

# Ambulance Volunteer Development Pack

**National Ambulance  
LGBT+ Network**



Alistair Gunn  
10 March 2023

**Celebrating the sexual orientations  
and gender identities of all our  
patients, staff and communities**

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# Welcome from Network Chair



Welcome to this resource which is for the thousands of fantastic volunteers who support our ambulance services.

On top of their work role, most of our network leads volunteer their time to run and develop their Trust's LGBT+ networks. This resource is therefore written from one group of volunteers to all others with an aim of helping people to develop themselves and provide good care.

If we truly aspire to provide exceptional services, we need to be able to adapt our care to the populations we serve. Gone are the days when equality was thought to be 'treating everyone the same', and we recognise that small adaptations really ensure that we build a sound rapport with people, often when they need us most.

In the time I have been involved with LGBT+ networks, I have learned a tremendous amount

but even now I am happy to admit I don't know everything about LGBT+. Having an open mind and taking every opportunity to learn new things means we're striving to provide the best care possible.

I hope you find this resource interesting and useful and please do explore the other learning resources that we have on our website. Finally, feel free to join us at the many Pride events that we take part in over the summer months. Get in touch with your local network and I am sure they will welcome you.

For now, enjoy the read and if you have any feedback, do get in touch.

**Alistair Gunn**

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# Welcome from Volunteering Lead



Welcome to this National Ambulance Volunteer development pack produced by the National Ambulance LGBT+ Network.

As the Strategic Volunteering Lead for the Association of Ambulance Chief Executives (AACE), I firstly want to thank the network for producing this resource. If you are here as a member of our LGBT+ community, as an ally or as someone who wants to broaden their knowledge and understanding, you are all very welcome.

The ambulance service recognises the significant benefits volunteering brings to patients, staff, and our communities. We want all of our volunteers to feel supported and valued and to have the opportunity to develop their skills, knowledge and understanding.

Whatever your background or individual characteristics this is a great resource for you. We

know that our volunteer community will be as diverse as our patient community. We also know there's a direct link between staff and volunteer wellbeing and patient experience. Understanding the lived experiences and perspectives of our LGBT+ colleagues and communities will better inform the way we support the needs of our patients as well relate to each other.

Thank you for taking the time to explore these resources and for your commitment to the wellbeing of our staff and volunteers and the delivery of high quality services to our patients.

**Helen Vine**

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# National Volunteering Strategy



In early 2023 all Ambulance Trusts agreed a national volunteering strategy. Our vision is to champion and deliver ongoing inclusive volunteering opportunities across the UK NHS ambulance sector to benefit our patients, our people and the wider NHS and social care.

Sitting underneath our vision are three priorities:

1. To be a provider of choice, where volunteers will be seen as reliable, skilled individuals who represent and are representative of their communities.
2. To be organisations of choice, which volunteers view as inclusive and that they would be proud of and wish to volunteer for.
3. To be partners of choice, where volunteers are seen as key contributors in the collaborative delivery of services.

Our strategy recognises the importance of attracting volunteers to the ambulance sector from diverse backgrounds so that our communities are represented and we are committed to continually developing our culture to accept, value and develop everyone.

Ambulance service volunteers can play a key role in supporting the objectives of the National Ambulance LGBT+ Network:

- Making a difference to patients through our volunteering activity.
- Supporting our staff through our volunteering activity.
- Being visible in our communities as ambassadors for the ambulance service.

More information about the National Ambulance Volunteering Strategy can be found at [aace.org.uk/ambulance-volunteering](https://aace.org.uk/ambulance-volunteering).

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# Introduction



When we think about the role of the ambulance service, we often think of patients and saving lives. In actual fact, although this is undoubtedly a very important part of what we do, it is not the only thing. Ambulance staff and volunteers are involved in a wide range of other services within our communities and these differ in different areas.

To introduce how we connect with LGBT+ people we'll frame this using the three core objectives of the National Ambulance LGBT+ Network. These are:

- Making a Difference to Patients
- Supporting Our Staff
- Being Visible in Communities

In this section we will also refer to titles of different volunteer roles in general terms. Remember these titles do vary from place to place.

## Making a Difference to Patients

Our biggest cohort of volunteers are Community First Responders who provide life-saving assistance in an emergency. Of course, this service is universal and we respond to any call for help. Ambulance services are recognised for their compassion in these situations and from an LGBT+ perspective the biggest thing is to be aware of the people present and their relationship to the patient. Being aware of health inequalities for LGBT+ people will help you recognise the situations where one of these may be at play.

For volunteer advocates and car drivers, the interactions we have with people are usually more sustained. This is where it is important to build a sound rapport at the start. A frequently expressed concern is that health services often forget that older people, the core of our work, have a sexuality.

# Introduction



Making a wrong assumption here can shut down conversations and make people feel not included. This is especially relevant for advocates as people may not be making the decisions they really want to if they are not being themselves. A large number of volunteers are involved in community engagement and education programmes. Most schools and colleges take diversity and inclusion very seriously and we need to embrace this too. If in doubt, most teaching staff will be happy to support you.

Small and subtle things can give an important message to people. Wearing a rainbow or trans star of life pin badge tells people you are an informed person, without you saying a word. If you want to wear one contact your local network lead.



## Supporting Our Staff

When we say staff we very much include volunteers in this. One of our core missions is to ensure our ambulance services are places where people can bring their whole self to work. This is very important for wellbeing and also makes our services more representative and connected with the people we serve.

We know that things are not always perfect but we have made taken great strides forward. Since the creation of the National Ambulance LGBT+ Network in 2015, we have gained the support of every Chief Executive and senior management team and the visibility of LGBT+ people has increased significantly.

Local staff networks play an active part in developing policies and advising Trusts to make them more inclusive.



# Introduction



## Being Visible in Communities

Being visible in our communities has many benefits, and one of the ways we do this is to encourage participation in the many Pride events that happen around the country in the summer. It's a fantastic way to bring staff together and celebrate the vibrancy of our workforce and volunteers.

In addition, an important part of doing this is demonstrating to our communities that we provide a safe service to LGBT+ people, and maybe even encourage people to work or volunteer with us. The value of this should not be underestimated.

Taking part in such events has benefits but also comes with some challenges. In recent times our services have been hit with an increasing amount of negative communications on social media. Some of these question the use of public money



at these events and others have attacked the work we are doing to provide better care to trans people.

This hasn't stopped us from attending events and trying to make a difference. If you would like to show your support, please come along and take part too. The more people that attend the less impact the negative influences will have.



# Understanding LGBT+



Until recently we used to use the acronym LGBT which stood for lesbian, gay, bisexual and transgender. In recent years a string of additional letters have been added to acknowledge the existence of other sexual orientations and gender identities. The full acronym is LGBTTTQQIAAP, but this is often shortened to LGBT+ or something similar.

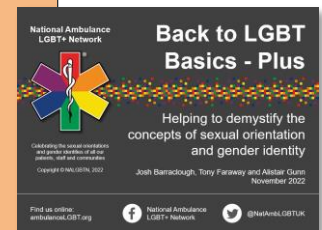
If the thought of this makes you nervous then don't panic. It is something that has challenged all of us and the National Ambulance LGBT+ Network has spent a lot of time developing resources to demystify everything.

The full acronym embraces two areas of diversity which are sexual orientation and gender identity. The simplest way to work with LGBT+ is to understand these two concepts and, most importantly, learn how to work inclusively for both of them. Already it has got a bit simpler!

On the next two pages we'll provide a basic introduction. It's important to say that no-one is asking anyone to remember what all the letters in the acronym are.

How people identify and the reasons why people make those choices can be complex. Allowing people to express their own identity on their own terms is fundamental and the main thing that demonstrates acceptance and support.

If you would like to learn more about LGBT+ check out our learning resource *Back to LGBT Basics – Plus*. It is written to support the wider ambulance workforce and includes a professional development opportunity as well.



# Deconstructing LGBT+



## Sexual Orientation

*Def: Sexual orientation is about who you're attracted to romantically, emotionally and sexually, and with whom you want to have relationships.*

Parts of LGBT+ acronym involved:

L	G	B			Q	Q			A	P
---	---	---	--	--	---	---	--	--	---	---

Historically, it was estimated that around **10%** of the UK population identify as *non-heterosexual*. Information from the last two censuses indicates that number is slightly lower, at around **7%**. It is believed that the information in the last two censuses is more reliable, as people become more comfortable disclosing such information with the equalisation of rights and introduction of the Equality Act in 2010.

The census information also indicates there are regional differences in the number of gay people, many preferring to live in larger cities where people perceive there to be better facilities.

## Gender Identity

*Def: Gender identity is who each of us are as a person in relation to being male, female, transgender, or gender diverse. It defines who we are, how we're seen by the world around us, and the way we express ourselves through behaviours, characteristics and thoughts.*

			T	T	Q	Q	I			
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Information from the UK Census in 2021 showed that **0.5%** of people indicated that their gender is different from their sex registered at birth. That equates to around 1 in 200 people and is evenly split between transitioning to male and female. This is the first time this information has been collected and therefore it is not possible to say if the number of people transitioning in the UK is increasing.

There are only a small number of clinics providing specialist services for trans people in the UK and long waiting lists for people to access them.

# The Full Acronym



L	G	B	T	T	Q	Q	I	A	A	P
---	---	---	---	---	---	---	---	---	---	---

## What does the full acronym mean?

The full LGBT+ acronym stands for *lesbian, gay, bisexual, transgender, transexual, queer, questioning, intersex, ally, asexual and pansexual*. These are the ten main ways people identify in terms of sexual orientation and/or gender. There is one additional group of people described next.

## Why is one of the letters greyed out?

The eagle-eyed amongst you will note that one of the letters is greyed out. The first A stands for *ally*, which is any person, usually not gay or trans, that actively supports those that are. The health inequalities we are talking about in this resource do not apply to allies, and therefore we have coloured it grey to acknowledge this.

## The two Q's are highlighted for both sexual orientation and gender identity. Is that right?

The term *queer* is not limited to either one of these groups and is a term used, often by younger people, to say they are non-heterosexual or their gender is not that assigned at birth. The term *questioning* describes a period of time that many non-heterosexual people experience on their journey to understanding their own sexual orientation or gender identity.

## Can I find out more?

The National Ambulance LGBT+ Network has produced a professional development resource to help people understand the LGBT+ acronym even more. Find out more at [ambulanceLGBT.org](https://ambulanceLGBT.org).

# Introducing Health Inequalities



**Health inequalities** are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- **Health status**, for example, life expectancy.
- **Access to care**, for example, availability of given services.
- **Quality and experience of care**, for example, levels of patient satisfaction.
- **Behavioural risks to health**, for example, smoking rates.
- **Wider determinants of health**, for example, quality of housing.

*Definition from the King's Fund*

Within the LGBT+ population a number of health inequalities exist. Heightening our awareness of these inequalities can help us identify times when adjustment to care is appropriate. In this section we have separated out the inequalities for sexual orientation and gender identity.



# Sexual Orientation Inequalities



## Health status and determinants:

- ❖ **22%** of young\* LGB people have tried to take their own life.
- ❖ **61%** of young\* LGB people have deliberately harmed themselves.
- ❖ **52%** of LGB people reported experiencing depression.
- ❖ **15%** of LB women have never had a smear test (compared to 7% for all women).
- ❖ **41%** of LGB people live alone, compared to 28% of non-LGB people.
- ❖ Figures for alcohol consumption, drug use and smoking are higher amongst LGB people.

## Experience of health services:

- ❖ **23%** of LGB people have experienced anti-LGBT remarks from healthcare staff.
- ❖ **19%** of LGB people have not revealed their sexual orientation to their GP. This rises to **40%** for bisexual men and **29%** for bisexual women.
- ❖ **7%** of LGB people have been outed without consent by healthcare staff. This increases to **15%** for LGB people with a disability.
- ❖ **25%** of LGB people experienced 'inappropriate curiosity' from healthcare staff.

\* Young people in the report are those aged 11 to 19 years.

# Sexual Orientation Inequalities



When it comes to identifying the most vulnerable LGB people the story has changed little over the years, despite many rights equalising and representation being stronger. The two main areas of concern are the young and the elderly.

Although many schools and colleges have LGBT+ support facilities, the issue of disclosing your sexuality continues to be a massive source of anxiety. It's not surprising when you read that 45% of LGBT+ young people reported being bullied at school because of their sexuality. Incredibly though, the age that young people first *come out* has actually fallen, with more young people likely to acknowledge they are LGB or trans whilst in education. An increasing number of young people, who get the right support, reported only experiencing positive reactions.

Where anxiety is experienced, challenges to mental health are likely and determinants around self-harm, alcohol consumption, drug use and smoking

are all higher than for the general population. The statistics for attempted suicides for LGB and trans people are shocking and clearly show there is more work to do.

Ambulance staff are only likely to interact with these young people for a completely different issue or when something has gone majorly wrong. The person's sexuality will, of course, not be the presenting complaint. These young people will be vulnerable and probably not at ease making a declaration unless they feel really at ease with the clinician. It goes without saying that sensitivity and openness are things that will help.

For older LGB people there are a completely different set of factors. Health determinants at this point are likely to be more normalised, but people's prior experience of health services will really play out. If people have not received supportive attitudes in the past, this will become their expectation in future.



# Sexual Orientation Inequalities



What is more, many older LGBT state how health services forget that they have a sexuality. Whilst its common to talk about people's lives and past experiences, defaulting to assumptions about having a husband or wife will likely close down the conversation rather than promote it.



There are many older LGB people who remember times when society was not as accepting, and may even have been subject to investigations and prosecutions. It is easy to forget that the scars of such experiences can be very deep and have an impact on how people view services for the rest of their lives.

The principles for working with LGB people in general are very simple. Treat everyone with respect and avoid making judgements. Using inclusive language lets people know immediately that you are an informed person and if you want to wear a rainbow star of life pin badge it's likely people will identify you as LGBT+ friendly.

An alarming statistic in the *Hidden Figures* report is how many LGBT+ people have experienced 'inappropriate curiosity'. Around 25% of LGBT+ people stated they had been asked questions that have no relevance to the presenting condition. In our own survey we found numerous examples of this. One gay man living with HIV reported that, whilst a paramedic was attending to his broken leg, he was subjected to a searching interrogation as to how he contracted the virus. If in doubt think about the discussions and questions you would have in general. If the person wants you to know more, they will volunteer that information.



# Gender Identity Inequalities



## Health status and determinants:

- ❖ **45%** of young\* trans people have tried to take their own life.
- ❖ **84%** of young\* trans people have deliberately harmed themselves.
- ❖ **67%** of trans people reported experiencing depression.
- ❖ At least **60%** of trans people have experienced emotional, physical or sexual domestic abuse.
- ❖ **41%** of trans people have experienced transphobic hate crime.
- ❖ Statistical information about older trans people is lacking.

## Experience of health services:

- ❖ **40%** of trans people experienced at least one negative experience of healthcare services.
- ❖ **18%** of trans people had received 'inappropriate curiosity' and **21%** felt their specific needs were ignored or not taken into account.
- ❖ **80%** of trans people experienced anxiety before accessing healthcare services, fearing insensitivity, misgendering and discrimination.
- ❖ In one survey almost **60%** of older trans people had concerns about availability of appropriate care.

\* Young people in the report are those aged 11 to 19 years.

# Gender Identity Inequalities



When it comes to understanding the needs of trans people, you only need to look at the statistics on the previous page to realise something is wrong. Many trans people experience *gender dysphoria* which is discomfort or distress because there's a mismatch between their biological sex and gender identity. After transitioning an alarming number of people suffer prejudice, bullying or rejection. It's not a recipe for happy lives.

Accessing supportive health services is also very difficult for trans people. Many health professionals are ill-equipped to deal with the needs of trans people and those that get referred into specialist services face huge waits to get an appointment. Waits of two to three years are not uncommon. There are currently only seven centres in the UK that specialise in gender identity which means most people have to travel some distance.

There is a lot of discussion in the media at the moment about trans rights. On the positive side

we now collect information in the national census that means we can understand how many people are likely to need support. On the negative side there is a lot of debate as to when people should be allowed to access services and abuse, particularly online, directed toward trans people is very prevalent.

Once again, when treating a trans patient, respect and compassion are as important as every other patient. Some trans people will naturally be suspicious or hesitant about disclosing information until they identify you as a supportive person. One thing many people have told us is that clinicians often appear to 'clam up' and interactions feel awkward. Similarly, a large number of clinicians state they feel ill-prepared to deal with trans people and fear saying something wrong. Most people can differentiate between a well-meaning mistake and someone deliberately being harmful. Informing yourself about trans people will give you more confidence and help you feel more at ease.

# Good Practice Guidance



The good news is that, despite the range of different identities and list of health inequalities, providing inclusive care for LGBT+ people is not as difficult as you might imagine. It can all be distilled down into some basic principles.

## Examine Your Unconscious Bias

Before this, however, it is good to revisit our own values and beliefs. Sometimes these ideas shape the ways we interact with people and, even if unintentional, people will pick up on that and make a decision about whether you are a safe person to disclose to or not.

If you are reading this document with interest and keen to learn more, for example, then its likely this is how people will perceive you. If you are reading this out of necessity, the same might be true. Being aware of our own value judgements is essential to getting the rapport right. We have

many examples from LGB people who have said the ambulance crew that attended to them was brilliant clinically, but really didn't understand them. Similarly, many trans people report that ambulance workers and volunteers deal very competently with the presenting complaint but ask irrelevant questions.



One reason some people feel uncomfortable with gay or trans people is because they haven't met many. That's where LGBT+ networks can help as they provide an environment to meet and increase your own awareness of the issues people face.

Remember we're not there to judge people; only to care for them.

# Good Practice Guidance



## Watch Your Language!

Most people have made a *faux pas* at some point, asking the name of the mother only to be told it's actually the patient's girlfriend, or some such error! Getting things wrong with gay and trans people can not only be embarrassing, but could close down conversation or get people questioning whether you are a safe person to talk to.

The best advice here is to use open language (partner, relative etc) and listen to how people describe each other. Taking your cues from what people say is called mirroring and generally people appreciate this.

We don't always get things right but most people can tell the difference between a well-meaning error and someone being malicious. A simple apology and correcting your mistake will usually do the trick.

## Avoid Inappropriate Curiosity

Asking questions that aren't relevant to the presenting condition is to be avoided. Many people will perceive you to be judgemental or inappropriate if you do this. Inappropriate curiosity is especially common when health professionals deal with trans people.

A common question is when should you ask questions about someone's transition. In a lot of cases this should be straight forward. For example, if someone has broken their arm, answering questions about transitioning is simply not relevant.

If a trans person is suffering abdominal or chest pain, they will know they need to disclose some information to you. When they do this, remember this might be hard for them to say and they need your support. Try to be affirming and understanding.

# An LGBT+ Friendly Service



Five principles of good practice are:



Show the same professional courtesy to everyone you meet. You are there to look after people, not to judge them.



**Take your cues from the person and mirror their terminology. If they refer to 'partner', you refer to 'partner'.**



Call out bad practice and non-inclusive behaviours when you see it. If you walk past bad behaviour, you are accepting it.



**Saying 'I treat everyone the same' is admitting to bad practice. Be informed and attune your care to the people you treat.**



Be a true ally to LGBT+ people. Talk to people and 'walk in someone's shoes' to see what their lives are really like.

# Good Practice Summary



Information will be updated shortly

Please download the updated version in a few days

# Useful Links



Hopefully this pack will have whet your appetite and you might want to find out more about LGBT+ issues. In this section we will point you in the right direction. The first point of call is our website which is packed full of useful information.

## Professional Development Resources



The National Ambulance LGBT+ Network has three professional development resources available and you can access these free of charge. Each of them can be downloaded and you can complete some confirmation questions to gain a certificate. The two packages not mentioned elsewhere in this pack are *The Ambulance Service Trans Toolkit* and *Good Care to People Living with HIV*.



## Support

We regularly update our Mental Health Contacts poster and publish this in our *Resources* section. This is worth having available for yourself, or even to hand to a colleague if you think they need it. In addition to this we have established links with The Ambulance Staff Charity who offer a range of support including the crisis phoneline.



# Useful Links

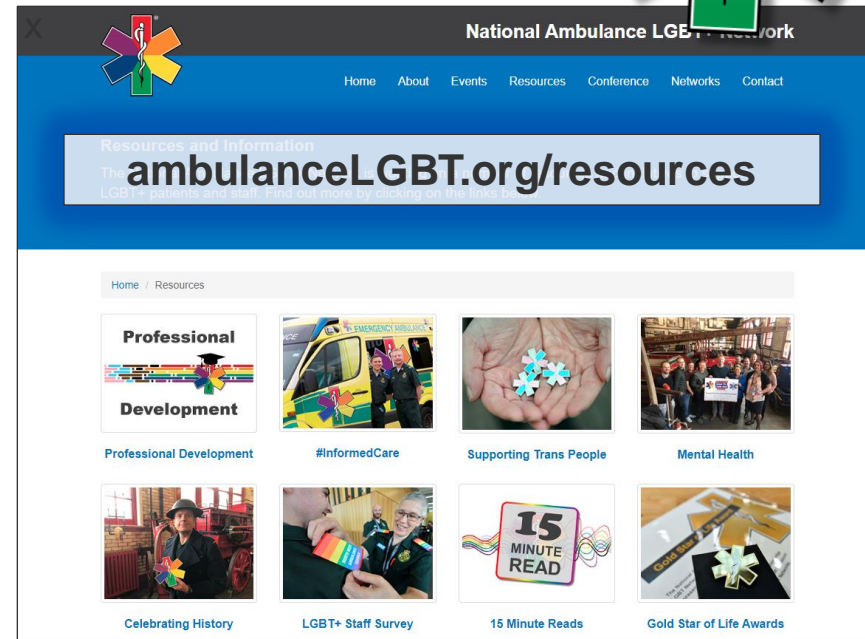


## 15 Minute Reads

Every month we produce a *15 Minute Read* which focusses on a LGBT+ related topic. These are well worth a read to keep yourself up to date with information and what the National Ambulance LGBT+ Network is doing. Many of our reads include good practice guidance and updates on some of the major health inequalities.

## Local Network Contacts

If you want to contact your Trust's LGBT+ Network or take part in events, up to date contact information is available on our *Networks* page. Most of our Network Leads are operational ambulance staff and may not be able to reply immediately. A calendar of events is available on the *Events* page and you can also contact the National Ambulance LGBT+ Network using the *Contact* facility on the website.



## Social Media Links



National Ambulance  
LGBT+ Network



@NatAmbLGBTUK

# Other Reports

There are a number of reports from different organisations that are well worth a read. One that we really recommend is the *Hidden Figures* report that was published by the LGBT Foundation in 2020. This comprehensive report outlines all the different health inequalities LGBT+ experience and is structured in three sections: starting well, living well and aging well.

Other reports by Stonewall, Opening Doors and the NHS Confederation are also available and can be found on our website at the link below.



[ambulancelgbt.org/resources/committee-zone/useful-documents](https://ambulancelgbt.org/resources/committee-zone/useful-documents)

# Helplines and Support



## TASC Crisis Phonenumber

The Ambulance Staff Charity (TASC) has recently launched a crisis telephone for all ambulance workers and volunteers. It is available 24 hours a day, seven days a week. All people involved in providing the service are trained to help.

**THE AMBULANCE STAFF CHARITY**  
Caring for those who care for us

**Ambulance Staff  
24/7 Crisis Phonenumber**

Immediate and ongoing suicide and  
mental health crisis care for UK ambulance staff

**Call 0300 373 0898**

Completely independent  
Private and confidential  
Run by qualified professionals  
Experienced in supporting ambulance staff

Not in a crisis but still need support? Call 02477 987 922

**www.theasc.org.uk/crisis**

It is worth having one of the posters available or the number listed on your mobile telephone. You never know when you, or someone around you, may need it.



## LGBT+ Support

We regularly update a mental health contacts poster which provides the details of a range of different support services. It is worth having a copy available in case someone – patient, staff or fellow volunteer – needs it.

**Useful Mental Health Contacts**

**The Ambulance Staff Charity (TASC)**  
TASC is for colleagues and families of colleagues who need advice or support.  
Telephone: 0800 1032 999  
Email: support@theasc.org.uk

**Mind**  
The leading mental health charity available with online resources for support, personal advice and assistance.  
Telephone: 0300 123 3393  
Text: 86463  
www.mind.org.uk/information-support/helplines

**Unmind**  
Unmind is a site that offers free access to NHS colleagues with a variety of mindfulness, meditation and yoga sessions.  
https://home.unmind.com

**Our Frontline**  
Direct access for emergency service workers through Our Frontline.  
https://www.samaritans.org/how-we-can-help/workplaces/our-frontline/

**Samaritans**  
Telephone: 116 123 (free 24 hours a day)  
Email: jo@samaritans.org  
www.samaritans.org

**Our NHS People**  
Telephone support service for NHS staff.  
Confidential support by phone on: 0800 06 96 222 (7am-11pm)

**Shout UK**  
Heads Together provide SHOUT with offering helplines to meet a variety of mental health needs.  
Shout Text Response: 85258 (text the word SHOUT)  
www.headstogether.org.uk/get-support/

**www.ambulanceLGBT.org**

**f** National Ambulance LGBT Network **t** @NatAmbLGBTUK

In actual, none of the services listed are specifically for LGBT+ people, but we do know they will support anyone in need. People can safely make a disclosure to any of the services listed.

This can be found on our website.

# Personal Empowerment



As well as learning from the information in this resource, there are a number of things you can do to support your volunteering role. Most of this is looking at services and support facilities for people in the area you work in. Unfortunately, the National Ambulance LGBT+ Network is not able to research and maintain up-to-date information about these facilities in every part of the country.

## Build Your Own Directory

Spend an hour doing some research online and you will quickly be able services and support facilities in your area.

Our challenge is to fill in as many of the spaces in this directory as you can. Noting this information means you will have the information available when you need it. A word of caution though. Information does change so be sure to check and update the information every twelve months.

## General Support Services

Try and find the names and contact information for support services in your area. Include telephone and e-mail contacts.

Note that depending where you live, there may be different services for gay and bisexual men, gay and bisexual women and trans people.

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# Personal Empowerment



## Youth Services

Are there any specific youth services for LGBT+ people in your area?

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## Older LGBT+ People

Are there any specific services for older LGBT+ people in your area?

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# Personal Empowerment



## Hate Crime Reporting

If someone has experienced a hate incident or crime, it can be useful to direct them to reporting mechanisms and contacts that support this.

Most police forces have hate crime reporting services in place which can include postal forms, dedicated officers and even reporting centres.

Details of local police force's hate crime reporting service.

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## Useful contacts.

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Details of any hate crime reporting centres in your area.

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# Personal Empowerment



## Other Useful Information

You might also want to research any services in your area that offer support linked to the following:

- Sexual health
- Domestic abuse
- Sexual assault

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# Personal Empowerment



## Timeline Fact Find

Have a go at our fact find below. This a series of questions where you need to find the appropriate dates. After you've done this, we'll give the answers and also talk about the impact of each of these things on LGBT+ people.

1

In which year was the Equality Act amended to include sexual orientation as a protected characteristic?

2

In which year was the ban on gay people in the military lifted?

3

Between which two years did Section 28 of the Local Government Act prohibit the 'promotion of homosexuality'?

to

4

In which year did the Equality Act include transgender reassignment as a protected characteristic?

5

In which year were the first Civil Partnerships for same-sex couples held in England and Wales?



## Timeline Fact Find Answers

### Question 1

**Answer:** The Equality Act was first introduced in 2004 and contained four 'protected characteristics' – in other words four facets which it would be unlawful to discriminate against. In **2007** the Act was revised to include two further characteristics; sexual orientation and religion and belief.

**Impact:** If you were employed before 2007, you could be removed from employment because you were gay and there was no legal protection to support you. Many gay people therefore felt they had to hide their identity for fear of being discriminated against.

### Question 2

**Answer:** The ban on gay people in the military was lifted in **2000** after the European Court of Human Rights enforced the UK Government to address the issue. For the first time gay people could serve in the military without experiencing intrusive vetting processes or fearing being discharged from service if found out.

**Impact:** If you were gay and served in the military before 2000 you will have undoubtedly lived a double life, and any

partners would have also have to be extremely careful too.

### Question 3

**Answer:** Perturbed that young people were being told they had the 'unalienable right to be gay', Margaret Thatcher's Government introduced Section 28 in **1988**. The answer for when it was repealed is different in depending where you are. In England and Wales Section 28 was abolished in **2003**. In Scotland it was repealed earlier in **2000**.

**Impact:** If you were at school between these dates then any mention of gay people was silenced by legislation aiming to stop the 'promotion of homosexuality'. Even though it was directed towards Local Authorities, most schools believed it applied to them too. Many gay people who experienced schooling at this time recall a heightened sense of isolation.

This legislation also existed as the AIDS epidemic was taking hold and Section 28 stopped schools from providing sex education for young gay people. It is believed that HIV infections amongst young gay men soared as a result. There was such outcry amongst the gay community at what was happening that the campaign group *Stonewall* was set up to challenge the Government and fight for gay rights.

# Answers



## Question 4

*Answer:* The final version of the Equality Act came into effect in **2010** and added a further three protected characteristics to the legislation, including gender reassignment. For the first time ever, there was legal protection in the workplace for trans people and a requirement to offer support to people during the complex process of transitioning.

*Impact:* The process of gender reassignment is a long one, often taking several years. That is after you have starting being seen at one of the limited number of gender reassignment services which are also subject to long waiting lists. Before 2010, there was nothing in place to stop employers dismissing people, either outright or by managing people out through attendance processes. For this reason many people who wanted to transition simply couldn't because they wouldn't have an income any more. Since this legislation was put in place the number of trans people has increased significantly.

## Question 5

*Answer:* Legislation to allow Civil Partnerships was passed in **2004** and the first actual ceremonies taking place in December **2005**, including that of Elton John and his

partner David Furnish. Same-sex marriages were legalised in 2014 bringing true equality with the rest of the population.

*Impact:* Before 2004 it was very difficult to achieve legal recognition for gay partnerships and this caused some big problems. If one partner were to die, this meant the other was not recognised as next of kin and there were countless examples of the deceased partners families claiming the estate and even ousting partners from their home. There could also be massive implications with making decisions for a partner in the event they were not able to do so for themselves, for example end of life care. Again, there were many cases where the next of kin, which was not the partner, having to make decisions and the partner's view was not considered.

In all our examples above, the impacts of these milestone changes had massive impacts on LGBT+ people. However, if you lived before these things came into being you may have been impacted and have a very negative view of the world. It is not unusual for older LGBT+ people to be cautious and nervous of services, and this is understandable after being oppressed for many years. Building trust may take a little patience.