

Institution: University of Brighton	
Unit of Assessment: C22 Social Work and Social Policy	
Title of case study: Improving policy and services for LGBT health and well-being through participative action research	ICS [3]
1. Summary of the impact	

Since 2003, participatory action research in Brighton and Hove has identified the specific health and well-being needs of LGBT people in mental health, safety, housing, drugs and alcohol. The research changed local and national policy and reshaped services to reflect the diverse needs and experiences of LGBT communities. In the UK, the research influenced policy resulting in the first local LGBT housing strategy and the first suicide strategy in Brighton that centralises LGBT people. The research played a key role in ensuring the survival of the only LGBT mental health charity in the UK. Recommendations from the research have been adopted in the UK by the Department of Health, the UK Drug Policy Commission, the Cabinet Office and the Equalities and Human Rights Commission. The research has influenced policy developments in Australia through the National LGBTI Health Alliance and has been incorporated into a guide to GLBTI inclusive practice for health and human services in the state of Victoria.

2. Underpinning research

The psychological health and well-being of lesbians, gay men and bisexual people has been identified as a key national issue with reference to issues of suicide, physical abuse and alcohol and drug misuse. JOHNSON and BROWNE have driven the development of an internationally recognised strand of community based research on understanding and transforming LGBT health and well-being needs. The research has been closely linked to the funding and collaborative approach to impact of the university's Community University Partnership Programme (CUPP) (REF3a). Two studies were developed in Brighton and Hove, the 'gay capital' of the UK: Count Me In Too (CMIT) (2005–2010) led by BROWNE, and the LGBT Suicidal Distress (SD) project (2005–2008) led by JOHNSON. The latter built on JOHNSON's collaborative research published in King et al. [reference 3.1] that first revealed the link between discrimination, poor mental health, psychological well-being and suicidal distress.

The findings of the two projects have produced new knowledge about mental health, health, housing and community safety needs of LGBT communities that challenges narrow approaches to dealing with LGBT safety, demonstrating a need for a broader social policy framework that moves away from constrained views of abuse and hate crime [3.2, 3.3, 3.4]. This has also advanced the process of doing research with LGBT collectives [3.2, 3.5], and the need for wider inclusion approaches to enable trans- and bisexual individuals and organisations greater access to influence service provision in line with their specific health and well-being needs [3.2, 3.4]. The original aim of CMIT was to investigate marginalisation amongst LGBT people in Brighton and Hove, providing a full-scale needs assessment of LGBT people in this area. This project established that 73% had experienced some form of discrimination in the previous five years and 50% had experienced some form of mental health issue [3.3]. It also distinguished between and established the need for both LGBT *specific* and LGBT *sensitive* services [3.2, 3.4].

JOHNSON developed the insights produced in the original King et al. study [3.1] via one of the only qualitative studies of experiences of LGBT suicidal distress in existence [3.4] and showed that this is linked to a range of negative experiences of identity formation and discriminatory practices, including family, school, work, and bullying. Methodologically, the original use of participatory action research (PAR) in the field of LGBT health and well-being brought together communities, service providers, politicians, practitioners and academics in the design, delivery and dissemination to co-produce research that worked for positive social change. This research engaged a range of LGBT voices, particularly trans and bi people [3.2, 3.3, 3.4], and identified that the way LGBT people are represented in research is itself an important site for social transformation if a history of marginalisation and oppression is to be overcome [3.5].

Impact case study (REF3b)

Key researchers:

Katherine Browne: Lecturer (Jan 2003–Aug 2004), Senior Lecturer (Sept 2004–Aug 2010), Reader (Sept 2010–to date).

Paul Faulkner: Research Assistant (Sept 2005–Sept 2006).

Katherine Johnson: Lecturer (Aug 2002–Aug 2003), Senior Lecturer (Sept 2003–July 2006), Principal Lecturer (Aug 2006–to date).

Jason Lim: Research Fellow (Nov 2007–Jan 2010), Lecturer (Jan 2013–to date).

3. References to the research

- [3.1] KING, M., MCKEOWN, E., WARNER, J., RAMSAY, A., JOHNSON, K., CORT, C., WRIGHT, L., BLIZARD, R. and DAVIDSON, O. (2003) Mental health and quality of life of gay men and lesbians in England and Wales: Controlled, cross-sectional study. *British Journal of Psychiatry*, 183, pp.552–558. [Quality validation: output in leading peer-reviewed journal.]
- [3.2] BROWNE, K. and BAKSHI, L. (2013) *Ordinary in Brighton? Lesbian, gay, bisexual and trans lives and activism*. Aldershot: Ashgate. [Quality validation: output has been through rigorous peer-review process.]
- [3.3] BROWNE, K., BAKSHI, L. and LIM, J. (2011) ‘It’s something you just have to ignore’: understanding contemporary lesbian, gay, bisexual and trans safety. *Journal of Social Policy* 40(4), pp.739–756. [Quality validation: output in leading peer-reviewed journal.]
- [3.4] JOHNSON, K., FAULKNER, P., JONES, H. and WELSH, E. (2007) *Understanding suicidal distress and promoting survival in the LGBT communities*. Brighton: Brighton and Sussex Community Knowledge Exchange Project. [Quality validation: output has formed a reference point for further research, including *Health & Social Care in the Community* Volume 16 (3), pp.329–336, May 2008, and; *Minority stress and health: implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people*, in *Counselling Psychology Quarterly* 22 (4), 2009.]
- [3.5] JOHNSON, K. and MARTINEZ, A. (2012) Rethinking concepts in participatory action research and their potential for social transformation: post-structuralist informed methodological reflections from LGBT and trans-collective projects. *Journal of Community & Applied Social Psychology*. Published online in Wiley Online Library DOI: 10.1002/casp.2134. [Quality validation: output in leading peer-reviewed journal.]

Key research grants:

BROWNE, *Count Me in Too: Exclusion and Marginalisation in Gay Brighton*; (Brighton and Hove City PCT, Brighton and Hove City Council and CUPP/Brighton and Sussex Knowledge Exchange) 2005–2007; total funding: £36,000.

JOHNSON, *Suicidal Distress in LGBT Communities* (CUPP/Brighton and Sussex Community Knowledge Exchange Programme and the Children & Young People’s Trust); 2005–2008; total funding; £13,136.

BROWNE, *Count Me in Too: LGBT Communities of Practice Project*; (CUPP/South East Coastal Communities Fund) 2008–2010; total funding; £95,000.

4. Details of the impact

Influencing policy in local authorities and the NHS: CMIT was central to the development of local policies on alcohol community safety and domestic violence, and contributed directly to the UK’s first local LGBT specific housing policy (source 5.1). The Housing Strategy Manager for Brighton and Hove City Council has stated that ‘CMIT was of fundamental use in helping us to develop the city’s LGBT People’s Housing Strategy 2009. The research provided a vivid insight into the lives and experiences of the city’s LGBT communities that we would not have got from our traditional engagement routes’ (5.2). The Housing Strategy is also being used by LGBT community groups in Irish LGBT community organisations – GLEN and BeLong (5.3).

The extent of need identified in the findings on mental health from CMIT and the Suicide Distress research led to the incorporation of these recommendations into Brighton and Hove’s first Suicide Prevention Strategy, 2008–11 (5.4) and the NHS Brighton and Hove’s Single Equality and Human

Impact case study (REF3b)

Rights Scheme 2010–13 (5.5). The two studies underpin a chapter on LGBT community resilience in the Director of Public Health's annual report 2010 (5.6), where the researchers are cited as contributors, and the research underpins the sexual orientation section of Brighton and Hove Joint Strategic Needs Assessment (JSNA 2013). The localised and participative nature of the research was key to making these initiatives possible, and the opportunities to develop ground breaking research that challenged key stereotypes, and engaged politicians and heads of service, were imperative to the impacts achieved in the local area.

Influencing national policy in the UK: The research findings and approaches have had impacts at both national and international level. CMIT findings informed the Department of Health (UK) policy document *Be active, be healthy*, showing why LGBT people might be deterred from physical activity (5.7). The recommendations of CMIT were taken up by the UK Drug Policy Commission (5.8) and used in the UK Cabinet Office's *Call to end violence against women and children* (5.9). The Equalities and Human Rights Commission Report uses this research to address homophobia in the UK and inform work on ageing and older people (5.11). The research was also used as part of the evidence base for the companion report for the national LGBT Outcomes Framework that makes recommendations for action at local, regional and national levels (5.11).

Influencing policy in Australia: The research has informed directly policy developments in Australia through the National LGBTI Health Alliance, responsible for a range of organisations and individuals from across Australia that work in a variety of ways to improve the health and well-being of LGBT communities. In particular, insights from UoB's participative approach to research and service developments has been used in the Alliance's pathways to inclusion for mental health and suicide prevention services, and health services document (5.12). In the state of Victoria, the GLVH, an LGBTI health and well-being policy resource unit, has used the research in its guide to GLBTI Inclusive practice for health and human services (5.13). The Brighton & Hove LGBT Housing Strategy is being used to aid advocacy and wellbeing in gay and lesbian health by the charity Open Door in Australia.

Reshaping mental health services: The evidence for the need for LGBT-specific services underpinned the establishment of MindOut as an independent charity, informed practitioner debate and reshaped local service delivery to meet the needs of LGBT people. Findings on mental health from the two studies were used by MindOut to help secure its future by two successful bids to the Big Lottery and local health funding (total funding: £485k) to provide appropriate services for LGBT people with mental health issues and expand their delivery (5.14). The research findings supported the development of a senior practitioner at MindOut. Allsorts an LGBT youth project changed their practice through the appointment of a new mental health worker (5.14).

In Brighton and Hove, the local NHS and City Council used the research to indicate levels of local LGBT need and to provide a rationale for targeted community mental health services. CMIT data around mental health issues informed equality and diversity training for members of the GP Clinical Commissioning Group and GP Practice Managers (5.15). As a result of findings from CMIT, the Sussex Partnership NHS Foundation Trust has stated that it 'decided to respond proactively in reaching out to LGB and T people to raise awareness of mental health issues' and that they 'are listening to what local LGB and T people want and showing how we provide it by demonstrating that our services are LGBT affirmative' (5.16). CMIT research recommendations resulted in two LGBT workers being recruited to RISE, a charity that supports women and families affected by domestic abuse, benefiting gay men and trans people who might otherwise be excluded from services focused on women/heterosexual men (5.17).

5. Sources to corroborate the impact

- 5.1 Evidence in the form of citations in Brighton and Hove City Council reports is available for each of these specific areas. One example is provided as follows: Brighton & Hove City Council *Housing Strategy 2009–2014: healthy homes, healthy lives, healthy city*. Available at: <http://www.brighton-hove.gov.uk/content/housing/general-housing/housing-strategy-2009-2014-healthy-homes-healthy-lives-healthy-city> [Accessed: 8 November 2013]. Page 12 reports on consultation with research.

Impact case study (REF3b)

- 5.2 Testimonial from Housing Strategy Manager, Brighton and Hove City Council confirming how the research has provided a resource unavailable from traditional engagement routes.
- 5.3 Irish LGBT community organisations (GLEN and BeLong). Available at: <http://www.hse.ie/eng/services/Publications/services/Mentalhealth/SuportingLGBTLives.pdf> [Accessed: 8 November 2013]. See bibliography.
- 5.4 Brighton and Hove Suicide Prevention Strategy 2008–11. Available at: <http://www.brightonhovectypct.nhs.uk/about/ourorganisation/boardmeetings/papers/boardpapersjuly08.asp> [Accessed: 8 November 2013]. The strategy is provided under the link for June 2008 board papers and the research is incorporated from page 18 onwards.
- 5.5 Brighton and Hove's Single Equality and Human rights Scheme 2010–13. Available at: <http://www.brightonhovectypct.nhs.uk/about/community/equalityanddiversity/documents/NHSBrightonandHoveSingleEqualityandHumanRightsScheme2010-13.pdf> [Accessed: 8 November 2013] CMIT is referenced in NHS on pages 5, 6, 15, and 20.
- 5.6 NHS Brighton & Hove/Brighton & Hove City Council (2010) Annual Report of the Director of Public Health. Available at: <http://www.brightonhovectypct.nhs.uk/about/documents/3559CouncilDPHReport2011newlores.pdf> [Accessed: 8 November 2013] Chapter 7 includes underpinning information from both studies.
- 5.7 Department of Health (2009) *Be active, be healthy: a plan for getting the nation moving*. Available at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_094358 [Accessed: 8 November 2013]. Research is incorporated into section 2.6, page 68.
- 5.8 UK Drugs Policy Commission (2010) *The Impact of drugs on different minority groups: LGBT groups*. Available at: <http://www.ukdpc.org.uk/publication/the-impact-drugs-different-minority-groups-lgbt-groups/> [Accessed: 8 November 2013]. See pages 82 and 90.
- 5.9 *Call to end violence against women and girls: equality impact assessment*. (2011) Available at: <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-eia?view=Binary> [Accessed: 8 November 2013]. See page 7).
- 5.10 Equality and Human Rights Commission research reports. Available at: <http://www.equalityhumanrights.com/publications/our-research/research-reports/> [Accessed: 8 November 2013]. Equalities and Human Rights Commission report no. 38 on Homophobia (see page 17); no. 34 – Sexual orientation 2008, (see pgs 145, 200, 208, 210, 221, 225, 303, and 306), and; 'Don't look back?' (see pgs 17, 23 and 25).
- 5.11 'The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework and Companion Document.' Available at: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CDQQFjAB&url=http%3A%2F%2Fwww.lgf.org.uk%2Fdownloads%2F191&ei=QmCDUitTOKIPxhQfz74DQDw&usq=AFQjCNH9djK_8sKDeAVI4x65m-2bo1gfbQ&sig2=TTjlkVE4lnGyA5OSJL15vw [Accessed: 8 November 2013]. This uses the research as part of the evidence base.
- 5.12 Australian National LGBTI Health Alliance, *Pathways to Inclusion*, 2012. Available at: <http://www.lgbthealth.org.au/sites/default/files/Pathways%20to%20Inclusion%20May%202012v5.pdf>. [Accessed: 8 November 2013]. Page 6 and page 20.
- 5.13 GLVH 'Well Proud' A guide to inclusive practice for health and human services.' Available at: <http://www.glhv.org.au/node/589>. [Accessed: 8 November 2013]. Pages 48 and 51.
- 5.14 Testimonial available from Director of MindOut, LGB and T mental health project that confirms the appointment of a new mental health worker and change in practice.
- 5.15 Testimonial available from Equality and Diversity Manager, NHS Sussex, that confirms impact on training to address and target services.
- 5.16 Testimonial from Sussex Partnership NHS Foundation Trust. Available at: http://www.countmeintoo.co.uk/service_response.php [Accessed: 8 Nov 2013].
- 5.17 Testimonial available from RISE that confirms the recruitment of two new LGBT workers.