

Help Support and Advocacy Service

Activities Report

Devon & Cornwall

January - December 2014

This report draws on two separate sets of anonymised monitoring records: the event-log of 1,951 individual Helpline contacts and meetings, and the 45 long-term face-to-face individual client records that were finalised during this period. For details see section 11 below.

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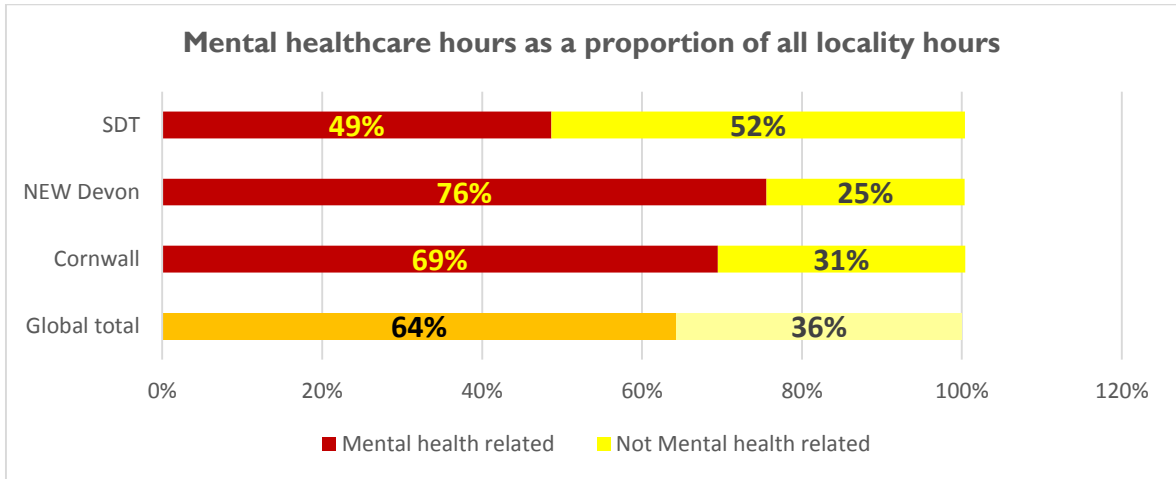
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1 Mental health care

1.1 Overview

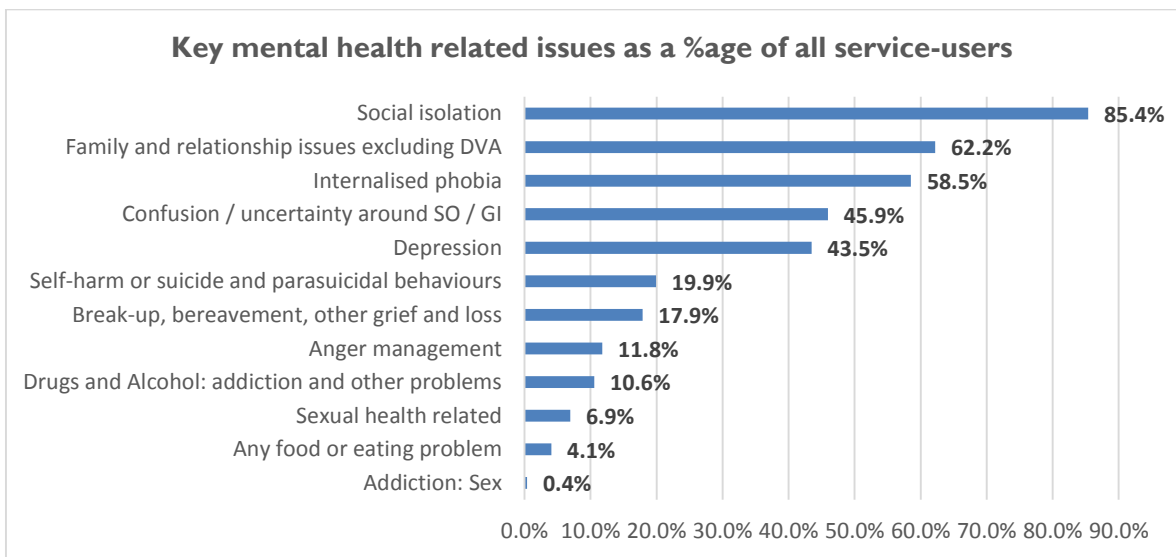
68% of all service-users drew on the service for LGBT specialist mental health care and support. Mental health care accounted for 64% of all service hours.



In NEW Devon and in Cornwall the service is providing a good deal more mental health care than the 49% of service-hours for which we budget annually.

1.2 Key mental health issues for which we provided support and care

As always in Intercom’s casework, high-level mental health problems included uncertainty around gender identity or/and sexual orientation, depression, self-harm / suicide, and grief and loss. All of these correlate closely with social isolation, internalised phobia, and a wide spectrum of family and relationship problems.



A chart showing the distribution of these issues disaggregated by the three localities will be found at section 11.7 below.

1.3 Internalised Phobia

As shown above, 58% of service-users were living with internalised phobia (“IP”).

1.3.1 Internalised phobia: service-user awareness

We have found that very few people affected by IP specifically seek our help on that topic. The great majority of those living with IP who approach us do so about other issues (see below). The IP itself is often unnoticed because it has been the omnipresent background lighting for all their life experiences. Moreover, many of those LGBT people who are aware of living with IP do not perceive it to be a treatable condition.

In a random sample of 50 first contacts from people whose lives were being affected by IP we found that the ten most frequent topics on which they first made contact with us were:

- Social isolation
- Family & Relationships
- Mental illness
- Crime and ASB
- Coming Out
- Domestic violence and abuse
- Transitioning (general)
- Grief
- Housing and landlord problems.

Only 3 of the 50 had actually approached us for help against (e.g.) low self-esteem.

1.3.2 Internalised phobia: casework

In the 45 finalised face-to-face service-user files we find that 15 adults (47%) and 6 CYP (46%) were living with internalised homophobia or internalised transphobia (or, in the case of 8 adults and 2 young people, both).

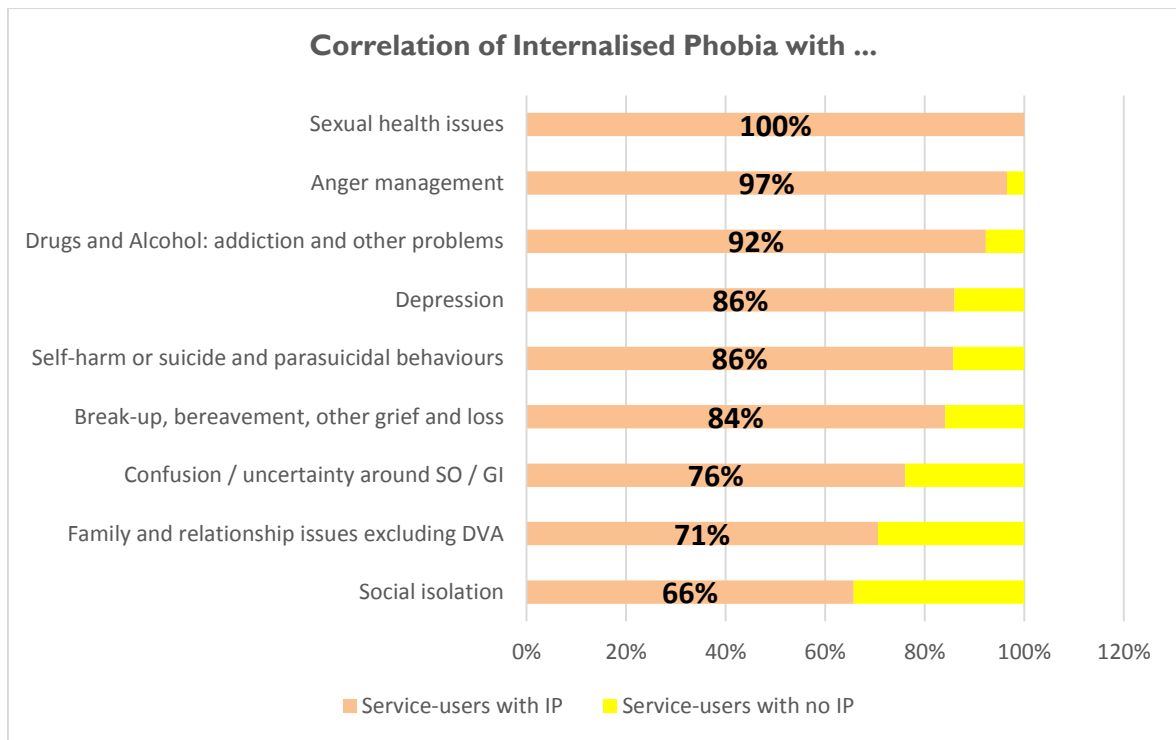
The service made a positive difference to 14 of the 15 adults (93%) and 4 of the young people (67%).

1.3.3 Internalised phobia: correlation with other mental health conditions

Intercom’s new briefing-note on IP¹ analyses our most recent 741 cases, and shows that amongst these 741 service-users IP correlates very strongly with:

- Suicide and parasuicide issues
- Self-harming behaviours
- Domestic violence and abuse (other than between same-sex partners)
- Drug and alcohol problems
- Risky / negative / self-harming sexual behaviours
- Depression and other mental health problems.

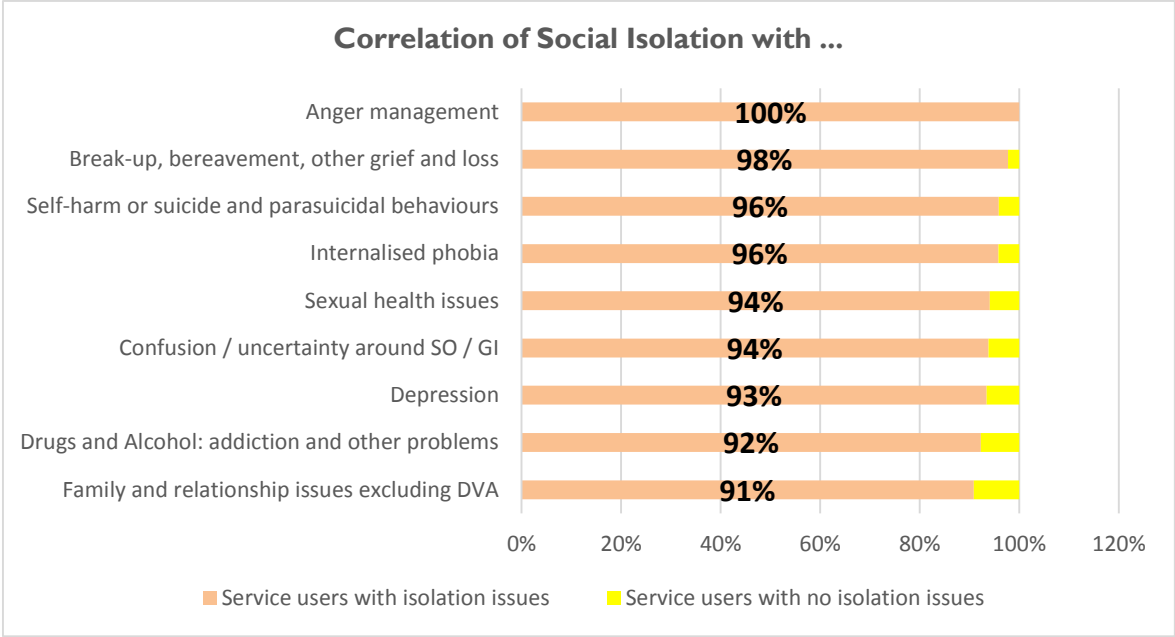
The data in this report shows similar strong correlations, as shown in the following chart.



1.4 Social isolation

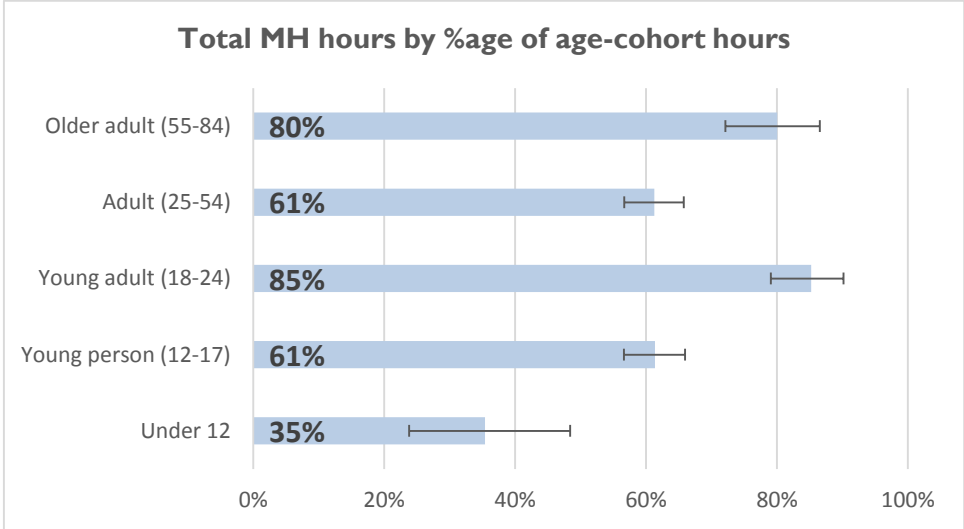
Our casework also shows a strong correlation between social isolation and other issues, as shown in the chart on the next page.

¹ Intercom Trust, *Briefing Note: Internalised Phobia* (February 2015).



1.5 Mental health needs by age-cohort

Older adults (55+) and young adults (18-24) had the most extended needs in respect of mental health care hours. The difference between these and the other three age-cohorts is statistically significant.²



² By “statistically significant” we mean that there is only a 5% or lower likelihood that the result could have arisen by chance.

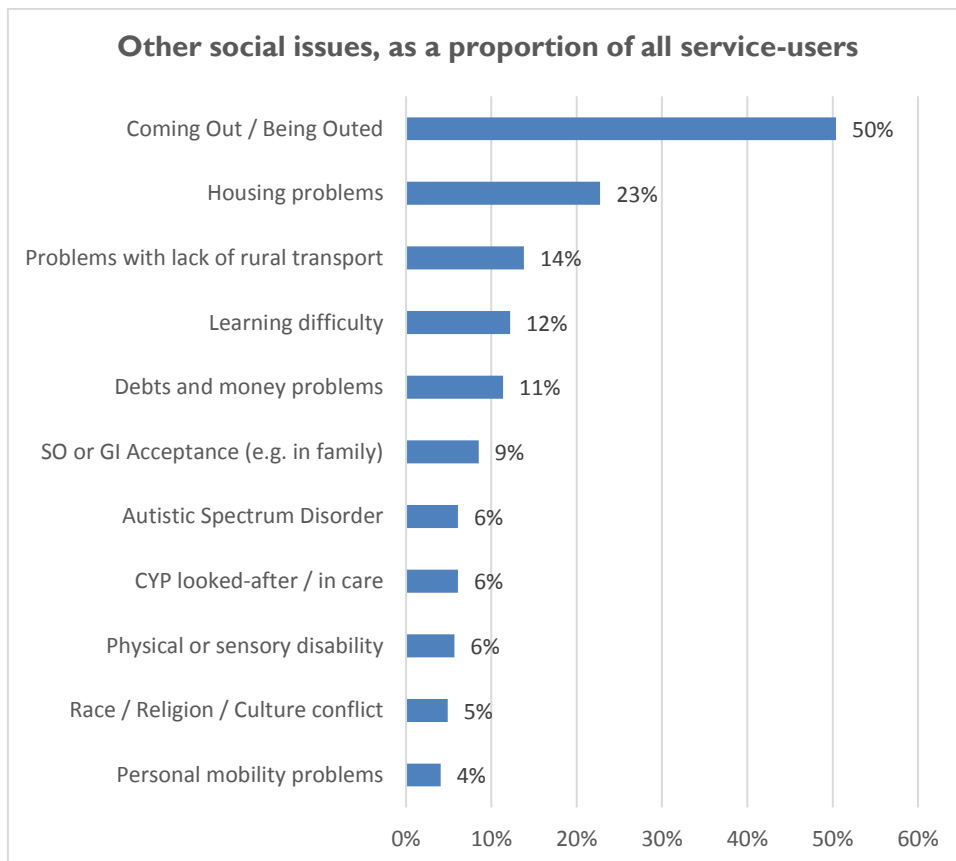
2 Prevention: the effectiveness of early intervention

The relative proportions of mental health care needs amongst the three youngest cohorts in the chart above may be seen as indicating the social and financial benefit of early intervention.

It appears, looking at the figures, that problems which are not picked up in the under-12 range contribute to greater mental health problems in the 12-17 age-range.³ In turn, problems which are not picked up in the 12-17 age-range intensify, generating a still higher level of specialist need in early adulthood. Whatever the underlying reasons, the relative needs of these three age-ranges are all statistically significant in respect of each other.

3 Other social issues

The social issues involved in casework which are not directly related to mental health include:



³ Characteristic problems in these age-ranges include depression, anxiety or self-harming behaviours related to young people's uncertainty about their sexual orientation or gender identity, and LGBT-related bullying.

4 Social care needs and services

For many of our face-to-face service-users we are providing specialist social care, in parallel with the generic care provided by statutory services. Analysis of our Devon County casework in 2014 showed that 36 cases out of 41 (88%) were FACS-eligible at the Critical level. These 36 accounted for between 62% and 74% of all our Devon County service hours. We would expect similar profiles in other authority areas.

In some cases we work in positive partnership with children's or adults' social care providers, providing specialist expertise to complement their work and make their service adequate and secure.

In other cases we are the client's preferred provider of such social care as we can provide⁴. This may be because the client has already encountered, or wishes to avoid a perceived risk of encountering, social workers who lack the necessary skills or attitudes, or because the client wishes to avoid Outing themselves to public-sector services.

5 Crime issues

5.1 Prevalence

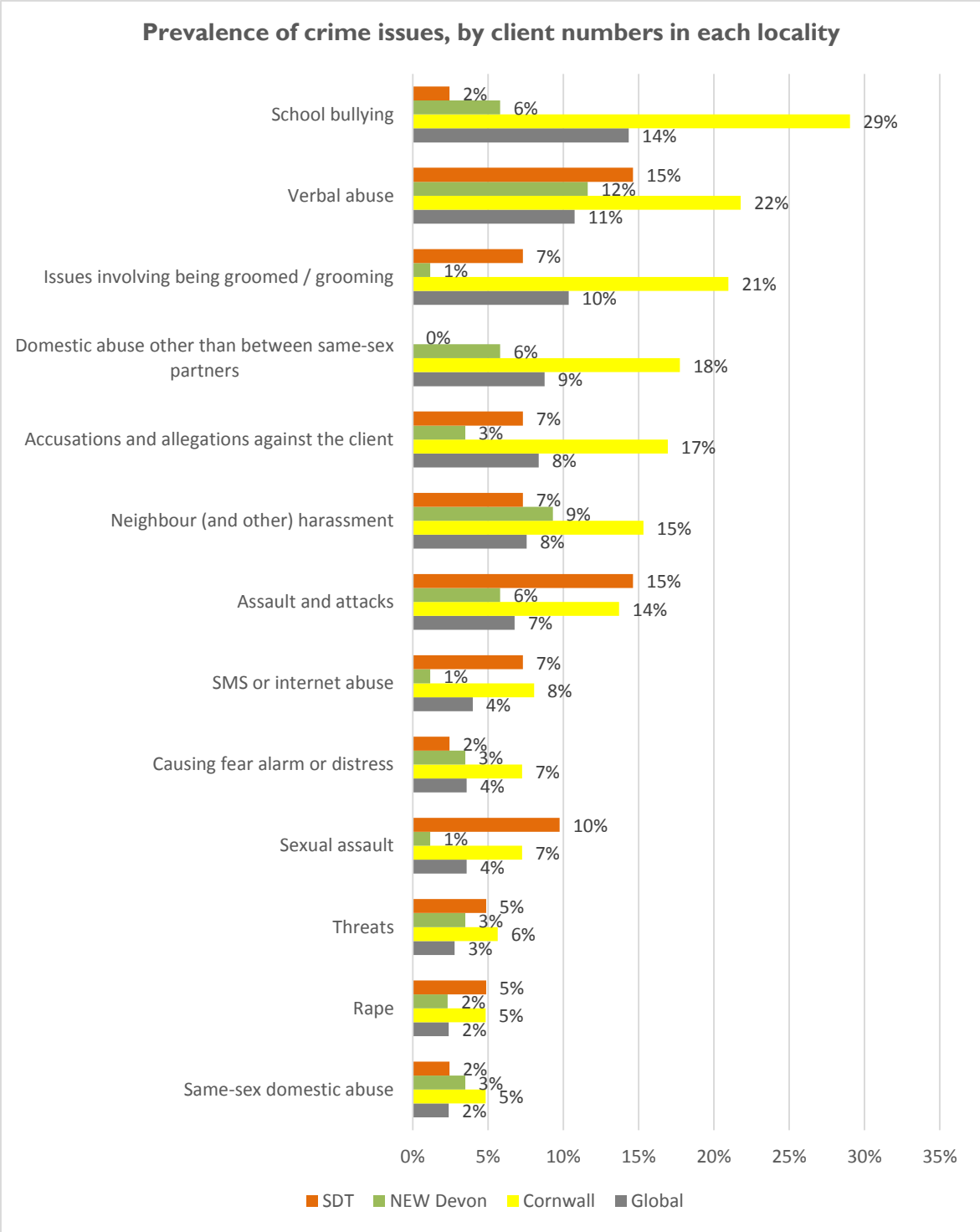
Overall, 41% of service-users (34% of females, 47% of males), were living with crime-related issues. This profile is not evenly distributed across the three localities. Those affected by crime in the three localities make up 37% of SDT service-users, 24% of NEW Devon service-users, and 52% of Cornwall service-users.⁵

5.2 Types of crime

The chart on the following page shows the distribution of the more common forms of crime across the three localities, by percentage of service-users within each locality.

⁴ Intercom does not provide intimate personal care.

⁵ The higher prevalence in Cornwall may reflect the reporting of school bullying amongst the proportionately larger cohort of CYP service-users in Cornwall.



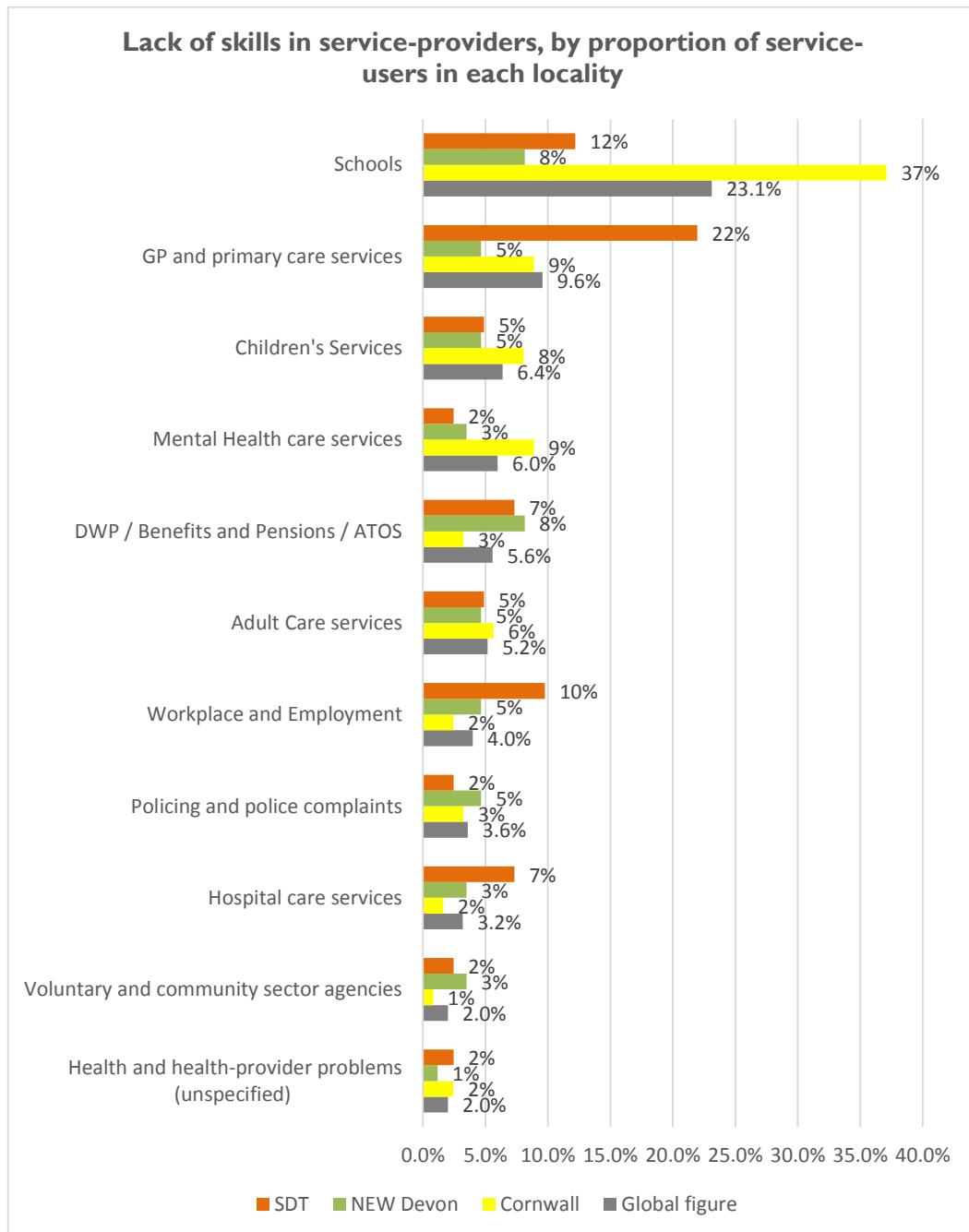
6 Discrimination and lack of skills

6.1 Discrimination

39 of the 246 service-users (16%) were experiencing actual discrimination from service-providers or (in 4 cases) employers.

6.2 Lack of skills

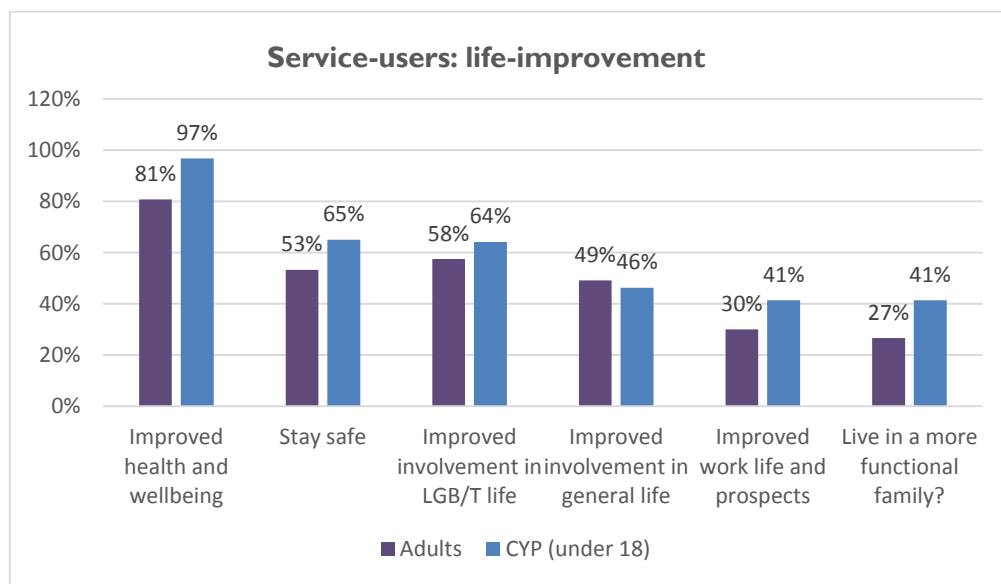
107 of the 246 service-users (43%) had issues with lack of skills and knowledge amongst service-providers. 35 of these service-users (14% of all service-users) experienced lack of skills specifically in relation to NHS services. Only 9 service-users (4%) experienced lack of skills in relation to the police: a very low figure by comparison with how things stood fifteen years ago. Since 39 of these 107 experienced multiple issues, relating to between 2 and 6 different services, the percentages in the chart below do not add up to 43%.



7 Difference made

7.1 From event logs

Not all of the improvement measures that we use will be relevant to every service-user. Each call or meeting is assessed according to whatever measure is relevant to that event. However, “Improving health and wellbeing” is one measure that in one way or another applies to many of the service’s activities and to the majority of service-users, and it is good to see that, regardless of the issue that prompted them to make contact with the service, 97% of all service-users under 18 have benefited on this measure, and 81% of adults. Another important measure (especially for young people) is “Staying safe”, and the service has enabled almost two-thirds of under-18s, as well as more than half of the adults, to benefit in this respect.



It is also noticeable that under-18s have been able to benefit more than adults on almost all measures. This is probably because adult cases tend to be more complicated by historical and external elements which offer fewer options for management and change.

It must be emphasised that though the percentages in this table are of all service-users, not all these improvement measures are relevant to all service-users.

7.2 From finalised casework records

The 45 face-to-face casework records finalised during 2014 (32 adults, 13 CYP under 18) included a total of 77 client-specified hoped-for outcomes.

In respect of 74 of the 77 the service made a positive difference, in 2 there was no change, and 1 outcome had regressed during the case because of external circumstances.

Measured on our seven-point scale of harm and risk of harm, these 45 clients had taken a total of 150 steps towards (e.g.) good health and wellbeing, a more functional family, or better engagement with society.

8 Satisfaction

8.1 From event logs

User-satisfaction in respect of all meetings and calls was 99.92%.

In 63% of calls and meetings the service-user was explicit about being satisfied. In a further 28% satisfaction can be assumed, since the service delivered exactly what was asked for (e.g. information about local LGBT initiatives, or signposting to a web resource or other agency). In the remaining 9% the listener had sound grounds to judge that the caller was satisfied. One service-user expressed dissatisfaction in respect of one of their calls.⁶

8.2 From finalised casework records

The ratio of “Very satisfied” to “Fairly satisfied” was 6:1. No client chose “Dissatisfied” or “Very dissatisfied”.

9 Complexity of cases

During these twelve months, only 8% of service-users presented with relatively non-complex cases, bringing us just 1-3 LGBT-related problems (we monitor on 91 issues). 57% of service-users presented with “complex” cases, having between 4 and 14 different problems. Another 33% presented with “very complex” cases: between 15 and 35 problems. Three service-users presented with between 36 and 45 issues. In the majority of cases the complexity of the case is not apparent from the caller’s first contact.

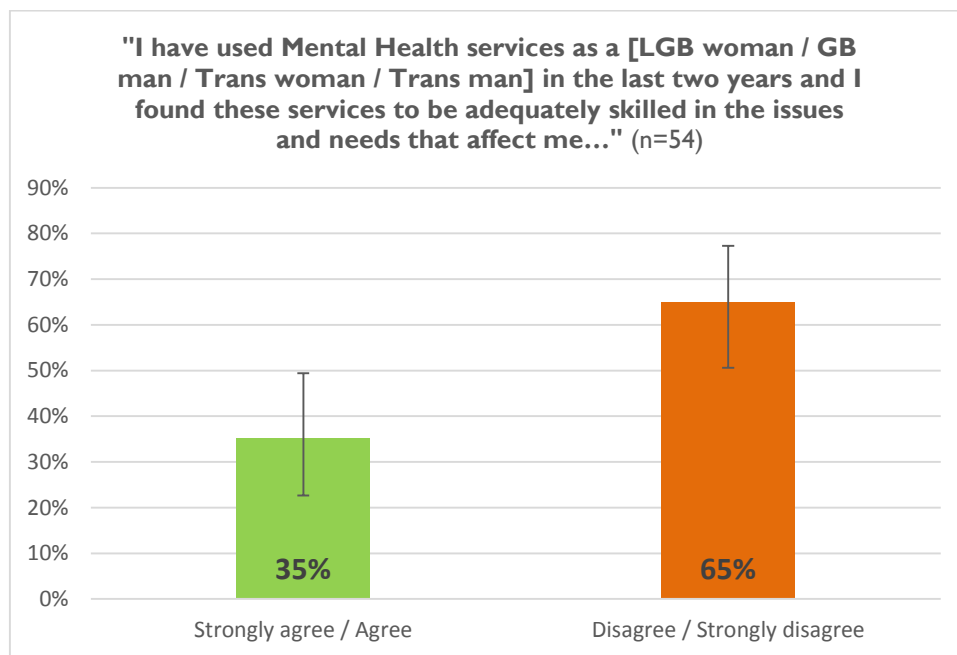
⁶ This caller complained that in their previous call our team had failed to signpost them to a particular support group. In fact no such group existed. The caller later understood they been misled by a long out-of-date listing on a third-party website.

10 Annex One: This data in its wider context

This data all comes from our Helpline Support and Advocacy Service, and therefore reflects the issues that trouble the lives of people who have approached us, or been signposted to us, for help. It is therefore not a demographically representative sample of all LGB and all Trans people living in Devon and Cornwall. Many LGB people and many Trans people are living lives which are unaffected by any of these issues.

However, much of this data is congruent with the data gathered from Intercom’s Big Community Survey of 2014, which is a good demographic sample of LGB and Trans adults aged 25 and over across the South West.⁷ The responses to this survey confirm what we have always found from calls, casework and community development across the peninsula, that the profile of community issues, experiences and needs is pretty well homogeneous across the South West.

For instance, survey respondents across the peninsula reported very low satisfaction levels with generic mental health services.



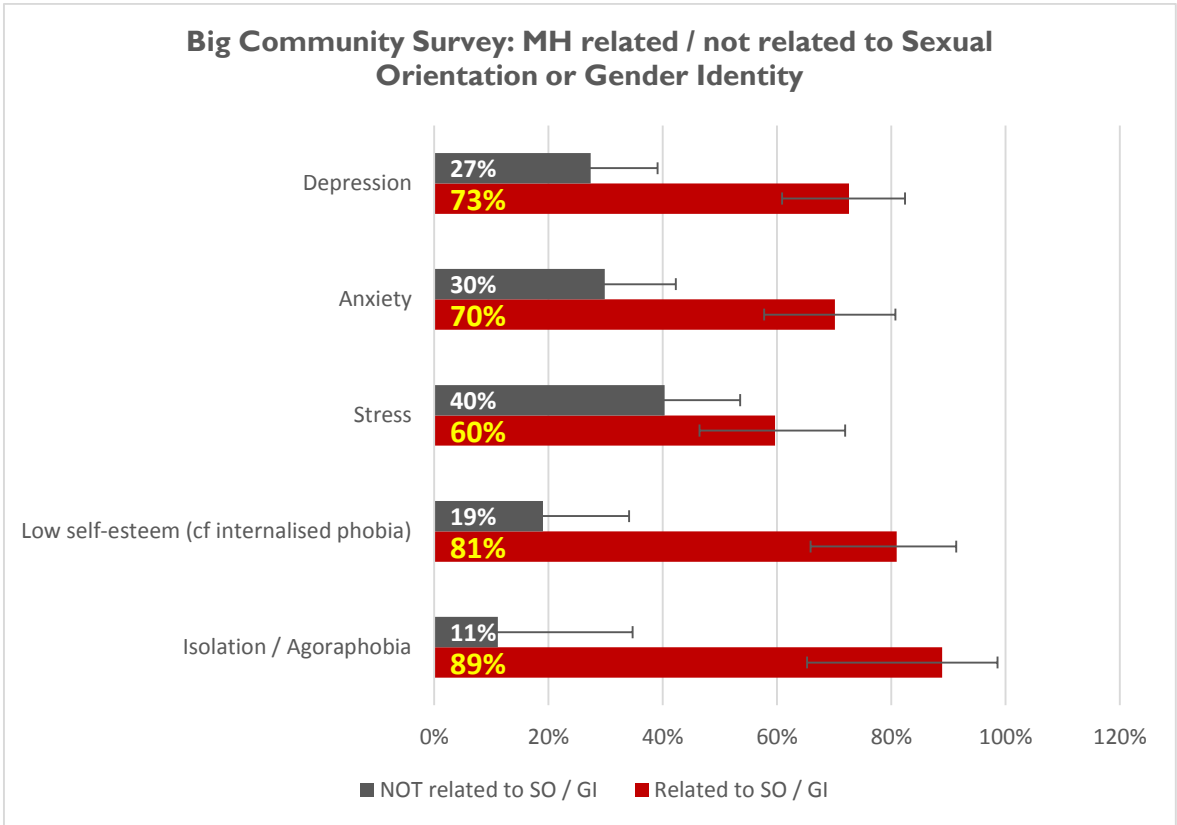
This dissatisfaction figure is statistically significant and is congruent with our service-users’ experiences.

⁷ The survey was carefully targeted to ensure the sample is not weighted towards victims and others who had already looked for help.

We also found a very high incidence of social isolation both amongst LGB people and amongst Trans people. Both in the Big Community Survey and in these case-monitoring records, social isolation of LGB and Trans people correlates strongly with other social and personal problems.

We found in the Big Community Survey that the figure for LGBT people who had suffered from depression in the previous two years was 40%, roughly twice the figure for the general population in the South West as measured by the NHS QOF Prevalence of Depression Index. This is congruent with the data from these case-monitoring records.

And finally we found that the great majority of those who had had depression or other mental health problems over the previous two years associated those problems with their experience of living as LGB or/and Trans. This result was statistically significant in respect of four out of five mental health conditions, and it can be seen as underpinning the significance of the real-life client data reported here, especially around Internalised Phobia.



11 Annex Two: Demographics of these datasets

11.1 Data sources

Event log entries. This report analyses the event-log of 1,951 Help Support and Advocacy Service events relating to Devon and Cornwall in the calendar year 2014. For a breakdown see 11.2 below.

Casework records. We have also drawn on 45 of our separate, more detailed, series of face-to-face casework files. These accumulate more detail than can be recorded in a daily event-event log, such as measures of the client's distance travelled and end-of-case satisfaction with the service. Forty-five of these casework files were finalised during 2014.

Anonymisation. All records are anonymised before reaching the monitoring and analysis stage. Records are linked by client code numbers, not by name.

11.2 Global figures

In the calendar year 2014, the Helpline team took a total of 1,682 calls (including phone-calls, e-mails, social media contacts and letters) from callers in Devon and Cornwall. 1,462 of these were from 246 different individuals whom we regard as "identifiable", in that they either had face-to-face meetings with support advocates or identified themselves on the Helpline from call to call. A further 220 calls were marked as "unknown" or equivalent.

Of the 246 identified callers, 124 related to Cornwall, 86 to NEW Devon, and 41 to South Devon and Torbay.⁸

The support-workers held 269 face-to-face support and advocacy meetings with 118 (48%) of the 246 identified service-users. The other 128 service-users (52%) were looking for Helpline support only. Just over half of the 246 made between 3 and 25 calls to the Helpline. 55% of all Cornwall service-users had face-to-face meetings. The figures for NEWD and SDT were 42% and 47% respectively. The difference is likely to reflect the far higher proportion in Cornwall of young service-users, as shown below in section 11.5.

⁸ 5 callers crossed CCG boundaries, e.g. by using NHS services in two areas; these are necessarily counted twice.

11.3 Gender Identity

Between 28% and 40% of service-users in each area identified their gender identity as Trans or as GI Questioning.⁹ The difference between areas is not statistically significant.

11.4 Gender

90% of all service-users, across all gender identities, identified their gender as either male or female. 25 service-users were identified as gender-questioning, self-defined (e.g. non-binary or third-sex) or not defined.¹⁰

In each locality, between 38% and 44% of service-users identified as female: there was no significant difference between areas. However, consolidated across the three localities, women make up a small majority of adult service-users, while males are clearly in the majority amongst under-25s.

11.5 Comparative age-distribution

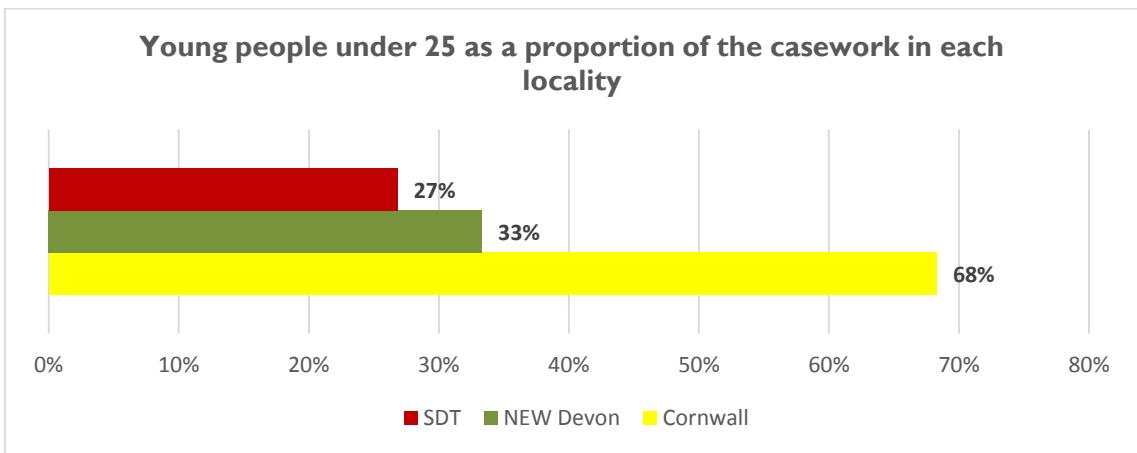
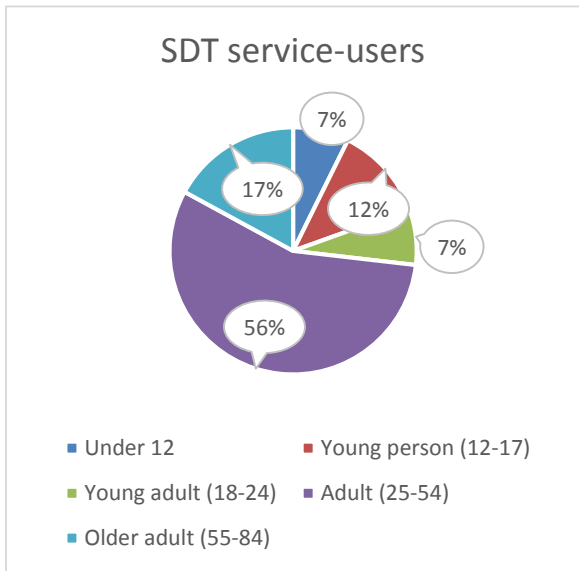
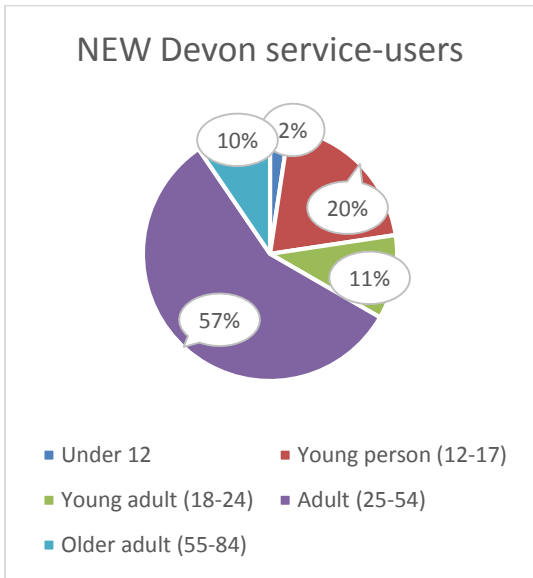
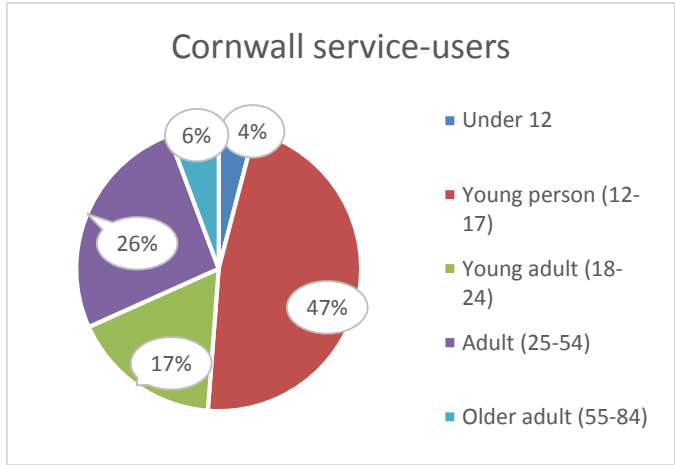
The four charts on the following page show the age-distribution within the three areas.

The proportion of young service-users under 25 is far higher in Cornwall than in either of the Devon areas (see the fourth chart, on the following page). This reflects the fact that since November 2013 access to our service by young people in Cornwall has been greatly improved by our very successful funded partnership with Cornwall Children's Services.

Since there is no geographical, demographic or service-related reason why the Cornwall figures should be different from those for pan-Devon, and since the profile of casework that reaches us from young people in pan-Devon matches that of our Cornwall casework, the difference between these figures may be taken as an indicator of the level of unmet demand in the pan-Devon localities.

⁹ We use the word Trans to include all who identify as transgendered or formerly transgendered, transsexual or formerly transsexual, trans, transvestite, cross-dressing, gender-identity-questioning etc.

¹⁰ People who identify their gender in these ways may or may not also define as being Trans or gender-identity-questioning.

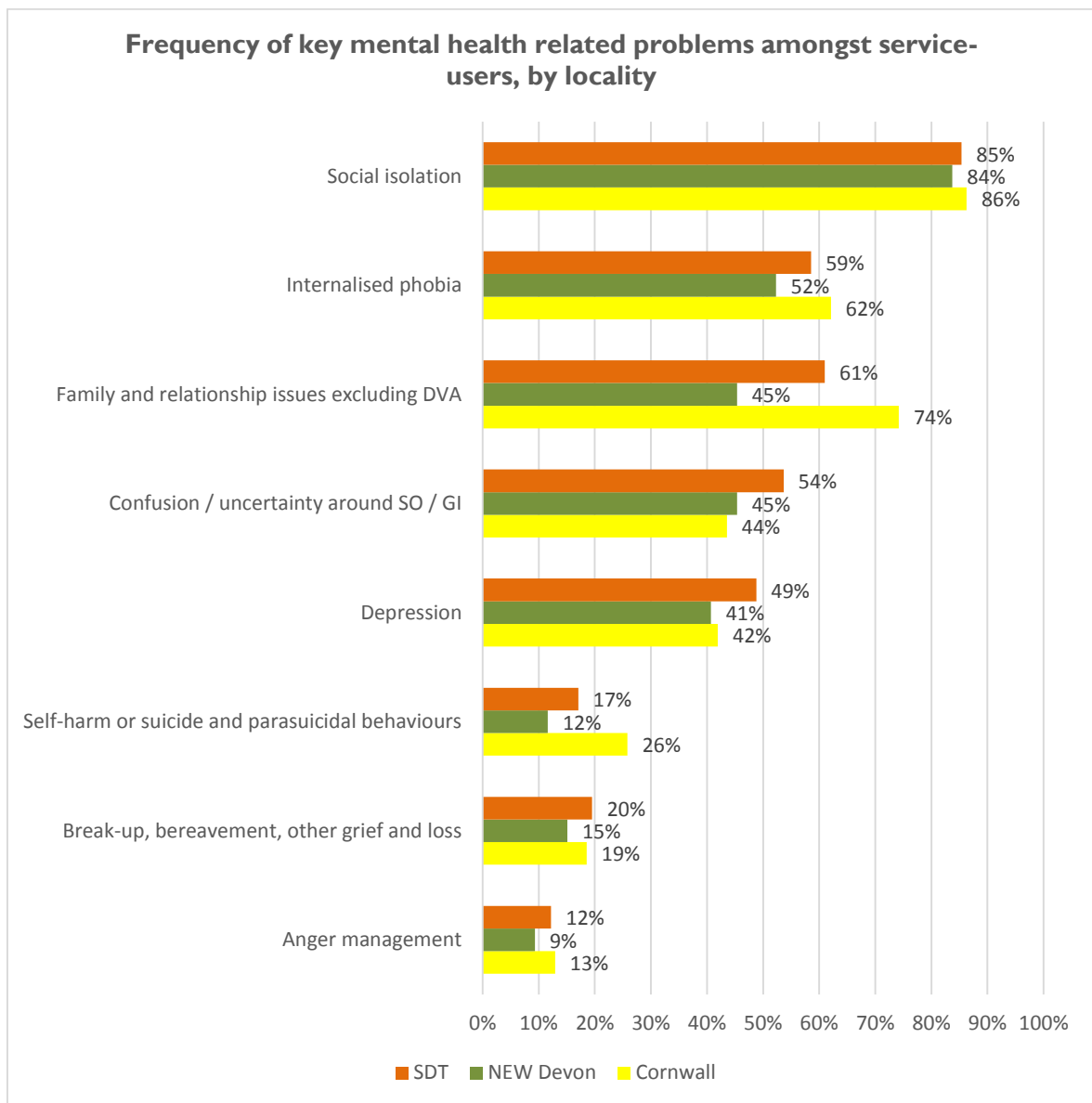


11.6 Disability

Fifty-one service-users (21%) reported to us (because it was relevant to their case or to their personal support-needs) that they were living with one or more of the following: physical disability or/and mobility problems, sensory disability, learning disability, and autistic spectrum disabilities.

11.7 Mental health related issues across the three localities

By and large this disaggregation supports other data that suggests that the issues that affect LGB and Trans people are pretty well homogeneous across all the South West localities.



11.8 Internalised phobia: prevalence across the three localities

The chart below shows the prevalence of IP is roughly the same across the three localities in respect of older adults (55+) and young people (12-17).

Young adult casework (18-24) shows a very high prevalence of IP in Cornwall compared with Devon. As before, this probably reflects the high take-up of services by young people under 25 in Cornwall.

The lower prevalence among young adults, and the higher prevalence among teenagers, in Northern Eastern & Western Devon compared with South Devon & Torbay may be due to sampling, or may to some extent reflect the problems that we know teenagers experience in rural Devon.

