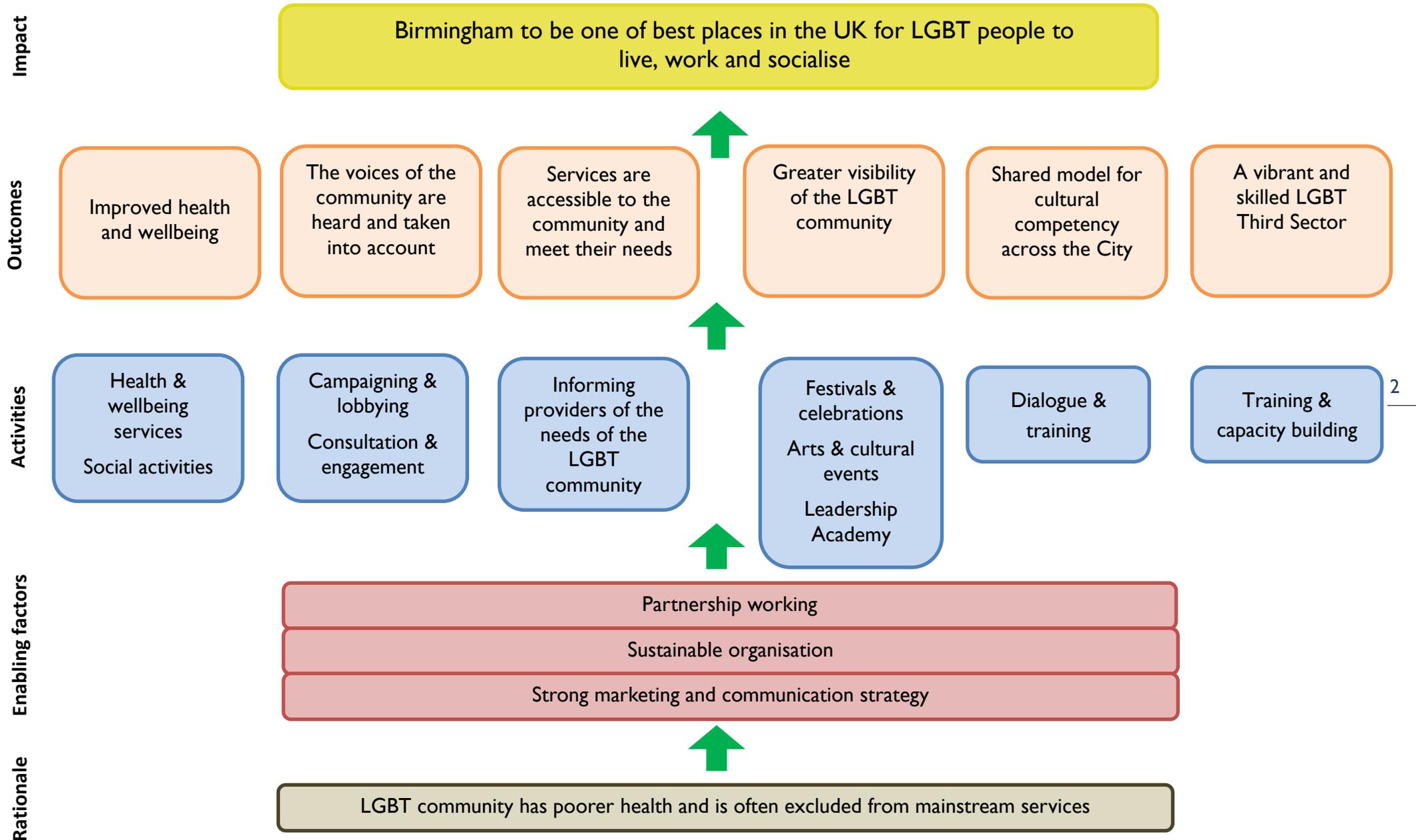


Birmingham **LGBT**

2017

Birmingham LGBT Theory of Change

An overview of the Birmingham LGBT Theory of Change



Birmingham LGBT Theory of Change narrative

1. Introduction

As Birmingham's leading charity advocating for and supporting lesbian, gay, bi-sexual and transgendered people in Birmingham and neighbouring authorities, we want Birmingham to be one of the best places in the country for LGBT people to live, work and socialise; with a thriving, visible and proud LGBT community. This Theory of Change sets out how we intend to go about this.

2. Rationale

Improving the health and wellbeing of the LGBT communities in Birmingham underpins the ethos and service delivery offer for Birmingham LGBT, as does our commitment to an asset based approach to working that sees people as the co-producers of their own health and wellbeing.

The Centre does this by providing culturally competent health and wellbeing services for individuals; by promoting community resilience and engagement through the Leadership Academy and by supporting community organisations and encouraging volunteering.

There is a strong evidence base for the benefits of promoting wellbeing and it is this evidence that provides a firm foundation for the work of the Centre.¹

A multi-dimensional concept, wellbeing is concerned with how people feel and function on a day-to-day basis. Improving wellbeing includes addressing loneliness and social isolation; promoting positive lifestyle choices and protective factors; and building resilience as well as removing barriers to living a satisfying and fulfilled life.

Why wellbeing?

Research shows that the health and wellbeing of LGBT people is generally worse than that of the general population² and this disparity is particularly acute in relation to health protective behaviours and mental health.

In 2012 Stonewall³ research identified that:

- 79% of lesbians reported feeling sad, for bi-sexual women this increased to 84% and to 86% for black and minority lesbian and bisexual women
- 13% (one in seven) of gay and bisexual men reported moderate to severe levels of mixed depression and anxiety compared to 7% of men in general, a further 9% reported

¹ For example The Governments 5 Ways to Mental Wellbeing

<https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>

² Meads C Carmona C; Kelly M, (2012) *Lesbian, Gay and Bi-Sexual People's Health in the UK* Diversity & Equality in Health and Care <http://diversityhealthcare.imedpub.com/lesbian-gay-and-bisexual-peoples-health-in-the-uk-a-theoretical-critique-and-systematic-review.php?aid=1826>

³ Guasp A & Taylor J (2012) Mental Health Stonewall Health Briefing

http://www.stonewall.org.uk/sites/default/files/Mental_Health_Stonewall_Health_Briefing_2012_.pdf

experiencing moderate to severe levels of depression with mild or no anxiety compared to 2% of men in general.

- 55% of lesbian, gay and bisexual young people experience homophobic bullying in Britain's schools and 46% of gay pupils who experience homophobic bullying have symptoms consistent with depression. 35% of gay young people who are not bullied are also likely to be depressed compared to just 5% of young people generally
- The LGBT community reports higher levels of suicidal thoughts/actions and self harm than the general population.
- Rates of domestic abuse in the LGBT community at one in four (25%) are about the same as rates of domestic abuse against heterosexual women. As in opposite gendered relationships, the problem is under-reported.⁴

Research⁵ conducted by Birmingham LGBT in 2011 found that:

- 20% LGBT respondents had attempted to commit suicide
- 41% had been victims of hate crime (the research also found that people who had been victims of homophobic hate crime to be slightly more likely to self harm than others)
- 25% had self harmed
- 25% had experienced domestic abuse

In 2014 METRO⁶ identified that some 52% of young LGBT people reported they had, at some point, self-harmed; 44% had considered suicide; and 42% had sought medical help for mental distress.⁷

Drug and alcohol abuse is more prevalent within the LGBT community than the general population. In 2014 the Home Office analysed the Crime Survey for England and Wales by sexual orientation and this analysis identified that in the previous 12 months:

- Drug use was 3 times higher in gay and bi-sexual men than amongst heterosexual men
- Drug use in lesbians and bi-sexual women was 4 times higher than for heterosexual women

Patterns of drug abuse were found to be broadly similar to heterosexual men and women in that cannabis is the most commonly used illegal drug. The largest difference is in the use of amyl nitrate (poppers) where it is the second most commonly used drug and its use is 25 times more prevalent amongst gay and bi-sexual men than it is amongst heterosexual men.

The 2011 Birmingham LGBT research found that around half of those who took part in the research had some history of recreational drug use.

⁴ <http://www.endthefear.co.uk/same-sex-domestic-abuse/>

⁵ Dr Wood G, Keeble S, Viney D (2011) Out & About - Mapping LGBT Lives in Birmingham Birmingham LGBT

⁶ www.metrocentreonline.org

⁷ <http://www.bbc.co.uk/newsbeat/article/25711600/higher-suicide-risk-for-young-gay-and-lesbian-people>

Research carried out by LGBT Foundation⁸ found that LGBT people maybe more vulnerable to developing dependent and problematic relationships with drugs and alcohol.

They also found that a third of the people who participated in their research who scored as substance dependent would not seek information, advice or treatment even if they were worried about their drug or alcohol abuse. Fears of 'coming out' or being 'outed', concerns about confidentiality and/or feelings of shame and embarrassment were identified as significant barriers to seeking information, advice or help.

Drug and alcohol abuse can have its roots in response to the fact that homophobia is part of people's lived experience. For instance in the wake of the EU referendum there was a 147% rise in the number of homophobic hate crimes. The word Gay is still a commonly used pejorative expression.

Birmingham LGBT wants to ensure that lesbian, gay, bi-sexual and transgendered people in Birmingham:

- Have opportunities to meet and socialise that offer a positive alternative to the more traditional 'gay scene'
- Are able to be authentic and to make choices about their health and their lives, including where and how they access services
- Feel safe and secure in the City and where they live
- Are connected and included
- Have access to specialist and mainstream services that are culturally competent
- Are not stereotyped by mainstream service providers
- Have greater visibility both as users of services and as citizens of Birmingham

3. Enabling factors

Enabling factors are the things that need to be in place for Birmingham LGBT to be able to deliver against its ambitions.

3.1 Partnership working

We want to make sure that Birmingham LGBT continues to influence strategic planning and commissioning decisions by working closely with mainstream providers and strategic partners. Partnership with mainstream providers will enable us to support the engagement of LGBT people in the co-design of culturally appropriate and responsive services.

⁸ Part of the Picture (POTP) research project was a five-year partnership between The Lesbian & Gay Foundation (LGF) and the University of Central Lancashire (UCLan), funded by the Big Lottery Fund's research programme between 2009-2014.

We work with other providers to enhance the services we offer and to support them to become more inclusive.

3.2 Marketing and Communication

The organisation has a marketing and communication strategy in place that is regularly updated and refreshed.

3.3 A strong sustainable organisation

The organisation wants to sustain and grow its position as a provider of excellence by strengthening and expanding to meet growing demand and this is a key element of Birmingham LGBT's 2015-2020 Strategic Plan.

4. Delivering services

We are committed to delivering services that support our goal.

We offer:

- Health and wellbeing services which include:
 - ❖ sexual health services including STI and infection testing
 - ❖ peer mentoring
 - ❖ hosting counselling services provided by Umbrella
 - ❖ wellbeing support services including courses on wellbeing and one-to-one support
 - ❖ delivering sports and fitness activities
 - ❖ running a trans youth group
 - ❖ ageing well
 - ❖ being a hate crime reporting centre
 - ❖ an independent domestic violence advocacy and support service
 - ❖ work with LGBT asylum seekers
- A Leadership Academy that aims to create and enable LGBT leaders to go on to become empowered decision makers, supporting their organisations to achieve greater equality and diversity within the workplace. The ambition is that those who are supported will go on to become more engaged in all areas of public life and in turn facilitate the growth of resilient and diverse organisations and communities.
- Arts and cultural events which include:
 - ❖ delivering the SHOUT Festival (now in its 9th year)
 - ❖ hosting an LGBT film club
 - ❖ delivering heritage projects including Gay Birmingham Remembered, Gay Birmingham Back to Backs and Coming Out Stories
- Training for organisations to increase their cultural competency on LGBT issues.
- Space for community groups to meet.

5 Evidencing impact

We have considered how we might evidence the impact of our services and partnership working. We want to understand:

- Are we making a difference?
- Is what we are doing needed?
- Are we sustainable (financially)?
- How well do we do as an employer?

5.1 How will we evidence our contribution to the Voice and Influence of the LGBT communities?

We will build on successes such as the LGBT Health and Wellbeing Strategy which is influencing the Public Health and Substance Abuse strategies in Birmingham. This work has raised the profile of LGBT health needs at a strategic level and is informing the commissioning of services.

We will record services that are commissioned differently as a result of our contribution.

5.2 How will we evidence the effectiveness of our services?

We will gather quantitative and qualitative evidence in a range of ways that will include using our Outcomes Booklet, devised in partnership with the University of Birmingham. The Outcomes Booklet uses the Dartmouth COOP Functional Assessment Charts⁹ to identify changes to wellbeing factors including physical fitness, feelings and overall quality of life.

In addition to our Outcomes Booklet we will:

- Gather qualitative feedback from people who use the Centre. We will target those who come to the Centre more than once for this feedback. We know that each journey is different – we want to identify success factors with individuals at assessment and we want to use case studies to tell stories that answer the 'so what?' question
- Evaluate training activities which will include post-training follow up to assess impact / implementation of learning
- Capture endorsement from partner agencies / badging
- Undertake peer review with other organisations
- Measure awareness in the community of factors that contribute to poor/good health
- Ask people from the LGBT community about their perceptions
- Refer to established evidence e.g. existing evidence that engagement in sport / physical activity increases wellbeing.

⁹ <http://www.fvfiles.com/521475.pdf>