WHO AM I?

Black Minority Ethnic (BME) Lesbian, Gay, Bisexual, Transgender (LGBT) Conference

REPORT

March 2014
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BHI

BHI is a Community Engagement Organisation in Leeds working within communities for equal access to Education, Health and Social Care provision.

Within the last three years, BHI has developed bespoke programmes to ensure that the profile of health and wellbeing issues that disproportionately affect minority communities in Leeds are being raised.

National Perspective on BME LGBT agenda

“I think the real issue is whether people are aware of what evidence is there, and secondly how it then can be marshalled and used in bringing about change.” (Voice4Change England, 2008)

There is a widespread assumption that being gay is a phenomenon of white people. Consequently; Black and minority ethnic (BME) lesbian, gay, bisexual and transgender (LGBT) people’s health needs have been almost completely overlooked in research conducted in the UK.

It would be inappropriate to assume that BME LGBT communities form a homogenous group; they are socially, culturally, politically, religiously and economically diverse. There are also wide-ranging differences in perceptions about what it means to be BME and LGBT. However, experiences of being BME and LGB mean that one’s health status and access to health services may differ from those of both BME heterosexuals and of white LGB people.

Evidence on the experiences of BME communities is comparatively good in the UK despite some key gaps including regional differences and the diversity within BME communities such as experiences of Lesbian, Gay, Bisexual and Transgender (LGBT) individuals.

Although the evidence could be improved the key issue is how existing evidence is shared, understood and acted upon. Researchers and policy makers need to be able to critically analyse existing evidence and relate it to the social and political context.

(Department of Health, 2007)

Conference Aim

The aim of the conference was to initiate dialogue within Leeds on a seemingly difficult and controversial issue of sexuality within the black community.

Also, to raise awareness of Black and Minority Ethnic (BME) Lesbian, Gay, Bisexual, Transgender (LGBT) issues with accessing services in line with the NHS England and Leeds City Council’s agenda to become a LGBT friendly city.

Conference Rationale

This conference was an open assembly to those who reside within the city of Leeds. 75 delegates from diverse communities and organisations nationwide attended this event with over 25 apologies.

The conference sought to bring together a number of diverse BME and/or LGBT communities, health agencies, charity organisations, businesses and the NHS to openly discuss ways forward to support this particular group of individuals in regards to accessing services easily and confidently.

- To link the voice of LGBT individuals from BME communities to the health care ‘system’. Influencing policy change and targeted inclusivity to ensure equality of service, from a grassroots perspective.

- To encourage BME LGBT individuals to make their health a priority; influence lifestyle choices and support behavioural changes. For example by:
  - Visiting a health care professional to receive regular check-ups and access screening programmes
  - Increasing ‘mental health’ awareness.
  - Raise awareness of main health issues which disproportionately affect sections of the community
  - Actively seeking support groups and relevant services

BHI aimed to inspire and empower those from or working with BME LGBT communities to openly discuss issues and concerns and for policy makers to improve access to services and support agencies.
Methodology

Outreach

- Targeted flyer distribution throughout local and national organisations and businesses with a vested interest in supporting those from BME and/or LGBT communities.
- Social media outlets e.g. Twitter, Facebook, LinkedIn
- Announcements at various other BHI events and activities.

How did you hear about Who Am I? BME LGBT Conference?

[Data recorded from delegate evaluation forms, explained further below]

Venue

Who Am I? BME LGBT Conference was held at The Banqueting Suite at Leeds Civic Hall. The choice of a central location was based on the ease of accessibility, the provision of a safe environment for all attendees and also in partnership with Leeds City Council in their quest to harness Leeds as a LGBT friendly city.

Stalls

The event included a Stall Market Place that included a variety of organisations providing an array of information around health issues and relevant services pertinent to BME and/or LGBT communities. These organisations included:

- BHI
- BHA Skyline
- Carers Leeds
- Leeds Involving People
- Stop Hate
- Leeds Community NHS Trust Membership and Involving Peoples Team
Evaluation/Monitoring

All conference delegates were asked to complete an evaluation form at the end of the event. The information we received was as follows:

**Gender of Delegates**

- Female
- Male

**Age of Delegates**

- 16-24
- 24-31
- 31-40
- 41-50
- 51-60
Throughout the conference it was brought to the attention of BHI that there were errors with terms used on the form such as “homosexual” and “transgender”. Apologies were made and relevant changes were made in the post-event evaluation process.

BHI’s reasoning for monitoring gender, age and sexuality was to evaluate if targeted outreach had been effective and to review what changes need to be made in the future.
Programme of Event

WHO AM I? BME LGBT Conference
Tuesday 18th March 2014
9.30 – 2pm

Programme

9.30 – Registration/ Refreshment

10.00 – Welcome and Introduction  Heather Nelson
         (BHI Director)

10.15 – Spoken word performance  Jamal Gerald
         (Leeds Young Authors)

10.30 – Why Inclusion Matters  Yvonne Coghill
         (NHS Leadership Academy)

10.55 – Group discussions

11.30 – Presentation: Strange Fruit  Scott Durairaj
         (NHS England)

12.00 – Presentation: Halve It  Jacqui Stevenson
         (APHNA Trust)

12.30 – Open mic – Q&A

13.15 – Dance and drama performance  ASE
         (Leeds City College)

13.25 - Closing address  Heather Nelson & Scott Durairaj

13.30 - Lunch/Networking
Keynote Speakers

Yvonne Coghill
Senior Programme Lead of Inclusion and Coaching at NHS Leadership Academy.

Why Inclusion Matters
Yvonne talked us through the NHS Constitution and the rights to a good service based on the Equality Act 2010. Ms. Coghill also spoke of the “double whammy” – being black and LGBT and the fact that services rarely consider people having more than one protect characteristic, thus, addressing the need for changes in societal attitudes.

She also touched on her personal family experiences and the importance of openness and acceptance.

“...fantastic and inspirational speaker[s] who provided an excellent foundation and ideological standpoint for the first conference”

Scott Durairaj

Strange Fruit
Scott questioned the visibility of BME LGBT members in mainstream media with the use of an incredibly powerful visual presentation with reference to Billie Halliday’s Strange Fruit noting that Ms Halliday herself was bisexual.

Mr Durairaj’s presentation followed with a moving insight into his personal journey and experience being a black gay male growing up in Liverpool through the 1970’s and 80s.

“Scott sharing his story was one of the most powerful discussions I’ve heard.”
Jacqui Stevenson
Acting CEO for African Health Policy Network (APHN) Trust

**Halve It**

Jacqui delivered a very informative presentation on APHN’s Halve It campaign that aims to halve the proportion of people diagnosed late with HIV and halve the proportion of people living with undiagnosed HIV. Ms. Stevenson revealed some alarming facts and figures regarding the high prevalence of HIV in the UK.

Jacqui highlighted the importance of increasing the uptake of HIV testing among black Africans in England, particularly gay males, through a variety of means such as community engagement, outreach and referral pathways.

“Very good presentation[s] - full of new information for me. A lot to think about and take away.”
Performers

Jamal Gerald
Leeds Young Authors

The conference was opened by an emotive, inspirational and thought-provoking spoken word performance by Jamal Gerald - a young, openly gay, black male. Delegates were treated to two moving poems entitled “Fierce” and “Dear Mother” - the latter a piece written to his mother about coming out.

“I was very touched by Jamal’s presentation and wanted to give a standing ovation. I saw the passion in his voice not just heard it - felt it too! Very powerful!”

@JamiBoii

ASE
BHI Youth Ambassadors

3 young black African males, Eugene, Brice and Richie, perform two realistic and hard-hitting drama and dance pieces depicting the hostile reactions towards a young gay male coming out.

“I need to add the young men at the end were relevant and for me made the most impact.”
Group Discussion / Recommendations

Part-way through the conference, delegates were invited to take part in a 30 minute round table discussions in groups of 8-10. They were asked to carefully consider a number of questions and report their answers. The questions and answered recorded were as followed:

1. Are you aware of services available in Leeds for BME LGBT? If so, what are they?

A number of services were identified both regionally and nationally that were aimed at either BME or LGBT service users however it was noted that there appeared to be a lack of services specifically targeted at BME LGBT groups.

Services noted included:

- ReachOut
- Equity – Bradford
- Rainbow Roof
- Touchstone
- MESMAC
- Community Links
- LGBT Leeds
- Rainbow Drops
- Skyline
- Equality & Diversity Team (Leeds City Council)
- Women’s Counselling and Therapy Services Leeds
- UK Black Pride (Nationwide)
- Rainbow Noir (Manchester)
- Lesbian Immigration Support Group (Manchester)
- Imaan (Manchester and London)
- Indigo (Sheffield – for young people)

2. What is your opinion on the accessibility of these services in the city?

“Everyone should be aware of all services irrespective of need.” Conference delegate

Almost all tables reported a failure in the promotion of services suggesting that if those working in the sector are unaware of services how are users expected to. Also the fact that most of the services are within the voluntary sector pose a barrier to
those unaware of such resources. Some even reported that there was a lack of willingness from certain organisations to promote their services but also a barrier for service users accessing resources (‘unspoken taboo’).

There is also dissatisfaction with the quality of services regarding prevention, promotion and sensitivity towards LGBT. Delegates reported was that there is a tendency for BME LGBT service users to experience a hostile reception be it in staffs responses, their body language, their assumptions of BME groups and also the underrepresentation of peers and positive role models in these services and organisations. There also appears to be disjointedness across the services for examples where does a young BME LGBT person go for advice or support? Such services appear to be further afield creating barriers for local people to attend.

Additionally, the local services that are available are not only disjointed, based around specific needs, these tend to offer mainly health services and predominantly HIV prevention rather than social aspects.

3. Do you feel these services are appropriate for BME community members?

Delegate reported there are a “range of experiences depending on the individuals seeking the service and the person they meet when they ‘walk through the door.’” The “community of BME LGBT is quite small so some may access services in other regions that are more specialist and also less likely to see others in their area”. It is about knowing what the needs of the BME community are, as many needs are impacted e.g. housing, education, mental health, religion.

There is “lots of tension over what the services are focusing on, i.e. BME, gender issues, sexuality, and mental health. – a combination of all is rare!” Also services need to have staff with good set of values but who comes from a broad range of backgrounds and experiences.
4. **Are there gaps in services within Leeds? If yes, please specify.**

Due to the limited or lack of awareness of services specific to BME LGBT groups it proved difficult for some delegates to correctly identify gaps. However, there was a resounding agreement across all tables that there are definitive gaps in services across Leeds. For example, for the ageing population of BME LGBT individuals, there is a lack of professional understanding of issues regarding home care or social care. Current services aimed at LGBT or BME service users are mainly around health issues and there appears to be an absence of attention of the social aspects of wellbeing.

Some felt that issues of BME LGBT needed to be higher on the agenda for the city of Leeds by raising awareness with various communities via various avenues e.g. housing, education, and creating visibility of BME LGBT local role models.

5. **Do you have any suggestions or areas for improvement regarding services that Leeds provides for BME LGBT citizens? e.g. initiatives that have been successful in other cities**

There was a plethora of suggestions and improvements provided by participants as to how to provide better services for BME LGBT citizens.

More effort is needed to break down the silence around LGBT issues and barriers within BME communities. A number of delegates propose including LGBT/BME issues and history into the education system from an early age with the intention to breakdown potential negative parental opinions and behaviours.

It is clear that more work needs to be done to promote the services that already exist more widely, with a focus on children and young people in educational institutes e.g. schools, colleges and universities. This awareness should also coincidence with the visibility positive role models in key positions within these services and organisations. Also, effective partnership work with other institutions such as places of worship, businesses, local GPs etc.

There needs to be the creation of safe spaces where individuals can gain peer support and be offered a comprehensive directory of local LGBT/BME services that harness environments that have positive images and affirmations on display.
There is also the need for more opportunities for creative expression through spoken word workshops, BME Pride festivals, Black History Month events, creating social opportunities for like-minded individuals to be encourage to share their personal experiences.

Some delegates suggested there needs to be legislative reform on inclusion following extensive research based evidence on the needs of BME LGBT communities.

6. Are there any questions you would like answered?

The following are questions posed by the conference delegates. BHI would greatly appreciate your suggestions in answering these questions with the hope of working together to create solutions in the near future:

- What prevention strategies are being used to reach men/women?
- Are there materials in school for children and young people to access?
- Is there a steering group ran by local LGBT peers?
- How can BHI have a meaningful conversation around LGBT role to have a new approach to create a blue sky atmosphere?
- Why don’t we have people who have real life struggles?
- Only 1 person out of 8 people on this table was working Leeds and the only found out about this event the day before. Do we need more awareness around the issue in Leeds? Raising awareness in BME communities, LGBT networks and mental health services?
- What were people’s expectations of the conference and what did they want to go away with?
- How can we campaign or use innovative means to get local, regional and/or national data on BME LGBT population/demographic?
Emerging Needs

- Local services specifically aimed and targeted at BME LGBT groups
- Better promotion of the services that already exist
- Social support and services required in addition to health advice
- Clear and effective referral pathways to be developed to all service providers
- Positive peer role models within services
- Safe spaces
- Research-based evidence

Recommendations

- Information in a clear format both written, verbal and pictorial thus accommodating all literacy skills
- Sign posting needs to be appropriate to needs of the individuals in all aspects of social, practical and cultural
- Awareness campaigns and earlier education for children and young people
- Legislative reform on inclusion