Critical Commentary

Out and Proud? Social Work's Relationship with Lesbian and Gay Equality

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Abstract

Major changes in the UK legislative framework to promote the rights of lesbians and gay men have challenged and challenge long-standing heteronormative and heterosexist frames of reference in both social work practice and professional education and the way these are organised. At the same time, government policy within 'transformation' and 'integrated' agendas and recent reviews of the role of social work provide many opportunities for social work to respond in new and different ways to the proposed changes. This Critical Commentary looks at the implications for increased visibility of sexuality within social work and the complexity of managing identities. We will examine how these are debated within the current social, political and legislative environment.

Introduction

During the year of the fortieth anniversary of the Stonewall Riots, the Equality and Human Rights Commission (2009) launched its public policy report, *Beyond Tolerance: Making Sexual Orientation a Public Matter*. Alongside Stonewall's public campaign 'Some people are gay, get over it!' (*www.stonewall.org.uk*), this latest move by the EHRC has afforded an opportunity to reflect on the positive achievements in sexual orientation equality over the last decade and the implications for social work practice. Numerous developments in legislation and rights within particular areas such as employment, crime, civil partnership and family law have gone some way to transforming the everyday lives and experiences of lesbian, gay and bisexual people (LGB). Distinctions between the private and public and the role of the government in promoting public policy influential in the private sphere remain areas of live debate (Purdy, 2006). People's ability to be who they are, in terms of their sexual orientation, is shaped by freedom and rights on the one hand, and by the construction of heterosexist discourses in society on the other. Despite a range of popularist images of LGB people in public life, and behind the liberal ideology that we need to just 'get over it', many LGB women and men continue to experience a high degree of exclusion and segregation in many areas of society (Ellison and Gunstone, 2009).

LGB people still have low expectations of social care services based on prejudice, stereotyping and invisibility (Brown, 1998; Fish, 2006; Hicks, 2008). Building a deeper understanding of the exact impact of discrimination on the grounds of sexual identity is a growing priority for the education of professionals (Logan *et al.*, 1996; Trotter and Leech, 2003; Van Den Berg and Crisp, 2004; Hafford-Letchfield, 2009), for the orientation of social work practice (Dugmore and Cocker, 2008; Bywater and Jones, 2007) and for delivering personalisation through the 'transformation' of care services (Fish, 2006; Brown and Cocker, forthcoming). Since 2006, a growing UK national special interest group has sought to promote the issue of sexuality into mainstream thinking within social work by developing its own 'community of practice' (Trotter and Hafford-Letchfield, 2008). This has led to rich diverse collaborations resulting in special editions of the [*International Journal of*] *Social Work Education* and *Practice: Social Work in Action*, aimed at increasing the social work evidence base on LGB issues and concerns (Trotter *et al.*, 2008; Dunk-West *et al.*, 2009).

In the absence of any current systematic approach to addressing sexuality issues in social work, this Critical Commentary examines the implications for increased visibility of sexuality in social work and the complexity of managing identities within the current dynamic and changing social environment in which social work is operating.

Legislation and policy: key developments
Legislation

The current legal position of lesbians and gay men in the UK must be con-
sidered against a backdrop of considerable positive change in general social
opinions toward lesbians and gay men over the last forty years. However, in
the UK, successive governments have had differing opinions on whether or
not legal protection was warranted for LGB and their families. During the
term of the last Conservative Government (1979–97), protective legislation
for lesbians and gay men did not exist. Various aspects of same-sex male
sexual activity were still criminalised. Political debates of the time arising
from the passage of potentially relevant laws and secondary legislation
(e.g. 1988 the Local Government Act; the 1990 Human Fertilisation and
Embryology Act; the 1991 Family Placement Guidance as well as discussions
surrounding the then Adoption Law Review) concentrated on lesbians' and
gay men's right to parent—the right to conceive children, to foster them and
to adopt them. Recurring themes, such as 'homosexuality as pathology', and
the suggestion that children could not develop normally within lesbian and
gay households, were evidenced in *Hansard* (Brown, 2008).

The last ten years in the UK have seen an unprecedented level of new
legislation and supporting guidance acknowledging and protecting the
rights of lesbians and gay men and their families. This covers discrimination
on the grounds of sexual orientation in three areas: sexual practices,
employment and family life (Bagilhole, 2009, p. 113). This has been
reviewed in detail by others (see Fish, 2007; Brown, 2008; Brown and
Kershaw, 2008; Brown and Cocker, forthcoming). Examples include:

- the 2000 Sexual Offences (Amendment) Act, which reduced the age of
  consent for gay men to sixteen years (the same as heterosexual sex);

- the 2002 Adoption and Children Act, which enabled lesbians and gay men
  in partnerships (not necessarily in civil partnerships) to jointly adopt, and
  for the partner of the birth parent of a child (or children) to apply to
  adopt as a stepparent;

- the 2003 Employment Equality (Sexual Orientation) Regulations, which
  protected lesbians and gay men from direct or indirect discrimination, vic-
  timisation and harassment in employment and training, covering all aspects
  of recruitment and employment, including pay and promotion;

- the 2004 Civil Partnership Act, which provided lesbian and gay partners
  with the option of a civil ceremony, legally recognised and broadly equiv-
  alent to marriage, with benefits and rights in terms of inheritance tax, pen-
  sions, etc. (see Bagilhole, 2009, p. 116);

- the 2006 Equality Act, which established the Commission for Equality and
  Human Rights and provided the legal basis for the introduction of the
  Equality Act (Sexual Orientation) Regulations 2007;

- the 2007 Equality Act (Sexual Orientation) Regulations, which prohibited discrimination on the grounds of sexual orientation in providing goods, facilities and services; and

- the 2009 Equality Bill, which reviews, simplifies, modernises and increases the effectiveness of discrimination law (see: *www.equalities.gov.uk/ equality_bill.aspx*) (see Fish, 2007, and Bagilhole, 2009, for further information).

Additionally, some discriminatory legislation has been repealed, such as the much despised section 28 of the 1988 Local Government Act, which made the 'promotion' of homosexuality illegal (S28a); and the 1990 Human Fertilisation and Embryology Act, which required clinics to take into account 'the welfare of any child who may be born as a result of the treatment (including that need of that child for a father and of any other child affected by the birth)' (1990 HFE Act, section 13(5)). The 2008 Human Fertilisation and Embryology Act recognises same-sex couples as legal parents of children conceived through the use of donated sperm, eggs or embryos. These provisions enable, for example, the partner of a woman who carries a child via assisted reproduction to be recognised as the child's legal parent. The 2008 Act retains a duty on clinics to take account of the welfare of the child in providing fertility treatment, but replaces the reference to 'the need for a father' with 'the need for supportive parenting' (Department of Health, 2009*c*).

Whilst the legislative changes may have, in turn, transformed the current context for social work practice with lesbians and gay men, challenges for practice remain. Dugmore and Cocker (2008) suggest that 'the legislative framework will only be as effective as the practitioners and managers responsible for its implementation' (Dugmore and Cocker, 2008, p. 166). Brown and Kershaw (2008) comment that 'despite positive legislative changes, homophobic attitudes, prejudice and discrimination still exist. Legislation does not force people who think homosexuality is immoral and wrong to change their views, however it does require them to be more tolerant and treat people alike' (Brown and Kershaw, 2008, p. 129), whilst Brown and Cocker (2008) are broadly optimistic about the effect of this recent protective legislation: '...experiences of related struggles for equality, such as women's emancipation and race equality, would suggest that the journey...has only really just begun' (Brown and Cocker, 2008, p. 29).

Policy and its relationship with practice

Adults

Within adult services, there are a number of aspirational system-wide standards for avoiding discrimination, promoting dignity and person-centred, individualised care within mental health, learning disabilities and older

people's services (HM Government *et al.*, 2006; Department of Health, 2007, 2009*a*, 2009*b*), most of which rarely make sexual orientation and heterosexism explicit or address it specifically (Clover, 2006). Policy and guidance emphasise an individualised 'outcomes'-focused approach to service provision in order to achieve the aspirations, goals and priorities identified by users themselves (Glendinning *et al.*, 2006). This provides an opportunity for social work to engage more creatively with LGB service users in contrast to services whose content or forms of delivery are standardised or determined solely by those who deliver them.

Jeyasingham (2008) suggests that exclusion of certain knowledge about sexuality from social work literature, alongside the privileging of heteronormativity and heterosexuality within social work practice and education, has allowed certain ideas, behaviours and groups of people to be ignored or pathologised. The issues affecting LGB populations within adult services, for example, are constructed within discourses about sexual orientation as individual pathology. These are reflected in the assumption that sexual orientation causes mental health problems (King *et al.*, 2003), whilst experiences of heterosexist discrimination have also been linked to poor mental health itself (Social Perspectives Network, 2007). Research suggests that LGB people are much less likely to come out in traditional institutional care settings (Commission for Social Care Inspection, 2008). People with learning disabilities are also more likely to experience bullying, harassment, verbal and physical violence because of their sexual orientation, often by their own family members (Abbott and Howarth, 2005). For the older LGB community, historical determinants of concealment and fear of discrimination and stigma make it all the more difficult to express intimacy, sexual desires and needs for more LGB-friendly services (Fenge, 2008; Hafford-Letchfield, 2008; Concannon, 2009). Price (2008) has investigated the presumption of asexuality within dementia care negating those sexual identity issues relegated to the margins. The literature on informal caring likewise privileges heterosexuality within caring relationships. Despite the gendered nature of care, lesbians caring for their own partners are frequently marginalised and their experience rarely illustrates the caring role (Manthorpe, 2003). Additionally, the family relationships of lesbians and gay men are not always recognised as such, rather lesbians and gay men are assessed as individuals, and this serves to reinforce socially held prejudicial beliefs that being gay or lesbian and having a fulfilling and supportive family experience is not possible. This is despite the fact that Cronin and King's (2009) research suggests that older gay men are more likely to be carers for parents, partners and friends than heterosexual men.

On a more positive note, some accounts suggest that direct payments have benefited lesbians and gay men (Commission for Social Care Inspection, 2008). Hasler *et al.* (1999) illustrate the importance of peer support, maintaining confidentiality and specific measures to consult disabled lesbians and gay men seeking to live independently. Practical issues faced by lesbian and gay

users of personal assistants (PA) include discriminatory attitudes by PAs and difficulties users experience in not knowing when to disclose their sexuality to their PA (Killin, 1993) and finding a gay carer (Gulland, 2009).

In summary, LGB social networks or relationships continue to be narrowly constructed within social work with adults. Enabling LGB service users to utilise mainstream community care and support means recognising and being sensitive to other differences such as class, race, age and other factors. Social work could develop knowledge about local and national networks that might help LGB users 'cohere more effectively' (Cant, 2009, p. 59), particularly if they are to capitalise on the opportunities afforded by individualised budgets, self-directed support and personalisation.

Children and families

In children's services, the last twenty-five to thirty years have seen significant changes in the way in which lesbian and gay families are viewed by the state. Historically, the government's position has been antagonistic; for example, legislation described lesbian and gay families as 'pretend family relationships' (1988 Local Government Act, section 28(b)) and children within lesbian and gay families did not enjoy the same legal protection as all other families, such as through their parents' relationship with each other not having legal recognition prior to the 2002 Adoption and Children Act and 2004 Civil Partnership Act. Parental responsibility was only granted to a non-biological parent via a residence order (1989 Children Act, section 8); this ceased to have effect from when a child turned sixteen (now eighteen). The 2002 Adoption and Children Act (section 144) finally put a legal end to this notion of the 'pretend' family (Brown and Kershaw, 2008), and has led to considerable changes in the way in which public sector services, such as adoption and fostering services, approach their work. Fostering and adoption assessment is the most common reason for contact between the state and lesbians and gay men in the arena of child welfare (Brown, 2008). However, lesbian and gay families are not a homogeneous group and some families may need family support and preventative services for the same reasons as their heterosexual counterparts (Brown, 1998).

It is essential that social work practice under the *Every Child Matters* (Department for Education and Skills, 2004) policy framework remains child-centred and child-focused, and the paramountcy principle contained within the 1989 Children Act regarding the child's welfare retains its centrality for practice. This can be achieved within the current requirements to assess lesbian and gay couples and their families on an equal footing with their heterosexual counterparts. Brown and Cocker (forthcoming) highlight the lack of available material looking at support services and child protection with lesbian and gay families compared to the more robust literature related to fostering and adoption by lesbians and gay

men. Hicks (2000) comments that within fostering and adoption assessments, there is an unconscious privileging of some lesbian and gay applicants by social workers. This is because many key heterosexual family-based practices are perceived or indeed seen as desirable and the assessing social worker makes sense of lesbian and gay family life through this particular heteronormative discourse.

Many assessments commonly used in child and family social work, such as the *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000), can and should be used appropriately to assess lesbian and gay families, as much work in this arena of social work practice will be the same with lesbians and gay men as with any other client group. However, Cocker and Brown (2010) suggest that there is still a need to retain a specific focus on the distinctive experiences of lesbians and gay men. There are occasions on which certain types of assessments do need to cover different areas, because some experiences are particular to the lives of lesbians and gay men, such as coming out or homophobia. The question is whether existing frameworks should be flexible enough to adapt to people's individuality, and incorporate differences in a reflexive manner rather than as an 'add on' or not address them at all. In the field of fostering and adoption assessments, for example, Cocker and Brown (2010) have developed the SPRIINT model to assess sexuality in relationships in its broadest sense, and this model is flexible enough to apply to all applicants, regardless of sexual orientation.

Developments in social work and sexuality
Anti-discriminatory practice

Brown comments that much of the anti-discriminatory discourse that has dominated social work for so long in the UK 'has had very little to offer lesbians and gay men . . . interestingly, there was less written within this "ADP genre" on working with lesbians and gay men than there was within the radical social work literature of the 1970s and the 1980s' (Brown, 2008, p. 272). She comments that the strength of the radical social work literature was that it had both political and sociological underpinnings, and therefore had much to contribute to social workers' understanding of the political and social position of lesbians and gay men (Plummer, 1975), whereas 'much of the ADP literature has been both apolitical as well as atheoretical in comparison' (Brown, 2008, p. 272). More recently, the resurgence of interest in radical social work presents an opportunity for debate; however, so far, engagement in issues of sexuality has been limited (see Ferguson and Woodward, 2009).

Hicks (2000, 2008, 2009) is also highly critical of the anti-discriminatory practice (ADP) and anti-oppressive practice (AOP) frameworks so

prevalent in social work. Drawing instead on the work of Michel Foucault, Mark Philp and others, he argues that social work needs to analyse its categorisation of sexuality and examine how various discourses have defined and specified the development of ideas about many areas of social work, including sexuality. Hicks considers descriptive labels that refer not to identities, but to a system of knowledge that frames ideas into moral and political hierarchies (Turner, 2000). Such categories involve operations of power and result in the establishment of normative frameworks so, in respect of sexuality, a heteronormative framework is presumed and embedded in social work. Further critiques of ADP/AOP frameworks are offered by McLaughlin (2005), Millar (2008) and Featherstone and Green (2009).

Social work anxiety in working with difference can also manifest itself in 'positive stereotyping', a phenomenon arguably identified within the Wakefield case, in which undiscerning social work assessments arose from social workers not wishing to appear homophobic in their attitudes toward lesbians and gay men (Parrott *et al.*, 2007).

What role for education and training?

Whilst education plays a critical role in shaping students' attitudes and behaviours towards diversity, self-awareness remains a powerful influence. There are numerous challenges for social work education when explicitly considering and addressing anti-heterosexism in the academic or practice curriculum (Logan *et al.*, 1996) as well as examining heteronormative models of care used to frame certain events such as puberty, cohabitation and parenthood (Jeyasingham, 2008). Learning strategies within social work education at pre and post-qualifying levels should assist in developing a more critical awareness of frames of assessment and how these impact on the personal lives and routines of LGB people (Hafford-Letchfield, 2009). Curricula that uphold the notion of heterosexuality as the unproblematic norm, if left unchallenged, reinforce frames of reference and knowledge that then become part of professionals' repertoire. Notions about citizenship, social inclusion and respect for diverse lifestyles and cultures are primary social and political discourses that are not always given priority within social work education (Trotter *et al.*, 2008). The recent review of the roles and tasks of social work cited 'commitment to putting into practice equalities and diversity principles, recognising and dismantling barriers, and challenging discrimination against people using services, carers, families and fellow-workers' as key areas of knowledge and skills within social work 'that integrates individual, family and community dimensions in a creative balance' (General Social Care Council, 2008). Jeyasingham's (2008) critique provides us with an imperative to address ways of 'not knowing' or continuing 'ignorance' within social work education, which fundamentally ignore the operations and consequences of homophobia

and heteronormativity and fail to identify the day-to-day practices and social apparatuses through which homophobia operates in societal and social work contexts.

Conclusion: can social work deliver an equitable service for lesbians and gay men?

Working proactively with lesbian and gay communities in all their diversity entails an appreciation of social, historical and political circumstances. Whilst the removal of legal barriers and new public policies offer important opportunities for social work to engage more directly with LGB service users and their networks, achievement of equality in the assessment and provision of care services is yet to be realised. Current concerns about the quality and types of provision for the LGB population could build upon the growing research evidence in this area, particularly from those studies that draw on the narratives of service users themselves (Cant, 2009; Cronin and King, 2009). Whilst the 2002 Research Assessment Exercise specifically remarked on the emergence of sexuality as an important area for social work research, it continues to be under-researched and under-funded (Shaw and Norton, 2007). In 2008, the Social Policy and Administration and Social Work RAE panel drew up criteria for research assessment that reiterated the value of inter-disciplinary research and welcomed submissions in the area of gender, ethnicity, disability and sexuality (see *www.rae.ac.uk/2001/Pubs/4_99/ByUoA/UoA40.doc*). There are many strengths for researchers in working in partnership with LGB communities, including negotiating the type of methodologies used (Fenge, 2008). Even at a most basic level, narrative accounts about care provision within the general community can serve to illustrate the complexity of sexual identities in practice.

The transformation agenda requires a transfer of power from professionals to service users and their communities so they can take more control and exercise choice in the way services support them to live their lives (Department of Health, 2007). This move towards personalised services must include sexuality, but also requires an appreciation of the values, connections and desires that bind LGB social networks together so that there are parallel commissioning and service developments (Cant, 2009). We need to move away from fixed identities (Hicks, 2008; Featherstone and Green, 2009) towards engaging with the more complex, multiple and fluid identities of LGB people, reflecting their individuality and their social and economic context. There is a role for specialist as well as generic provision, including the development of effective partnerships to deliver the personalisation agenda to meet the needs and desires of the LGB community. Issues regarding social justice, human rights, citizenship

and democracy also cannot be addressed by markets, individualism, competition and choice alone (Ferguson, 2007). However, emphasis on person-centred support does facilitate positive aspects of LGB services users' social and emotional health and provides opportunities for users' greater control over their own relationships and support networks. Person-centred approaches offer the potential to foster independence and well-being, but only if this is recognised and facilitated by those involved in helping LGB service users to access relevant resources, particularly professionals. This demands that social workers develop reflexivity within their practice that is firmly grounded in the experience of being human in all its intricacy and complexity (see Wilson *et al.*, 2008). Often, the role of social work is to help navigate the meeting of the 'public' aspects of state intervention and support in the 'private' lives of individuals. For lesbians and gay men, it is only by social workers' understanding this process in a respectful way, acknowledging the past (at worst) antagonistic and prejudicial or (at best) ambivalent relationships between the state and individuals experiences, that real progress can be made in the future. The irony is that many of the skills required when working with difference and complexity are essentially about good practice, and these are skills that all social workers should be using capably in their practice.

Acknowledgements

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