Applying your work to LGBT communities – asking the questions:

How do you identify LGBT issues within the broader context of your service provision locally?

How do you identify joint working opportunities across organisational boundaries?

How well do you understand LGBT communities – those within your organisation and service users?

What national initiatives might you use to incorporate LGBT needs within mainstream services?

Adapted from RBE Consultancy

Lesbian Gay Bisexual & Trans History Month

The fifth LGBT history month is February 2009 - an increasingly popular and successful way of promoting awareness and celebrating everything LGBT for you and within your workplace. The website offers ideas for possible events and a set of tools to support the process, including a list of LGBT anniversaries for 2009, quizzes and a calendar of regional events.

www.lgbthistorymonth.org.uk/

Seven Steps to Lesbian Gay Bisexual & Trans Inclusion

Imagery: e.g. Rainbow symbol, Pride, triangle, pictures ……

Language: Be explicit, use “Lesbian”, “Gay”, “Bisexual” and “Trans” (LGBT)

Challenge: The casual derogatory use of GAY - it’s not minging, bad, naff …. 

Contact: Named LGBT contact person = safe contact person

Events: Encourage, support, be creative, participation of all, celebrate, activities - use Pride and LGBT History Month

Partnership: Development & encouragement; work with local LGBT groups

Training: Liberate people from preconceived assumptions, stereotypes and attitudes!

Taken from DVD ‘Have You Got the Guts’ GADD & YMCA
Binary Thinking

Some LGBT people will fit reasonably comfortably within a ‘jigsaw’ binary understanding of sexual orientation and gender identity illustrated below.

Beyond Basics…
‘Jigsaw’ Binary Thinking?

Gay/Lesbian People

However, many LGBT people are more complex and diverse in their identities and experiences than the binary ‘jigsaw’ pieces can represent. So for further self-descriptions, terminology survey and health service related issues please contact Jonathan for a summary or directly with the author James Morton jame@equality-network.org

Addressing the Health Service Provision Needs of People with Fluid Non-Binary Gender Identities and Sexualities by James Morton  Scottish Transgender Alliance www.scottishtrans.org

Gay British Crime Survey 2008

Sponsored by Stonewall and conducted by YouGov the survey canvassed the experiences and fear of hate crime across Britain. e.g.

- One in five lesbian and gay people have experienced a homophobic hate crime or incident in the last three years.
- Three in four of those experiencing hate crimes or incidents did not report them to the police
- Seven in ten did not report hate crimes or incidents to anyone.
• One in six experiencing homophobic hate incidents in the last three years experienced a physical assault.
• Double the proportion of all black and minority ethnic lesbian and gay people have experienced a physical assault as a homophobic hate incident compared to all lesbian and gay people.
• One in eight lesbian and gay people experiencing homophobic hate incidents have experienced unwanted sexual contact as part of the incident.

Older People

Legal and attitudinal changes have simply come too late for some older lesbians, gay men and bisexual people. Some people choose to self-exclude and are likely to continue to do so even after civil partnerships legislation: they may have lived their whole lives discreetly, even secretly, and therefore feel unable to make what would be a very public declaration of their sexual orientation. Similarly, they are unlikely to be in a position to 'come out' for the first time and begin demanding rights at a time of deep emotional trauma, such as the illness or death of a partner.

Age and… multiple discrimination and older people - Age Concern

- and an Age Concern case study re service provision

Older LGBT people are:
* More likely to live alone * More likely to be single.
  * Less likely to have children.

( DOH 2007)

Issues include:
• Assumptions of heterosexuality mean older LGBT invisible.
• Care & support needs overlooked.
• More likely estranged from birth families.
• Ageism, racism etc within LGBT communities.
• Increased harassment in housing schemes.

Aims:
• Reduce social isolation.
• Improve well-being & mental health.
• Provide more support
• Increase awareness of needs.

Project
• Regular social and other activities
• Provision of telephone advice & signposting.
• Recruiting LGBT befrienders.
• Community safety surgeries & advice sessions.
• Partnership and referrals.
• Awareness training.

Nick Maxwell & Debbie Neil Age Concern LGBT Development Co-ordinators
Meeting the needs of lesbian & gay young people in rural areas

Many youth centres, particularly those in rural areas, are failing gay and lesbian young people, a Sussex University study found (Oct 08). It criticised youth centres for not presenting positive images of gay and lesbian people. The study also said too many schools are failing to offer gay and lesbian pupils support with sexual health and bullying.

Homophobia in Schools

- 65 per cent of lesbian and gay pupils have experienced homophobic bullying.
- Of those, 92 per cent have experienced verbal homophobic bullying, 41 per cent physical bullying and 17 per cent death threats.
- 97 per cent of gay pupils hear derogatory phrases such as 'dyke', 'queer' and 'rug-muncher' used in school.
- Half of teachers fail to respond to homophobic language when they hear it.
- 30 per cent of lesbian and gay pupils say that adults - teachers or support staff - are responsible for homophobic incidents in their school
- Less than a quarter of schools have told pupils that homophobic bullying is wrong.

Costs of Homophobia

- High rate of suicide attempts in youth - the Lesbian and Gay Teenage project conducted a study which found that one in five of lesbian and gay teenagers had attempted suicide.
- Young gay men (under 25 years) are seven times more likely to commit suicide that the general population.
- Greater alcohol and drug misuse; blocking out the pain
- Increased truancy as students seek to escape from persecution
- Giving up on academic achievement as students find they are unable to work effectively in a discriminatory and/or homophobic environment;
- Emotional, mental and/or physical health conditions, such as eating disorders, as a result of the anxiety and eroded self esteem;
- Promiscuous sexual practices leading to early pregnancies due to a perceived need to conform
- Homelessness/running away from home - when parents are very hostile to young lesbian and gay children, some feel forced to leave home

Improving Services for LGBT people

A case study from the South-West – Setting the Pace

Aims: To improve local NHS understanding of the needs of the local LGB community and to achieve better health outcomes for LGB people

Achievements to date:
- Setting up a stakeholders reference group in order to:
  Raise awareness of LGB issues among staff
  Improve data collection
- Communications campaign to publicise LGB resources
• Develop awareness training for staff
• Commitment from all local NHS organisations
• Presentations to Senior Management Teams / Boards of all NHS organisations
• Department of Health Guidance widely circulated
• Training delivered and well received

Next Steps
• Further development of local projects – stakeholder group will continue
• Regional project looking at the needs of the transgender community
• Importance of linking project with the broader Equality and Human Rights agenda
• Community engagement at regional and local level

Setting the Pace: Michail Sanidas NHS South West & Christina Gray Bristol PCT

LGBT Issues and Children: “No Outsiders” Project

Have you ever heard the question “What possible benefit can it have for children as young as five to be taught about sexual orientation?” Well, here’s how Mark Jenner of the “No Outsiders” project answered it when it was put to him: “Imagine a four-year-old, coming into the reception class for the first time. She is surrounded by beautiful picture books depicting happy families; but not one of them represents her own family life. Every time the teacher talks about ‘your mummy and daddy,’ she is made to feel different. She discovers that somehow the fact that her mummy’s partner is a woman, or her daddy’s partner is a man, has become a guilty secret that she mustn’t talk about at school, for fear of being teased. Gradually, she closes in on herself, choosing not to invite friends home, not talking about her family – and this goes on right through her school life. That’s why it’s important to develop an inclusive environment right from the start of children’s school experience – so they feel that they belong, they are welcome, and their own life is recognised and respected. … If we leave it until children reach secondary school, it is already too late. By this time, negative views about lesbian and gay people, and persistent homophobic comments and bullying, are already embedded in children’s school experience, either directly, for victims or perpetrators, or indirectly, for onlookers”.

a question arising from the No Outsiders project: www.nooutsiders.sunderland.ac.uk

A tale of two penguins ...and “tango makes three”

Pre School Grade 3-This tale based on a true story about a charming penguin family living in New York City’s Central Park Zoo will capture the hearts of penguin lovers everywhere. Roy and Silo, two male penguins, are "a little bit different." They cuddle and share a nest like the other penguin couples, and when all the others start hatching eggs, they want to be parents, too. Determined and hopeful, they bring an egg-shaped rock back to their nest and proceed to start caring for it. They have little luck, until a watchful zookeeper decides they deserve a chance at having their own family and gives them an egg in need of nurturing. The dedicated and enthusiastic fathers do a great job of hatching their funny and adorable daughter, and the three can still be seen at the zoo today. Cost £6.99 Richardson, Parneel, and (Illustrator) ColeSimon
For a comprehensive list and outline of LGBT reading material for children, adults and academic studies supplied by Mark Jenner please contact Jonathan.

**Health Issues**

“Homosexuality” and Mental Health – history

- 1951 - Last lobotomy to “cure” homosexuality was carried out
- 1975 - BMJ discusses treatments to “mobilise the heterosexual elements”
- 1987 – Virginia Bottomley advocates ECT (electroconvulsive therapy) to “cure” homosexuality.
- 1992 – World Health Organisation de-classifies homosexuality as a mental health condition
- 1993 - UK Government strikes homosexuality off its list of psychiatric disorders

Lesbian, Gay or Bisexual? (LGB)? Mental Health Issues? Living in Wales?
Lesbiaidd, Hoyw neu Ddeurywiol? (LHD)? Materion Iechyd Meddwl? Byw yng Nghymru?

Stonewall Cymru wants to hear from you! We want to find out the views and needs of LGB people living in Wales with experiences of mental health issues. Our survey is available from Stonewall Cymru by post or on their website:

www.stonewallcymru.org.uk/mental_health

Contact: Megan Evans    megan.evans@stonewallcymru.org.uk

**Surveying LGB Health & Sexuality**

How should we think about the health of lesbian and gay people? Some recent surveys have some pointers:

*Lipton (2004)* suggests that gay men with chronic illnesses other than HIV are placed to the margins of both a “heteronormative” mainstream healthcare system and a HIV-centric gay community. He asserts that gay communities need to move to a multi-issue approach which addresses the needs of gay men with non-HIV related chronic illnesses.

*Wilton (2002)* notes that while research concerned with preventing the continuing spread of HIV is vitally important to the health of gay and bisexual men, its dominant focus has made ‘LGBT health’ almost synonymous with ‘sexual health’.

Research in May 2008 by Aston University concluded that:

- Health practitioners should consider the relevance of sexual identity to the experiences of illnesses other than just HIV/AIDS.
- We must not fail to attend to illnesses which although may not be more common within our (LGB) communities, do affect substantially large numbers of people within them.
- This study highlighted the need for LGB specific support.

*Surveying health & sexuality: a qualitative online survey of LGB people’s physical health & chronic illness* – Adam Jowett
Lesbian and bisexual women’s health check 2008

The main health issues affecting lesbian and bisexual women in this report were:

*Mental health*- One in five respondents have deliberately self harmed compared to one in 250 of the general population. Half of those under 20 have self-harmed in the last year. One in five say they have had an eating disorder.

*Smoking, alcohol and drugs* - Five times more likely than the general population to have taken drugs. One in ten have taken cocaine compared to one in thirty-three of women in general. More than one in four currently smoke.

*Sexual health* - Less than half have ever been screened for Sexually Transmitted Infections (STIs). Half of those who had been screened had an STI and a quarter of those with STIs have only had sex with women in the last five years.

*Cancer screening* - 15 per cent of women over 25 have never had a smear test compared to 7 per cent of women in general. One in five have been told they are not at risk. One in fifty have been refused a test.

*Domestic violence* - One in four have experienced domestic violence – one in 14 have been forced to have unwanted sex.

*Discrimination in healthcare* - Half have had negative experiences in healthcare. Half are not out to their GP.

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*Ruth Hunt  Head of Policy & Research Stonewall Sept 2008  www.stonewall.org.uk*

**LGBT & Mental Health:**

An extensive research report into health issues for the LGBT community of Brighton & Hove covers many issues. In relation just to mental health problems? Conditions? issues these multiplied – what does this mean? What multiplied?, especially if you are BME, also if on a low income, a younger person, older and if you’re trans - with over double the reports of suicidal thoughts and of attempts than LGB people generally.

Bisexual respondents are more likely than other sexuality groups to information on sexual health is not available, is not diverse and does not caters for all groups

The main problem is isolation. Sometimes LGBT contexts don’t feel safe – especially if you are BME, bisexual or are otherwise not into “the scene”. There are too few healthy or emotionally or spiritually nurturing meeting opportunities.

Hate crimes are a real issue – especially more so for BME LGBT people, or those with a mental health condition.

Most LGBT people felt marginalised from mainstream services including the Council and support services as well as the health service.

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*University of Brighton - Kath Browne 2008 www.countmeintoo.co.uk*
Specifically Bi-sexual

Bisexual means.

- Being sexually attracted to both men and women. (Oxford English Dictionary)
- The capacity to love and sexually desire both same and other-gendered individuals. (Firestein, Bisexuality)
- Gender is not that relevant. It’s like eye colour: I notice it sometimes, and sometimes it can be a bit of a feature but that’s all. (BiCon attendee)

A new guide to coming out & bisexuality in the UK has been launched entitled "Both Directions"

www.bicomunitynews.co.uk/

Bi health survey

Over a third of those surveyed had either single (24%) or multiple (12%) mental or physical health impairments that interfere with day-to-day life. One in four had been diagnosed by a mental health professional with an impairment. It’s difficult to compare directly, but recent research in the area of mental health has found that bi people suffer from higher rates of mental health problems than lesbians and gay men, who in turn have higher rates than the general population; probably because of the lower levels of acceptance and social support they get.


Bi-sexual MP gets award from Friends of Islam

Liberal Democrat Party President, out bisexual MP Simon Hughes, has been recognised for his long-standing support for the Muslim community in the UK with the award of Friends of Islam ‘Parliamentarian of the Year’.


Specifically Trans issues

Transphobic Bullying

In responding to the challenge that transphobic bullying presents, schools (as do other agencies and organisations) need to understand the nature of gender variance, the biological factors involved in its occurrence and how it differs from sexual orientation. Of course, homophobic bullying, based on a person’s actual or perceived sexual orientation, is in many respects similar to transphobic bullying. Moreover in pre-pubertal children, it may be difficult for them (or those who care for them) to distinguish between uncertainties of gender identity on the one hand and sexual orientation on the other.

Although schools may think that they have no transgender people to “worry about”, that is statistically unlikely. In any school of 1,000 pupils there are likely to be 6 who will have transgender experience at some point in their lives. There will be others who have a transgender parent or close relative. Among pre-pubertal pupils, there are likely to be 60 in 1,000 who will experience sexual orientation
outside of heterosexual “norm” that may be difficult to distinguish from gender identity outside of the gender “norm”.

There is likely to be one transgender person in 170 members of staff. GIRES (Gender Research & Identity Education Society) have a toolkit which contains guidance on effective ways to support schools and protect transgender pupils and staff (which may also be helpful to others wishing to develop their policies and practices). Please go to the GIRES website for lots more research, information and practical advice.

Trans language

Trans men and trans women

The expression trans is often used synonymously with transgender in its broadest sense. Sometimes its use is specific; for instance, those born with female biology (phenotype) but identifying as men may be referred to as “trans men”; and those born with male biology (phenotype) but identifying as women may be referred to as “trans women”. Where trans people have transitioned permanently, many prefer to be regarded as just “men” and “women”. Others prefer to keep the identity of “trans”.

Gender variance/ gender dysphoria/ gender identity disorder

It is now understood that the innate gender identity, although powerfully influenced by the sex of the genitalia and the gender of rearing, is not determined by these factors. There is evidence that sex differentiation of the brain may be inconsistent with other sex characteristics, resulting in individuals dressing and/or behaving in a way which is perceived by others as being outside cultural gender norms; these unusual gender expressions may be described as gender variance. Where conforming with these norms causes a persistent personal discomfort, this may be described as gender dysphoria. Gender dysphoria is not a popular term with those experiencing the condition since it has become associated with the DSM-IV ‘clinical diagnosis’ of gender identity disorder. Both these descriptions imply a diagnosis of ‘pathology’ and mental illness, whereas the more neutral term, gender variance, denotes that these departures from stereotypical gender experience and expression are part of a natural, albeit unusual, human development.

http://www.gires.org.uk/transbullying.php

Reducing (Health) Inequalities for Trans people –

What is a positive approach to health care for trans people? Here are some pointers:
• Be non-judgemental – no-one likes to engage with people who are judging them
• Be better informed – do your homework – there are lots of resources online
• Be client-centred – focus less on your judgments, curiosity and assumptions, and more on what the person you are dealing with is trying to tell you, so you can understand their world
• Be empowering – give clear, accurate information, ensure that individuals can make informed choices about what they want

What do you know? It’s just good professional practice plus information and minus prejudice!

Some research findings can give a context to how important it is to meet the needs of trans people:

- 33% of trans Adults in the UK attempt suicide at least once.
- 17% were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment;
- 29% said that being trans adversely affected the way they were treated by healthcare professionals;
- 21% of GPs did not appear to want to help or refused to help with treatment.

_Vic Thomas – Trans-Posi+ive Nursing Pathway_

Trans People and Barriers to Healthcare

Conclusion of a recent survey (2008) of experiences in healthcare:

- Trans people avoided accessing routine healthcare because they anticipated prejudicial treatment from healthcare professionals.
- Improper treatment by healthcare professionals – little dignity to trans people.
- Health care professionals see all health care issues experienced by trans people as trans-related.
- The link between seeking gender reassignment and mental illness is a strong factor in the (mis) treatment of trans people by healthcare professionals.

_Management & Legal Issues_

“It is the organisation that needs to ‘come out’ as gay & lesbian friendly rather than depending upon clients (and employees) to come out in order to get their needs met”.

_Opening Doors, Age Concern_

Equality Bill: Government response to the consultation (Gender Reassignment)

“We have decided: to extend protection against discrimination because of gender reassignment in a number of ways:
• providing protection against direct discrimination for people who associate with people who are planning to undergo, are undergoing or have undergone gender reassignment (but not for those who are - wrongly - perceived to be a transsexual person);

• providing protection against indirect discrimination for people who are planning to undergo, are undergoing or have undergone gender reassignment;

• providing protection against discrimination because of gender reassignment in the exercise of public functions; and

• changing the definition to make clear who is protected from gender reassignment discrimination by ensuring that a person is protected whether or not they undergo medical supervision;

If you’d like a more comprehensive summary of the whole of the government’s response please e.mail me for a copy - Jonathan

Recent Findings – Communicating and Enforcing Policies

The fact that an employer has an equal opportunities policy is not sufficient to protect it from sexual orientation discrimination claims. All employers must regularly review, communicate and enforce their employment practices, policies and procedures to ensure that they do not directly or indirectly give rise to such claims.

For an employer, merely having policies in place and carrying out investigations will not be enough. It is also necessary to challenge people’s attitudes towards homophobia and to educate employees. Evidence of diversity within a workforce will not automatically help an employer to prove that discrimination is unlikely to have occurred.

Homophobic Banter & Graffiti Cases

Although an employer may be able to establish that it took reasonable steps to prevent vicarious liability for homophobic harassment by employees the employer is expected to be very proactive.

E.g. in Martin v Parkam Foods Ltd (ETS 1800241/2006 12 June 2006, ET) an employee who was gay was the subject of graffiti and offensive remarks. Although the employer had anti-discrimination policies and procedures prohibiting discrimination on grounds of sexual orientation and these were communicated to managers, the policies were ineffective in ensuring that the graffiti did not reoccur. It should have taken further steps such as training, team briefings, meetings, so that each employee was left in no doubt that the employer would treat homophobia extremely seriously and that the perpetrators were at risk of dismissal.

Highest award in Sexual Orientation ET for injury to feelings

In this case, the tribunal awarded the highest amount specified in Vento for injury to feelings. The employer was found liable for direct discrimination, harassment and victimisation on grounds of sexual orientation; although the tribunal found
that the employer acted sincerely throughout and was genuinely concerned to preserve the claimant’s privacy regarding his sexual orientation. £25,000 awarded for injury to feelings. For financial loss the tribunal awarded £8,600.

Within a week of starting employment, Mr Price was subjected to verbal abuse from his manager, Miss Jones. She gave him a birthday card with a picture of Oscar Wilde, saying it reminded her of Mr Price, and a roll of toilet paper illustrated with fairies. Over the following weeks, Miss Jones swore and shouted at Mr Price on an almost daily basis, calling him a “stupid poof” ... She turned the most innocent remarks into sexual innuendo, usually referring to ‘homosexuality’.

Price v The Presbyterian Church of Wales (4 August 2008; ET1603157/08).

Criminal Justice and Immigration Bill 2008

Introduces a new criminal of offence of incitement to hatred on the grounds of sexual orientation.

- 68% of victims of homophobic crime do not report it

for why see: Educational Action Challenging Homophobia www.eachaction.org.uk

Second largest overall ET award in 2007

The claimant, Mr Ditton, who is gay, was subjected to bullying and harassment from one of the company’s directors, who on several occasions made comments in a "camp" voice and suggested that Mr Ditton was effeminate. He also spoke in an aggressive manner towards Mr Ditton, on one occasion saying "shut it you wee poof". After six weeks training and having carried out his role for only two days, he was dismissed, as they were unhappy about Mr Ditton's performance.

It found the conduct of the respondent to be high-handed, malicious, insulting and oppressive. Although the claimant had been employed for only a short time, he was "overtly abused and humiliated on the grounds of his sexual orientation persistently over that time". The award was uplifted by 30% for the employer's failure to follow the statutory disputes procedure and interest was added. The total award was £103,028.

Ditton v CP Publishing Ltd (7 February 2007; case no.S/107918/05)

Monitoring

"By putting a tick in the single box under martial status on Bill’s form, it was like I had dismissed his entire romantic and sexual history with one strike of my pen."

Home Manager – Age Concern ‘The whole of me....’

December 2008

For further information or background on any of these items, or information about LGBT awareness and any other diversity & equality training or consultancy

please contact

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