A Companion Guide to
Addressing Lesbian, Gay,
Bisexual and Transgender (LGBT) Health Inequalities
CD Rom-based educational resource
If you work in NHSScotland and you would like to obtain a copy of *Addressing LGBT Health Inequalities* contact your local learning / organisational development team. Alternatively you can contact: Angela McCulloch NHS Education for Scotland Telephone 0141 352 2926
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Addressing LGBT Health Inequalities is a compendium of training, educational and reference resources on CD Rom. It includes:

- learning activities, with crib notes and factsheets
- case studies and video clips
- reference materials, including surveys, research reports and good practice guides.

Addressing LGBT Health Inequalities was designed primarily with those involved in the education of pre and post registration nurses, midwives and allied health professionals (NMAHPs) in mind.

However, Addressing LGBT Health Inequalities will also be of interest to

- service managers
- human resource staff
- PFPI, health inequalities & equality and diversity leads
- equality / diversity champions
- staff representatives
- NHS staff, and
- anybody else engaged in promoting equality, diversity, human rights and social justice in NHSScotland and beyond.
1 Background and Context

1.1 Background

The NHS Inclusion Project (renamed Fair for All – LGBT in 2005) was established in October 2002 as a partnership between the Scottish Executive Health Department and Stonewall Scotland.

In 2003 the Project published ‘Towards a Healthier LGBT Scotland’ which summarised emerging evidence of LGBT health inequalities and highlighted barriers to equality of access in NHSScotland.

In 2004 the Project led a series of pilot activities across Scotland that involved LGBT organisations working closely with NHS services and staff to:

- raise knowledge and awareness to improve understanding
- facilitate community engagement
- encourage, support and guide policy and practice development in line with good practice equality principles.

The learning from these pilots informed ‘Good LGBT Practice in the NHS’ (2005), with policy and practice guidance for NHS services and staff.

Following this NHS Education for Scotland (NES) commissioned the LGBT Centre for Health & Wellbeing and fpa Scotland to develop and deliver a three-day training programme to introduce and accompany ‘Good LGBT Practice’ for educators in the NHS and Higher Education Institutions (HEIs).

The training programme; ‘Addressing the Health of LGBT People as Patients and Employees of NHS Scotland’ was well received and positively evaluated by participants. An electronic training pack containing the three day programme was produced and distributed to attendees.

The LGBT Centre for Health & Wellbeing and Fair for All – LGBT were then commissioned by NHS Education for Scotland to develop ‘Addressing LGBT Health Inequalities’, drawing on the learning of previous developments noted above.
1.2 Important Developments

Scottish Government

The Scottish Government has reaffirmed the previous administration’s commitment to promote LGBT equality and inclusion; exemplified by Stewart Maxwell’s foreword to the Government’s Challenging Prejudice Response (2008).¹

“Changing attitudes will be good not only for LGBT people but for all the people of Scotland… This Government is committed to tackling inequality and creating strong communities… We recognise the prejudice and discrimination LGBT people have faced historically. And while there have been significant strides in law and policy over the last 30 years, we know discrimination still exists and LGBT people in Scotland today can still encounter negative attitudes.”

The Scottish Government’s Health Inequalities Task Force produced two Equally Well² reports in June 2008 setting out the evidence and a strong case for tackling the significant and widening health and social inequalities in Scotland, and published an implementation plan in December 2008.

Significantly from an LGBT equalities perspective, Equally Well explicitly links socio-economic inequalities with those relating to issues of difference and diversity.

This welcome development marks a growing understanding of health and social inequalities and how these can interact with issues of social identity and difference.

It reflects a growing understanding that sexual and gender identities are only facets of ‘difference’ and not all that defines LGBT people. As Challenging Prejudice³ describes it:

“We [LGBT people in Scotland] are young and old, we are parents, we are single, in relationships, married or in civil partnerships, we are disabled people, we are school and college students, we are workers, we are religious and non-religious, we are of all ethnicities. Like everyone else, we contribute to Scotland’s wealth, culture, society and future.”


²/ See further reading for details of Equally Well, volume 2 and the implementation plan.

Human Rights

The Equality and Human Rights Commission (EHRC) and Scottish Commission for Human Rights (SCHR) are both actively promoting a (Human) Rights-based approach to the delivery of public services, including health services, in Scotland.

However, the EHRC has made clear that a focus will remain on LGBT equalities issues; that the EHRC is “working to ensure that our enforcement activity specifically addresses LGBT issues.” and that “transgender people’s rights are protected in the Gender Equality Duty”.

The EHRC has also:

- set up an LGB & T working group and an LGB Research Network
- nominated lead staff in Scotland for LGB people and transgender people
- established a ‘Transgender People’s Rights’ project.

The Scottish Government Health Directorate has recently established a Mutuality, Equality and Human Rights Board.

It is worth noting that human rights-based applications in healthcare settings are also gaining an increasing focus in the NHS in England and Wales.

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4/ The Equality and Human Rights Commission (EHRC) in Scotland replaced the statutory functions previously held by the Equal Opportunities, Racial Equality and Disability Rights commissions in October 2007

5/ The Scottish Commission for Human Rights (created by The Scottish Commission for Human Rights Act 2006), was established in December 2008


7/ The image represents the five principles identified by the Department of Health (England and Wales) and British Institute for Human Rights (BIHR) in Human Rights in Healthcare (2006), which explores the practical application of human rights-based principles in the healthcare setting. BIHR are also working with the Department of Health on a number of pilot projects in frontline NHS services Available for download at www.bihr.org.uk
NHSScotland made significant investments in strand-specific evidence-gathering and developing policy and practice guidance through Fair for All the Wider Challenge.\(^8\)

In April 2008 the Equalities and Planning Directorate (EPD) replaced the Fair for All ‘strands’, and indicated the intention to approach addressing equality, diversity and the wider health and social inequalities agenda in an integrative way:

“It is time to merge diversity into the mainstream agendas for the reduction of inequalities in health and the improvement of health in Scotland.”\(^9\)

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\(^8\) Fair for All (2001) was extended to become Fair for All the Wider Challenge in 2004

The Law

Addressing LGBT Health Inequalities CD Rom has a substantial section with guidance on the range of legal protections and health and social policies relevant to LGBT health.

However, protections have been extended since, and further changes are anticipated.

While not intended to be an exhaustive account, some key legal developments are highlighted below.

The Offences (Aggravation by Prejudice) (Scotland) Bill was presented to the Scottish Parliament in May, 2008 with Scottish Government support. When passed, existing hate crime legislation will be extended, providing further protection for lesbian, gay, bisexual and transgender individuals.\(^\text{10}\)

The Sex Discrimination (Amendment of Legislation) Regulations came into force in April of 2008, giving legal protection from discrimination on the grounds of gender in the provision of goods, facilities and services.\(^\text{12}\)

The Adoption and Children (Scotland) Act 2007, expected to come into effect in 2009, will mean that a child can have two legally recognised mothers or fathers.\(^\text{13}\)

And the Human Fertilisation and Embryology Bill, currently under the consideration of the Westminster Parliament, proposes to recognise the same-sex partner of a woman (who undergoes fertility treatment at a licensed clinic) as the child's second parent.\(^\text{14}\)

11/ The Bill proposes similar protections for disabled people
13/ Transsexual people are protected from discrimination in employment, vocational training and the provision of goods, facilities and service in the provisions of the Sex Discrimination Act. Further information and guidance on the SDA provision and the Gender Recognition Act (2004) is available on the Addressing LGBT Health Inequalities CD Rom
14/ see [Your Rights section of Equality Network website](http://www.equality-network.org)
Towards a Single Equality Act

The UK Government consulted widely as part of its Discrimination Law Review, the aim of which is to consolidate and equalise the current patchwork of equality law and regulations into a Single Equality Act. The Equality Bill is on the parliamentary agenda for 2009, and it is anticipated the new Act will require the NHS and other public authorities to produce single equality schemes featuring all equality strands.

Taken as a whole, the developments described above are important, marking a consolidation of much that has been learned in promoting equalities in NHSScotland since the original Fair for All initiative (2001), and placing LGBT health firmly at the centre of a broader commitment to address equality, diversity, human rights, health and social inequalities in NHSScotland.

And a Human Rights-based focus offers:

- a compelling baseline from which to assess and address equality, diversity, health and social inequalities, and
- new opportunities to engage, involve and inspire healthcare staff in realising the vision of a ‘mutual NHS’.

15/ Better Health Better Care (2007) Scottish Government
2 Addressing LGBT Health Inequalities

2.1 Developing and delivering LGBT equalities training

The contents of *Addressing LGBT Health Inequalities* are informed by the experiences\(^{16}\) of developing, delivering and evaluating LGBT training with staff and services across NHSScotland between 2003 and 2007.

> “The last three days have impacted more on my attitudes and values than any other course - enjoying it as much was a bonus.”

> “This was an excellent course. I can’t think of anyone who wouldn’t benefit from attending it.”\(^{17}\)

As these comments suggest, effective LGBT equalities training can have a real and significant impact on training participants, yet initially it was hard to make inroads and create meaningful opportunities to work directly with NHS staff.

LGBT health was poorly understood and there was both perception and reality to the sense that the needs of some equality groups were more important than others\(^{18}\). The very concept of an LGBT community (of interest) that brought issues of same-sex attraction and transgender identities together was new to the NHS and public services in general.

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16/ The LGBT Centre for Health & Wellbeing, with 5-year funding from the Big Lottery Fund (BLF) was established in 2003. The Centre sought to address LGBT health and social inequalities through provision of community-based services for LGBT people allied to training and consultancy support for the NHS to raise awareness, promote good practice and improve access to and the experience of health services. The BLF funding arrangements came to an end in 2008 although the Centre continues to provide a range of services for the LGBT community locally and alternative funding sources are being sought. The NHS Health Inclusion Project, a partnership between NHS Scotland and Stonewall Scotland, was renamed *Fair for All - LGBT* in 2005. The project gathered evidence of and reported on LGBT inequalities, and published policy, practice, research and community engagement guidance to support NHSScotland Boards *Fair for All – LGBT* was replaced by a new Equalities and Planning Directorate, based at NHS Health Scotland, in April 2008. Trainers were Tony Stevenson, training and consultancy manager at the LGBT Centre for Health & Wellbeing and Nick Laird, training and community development officer at *Fair for All – LGBT*.

17/ LGBT Centre for Health & Wellbeing Annual Report 2005-2006

18/ See, for example *LGBT Stocktake Exercise: Analysis of Responses* (2003) NHS Health Inclusion Project
Where there was awareness and understanding through service experience, it tended to be limited to gay men’s sexual health issues.19

As trainers we recognised that the exploration of sexuality and gender – with associated issues of social norms, conventions and expectations – could be challenging terrain for participants.

This led to the emergence of a style and approach that sought to engage, inform, encourage, reassure, challenge and ultimately inspire participants to commit to and advocate for LGBT equality beyond the session, and in employment and service delivery.

“Was somewhat apprehensive… but absolutely brilliant; opened my eyes to all sorts of challenges and opportunities in providing healthcare for LGBT communities.”

“Of all the equality & diversity training I have been on this has been the best, easiest to understand and to be enthusiastic about implementing in the workplace.”

In producing Addressing LGBT Health Inequalities we purposely adopted a non-prescriptive approach, and all of the activities and resources developed by the project team can be adapted and updated.

Rather our focus was on presenting the user with a wide spectrum of resources offering the flexibility to extract information and deliver it in ways that suit the environment, methods, audiences and personal preferences of the trainer, educator or interested reader. In this way the resource can be adapted, updated and expanded in the light of experience and emerging evidence.

See Addressing LGBT Health Inequalities CD Rom for more, e.g.
Taking Stock folder
Guidance for educators folder
Setting the scene folder

19/ Towards a Healthier LGBT Scotland (2003) NHS Scotland
2.2 Making the Connections

To deliver effective LGBT training it is important to recognise - while understanding the relationship and interplay is both complex and unique to each individual - that there are causal relationships between:

- heterosexism (and history of illegality, pathology, invisibility)
- homophobia / transphobia
- stereotypes
- stigma
- internalised, negative feelings
- real & perceived barriers
- inequality and exclusion.

When this interplay becomes evident training participants often describe it as the ‘penny-dropping’ moment – when the implications for practice (many of which are about attitude, understanding and approach) begin to fall into place - and participants recognise the role they can play in challenging this oppressive cycle.

See Addressing LGBT Health Inequalities CD Rom for more, e.g. The Law and Mental Health past and present folder
LGBT Community in Scotland folder
Media, social attitudes and personal values folder
Models of health folder
2.3 Understanding the Drivers

“While we are committed to developing a ‘LGBT friendly’ health service, we acknowledge that until the root causes of LGBT health inequalities are addressed, we will not be able to tackle the concerning health statistics raised in this report. There is no place for discrimination in the NHS in Scotland.”

There are a number of important drivers that taken together provide a compelling case for LGBT equality. These include, for example:

Legal compliance
- Sex Discrimination (Gender Reassignment) Regulations 1999
- Employment Equality (Sexual Orientation) Regulations 2003
- Gender Recognition Act 2004
- Civil Partnership Act 2005
- Equality Act (Sexual Orientation) Regulations 2007
- Sex Discrimination (Amendment of Legislation) Regulations 2008

Professional Codes
“You must demonstrate a personal and professional commitment to equality and diversity.”

Social Justice
“Tackling health inequalities is a matter of social justice. It’s unacceptable in 21st century Scotland that some people can expect to die earlier than others, simply due to an accident of birth or circumstances.”

See Addressing LGBT Health Inequalities CD Rom for more, e.g.
- FFA_law LGBT & Law Quiz PowerPoints
- Business case folder
- Delivery guidance folder
- Evidence base folder

22/ First Minister in foreword to Equally Well Report of the Scottish Government’s Health Inequalities Task Force (June 2008) Scottish Government
2.4 Using the Evidence

“Studies have found higher rates of depression among gay men, lesbians, people who are bisexual or transgender than the general population. A study in Glasgow suggests that young LGBT people may be particularly vulnerable to depression and anxiety.”

The evidence base has grown since 2007. Notably, a Stonewall survey which reported on the experiences and concerns of more than 6,000 lesbian and bisexual women respondents reported that:

- one in five respondents had deliberately harmed themselves in the last year, compared to 0.4 per cent of the general population
- half of respondents under the age of 20 had self-harmed, compared to one in fifteen of teenagers generally.

Yet when it comes to the NHS half of the respondents reported that:

- they ‘are not out to their GP’, and
- of those who had attended a consultation with a partner, only 10% felt the partner had felt welcome.

A 2008 Scottish survey of over 70 transgender people in Scotland noted particular issues with mental health services as one respondent explained:

“I wasn’t allowed to use men’s toilets despite living as a man fully and having my name legally changed. They made me wear a bra and called me ‘she’ and wouldn’t use my male name. This caused my mental health to get even worse.”

See Addressing LGBT Health Inequalities CD Rom for more, e.g.

LGBT Health Inequalities folder
Evidence Base folder
LGBT Health Matters PowerPoint

24/ Prescription for Change Lesbian and Bisexual Women’s Health Check (2008) Stonewall, pg 7
2.5 Recognising the Barriers

The term **barriers to access** is often used to describe the different ways in which people and groups face particular difficulties in taking up services.

For example, reluctance to disclose - due to a (real or perceived) fear that doing so may have unwanted repercussions - is an issue for too many LGBT people.

And this can affect the employment experience too:

A UNISON survey (2003) of lesbian and gay members found that while 52% had experienced discrimination that they related to their sexual orientation, only 5% felt ‘positive’ about the way their employer had dealt with the incident.27

See *Addressing LGBT Health Inequalities* CD Rom for more, e.g.

NHS Barriers folder
Stereotyping trainer notes
Barriers to LGBT Equality folder

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26/ First Out (2004) Beyond Barriers
27/ Harassment and Sexual Orientation in the Health Sector (2007) Stonewall
2.6 Promoting Good Practice

“I just cried and said ‘thank you’. The doctor said ‘Don’t thank me for treating you like a human being’.” 28

Lesbian, gay, bisexual and transgender people have good experiences with healthcare staff and with NHS services. And when they do – just like other people – they often identify essential human qualities, as Delivering for Health (2006) observed:

“Approachability, kindness, courtesy, empathy and an obvious willingness to respect and listen to the person all score high among the qualities patients value most in health professionals.” 29

It is worth remembering that it is often the simplest of actions that have the most profound impact; a smile or a nod, an unprompted explanation, giving reassurance, acknowledging and involving a partner.

Addressing LGBT Health Inequalities contains a wide selection of practice guides that build on the essential human qualities with detailed information on employment, service environments and individual care.

And there is guidance for senior staff and managers on aspects of organisational change accompanied by information on equalities tools such as equal impact assessment and diversity monitoring.

See Addressing LGBT Health Inequalities CD Rom for more, e.g.
NHS Bridges folder
Good LGBT Practice folder
Guidance for LGBT employees folder
Fair for All the Wider Challenge folder
What do LGBT people want from the NHS video clip & transcript

28/ From Fiona’s Story; Health Topic Briefings and Personal Stories (2007) NHS Scotland, page 60
29/ Delivering Care Enabling Health (2006) Scottish Executive
3 Getting Started

3.1 Using the CD Rom

Addressing LGBT Health Inequalities is a straightforward resource to navigate if you follow these instructions.

The CD Rom opens up in a web browser screen. Select click to enter.

This opens a Welcome and Introduction screen, with a main menu to the left hand-side of the computer screen.

Scroll to the bottom of the page (preferably reading as you go) and click to open the Table of contents at the bottom of the page. This opens a Word document in a new browser.

The Table of contents is a key document as you can read through and access every file and folder via hyperlinks.

If you return to the main menu and browse the headings, each has a short description and section introduction (a Word document), again with hyperlinks to folders and files.
3.2 Ideas for Discussion

The CD Rom contains resources to support a full training programme, but most activities can be modified, while others are ideal for use in team meetings or informal discussions among colleagues.

For example

20 case studies covering staff and user issues, with trainer notes and discussion points.

4 video clips (with transcripts) of LGBT people talking about health and the NHS.

PowerPoint presentations covering, for example:

- Basic LGBT Good Practice
- Basic Introduction to Barriers to Access
- Introduction to Transgender Issues
- Heterosexism and Relationships

Trainer notes on

Sex and Gender, Heterosexism, Homophobia, Transphobia and Coming Out.

LGBT Health factsheets including

Mental health, transgender health, younger LGBT health and older LGBT health.

Knowledge and Skills Framework with guidance on

Developing learning outcomes to meet the requirements of Core Dimension 6 Equality and Diversity.

Hot tip

The Equality and Human Rights Commission website has some excellent downloadable video clips (most of them accompanied by transcripts), of people discussing personal perspectives on and experiences of difference, diversity and identity.

4 Resources

4.1 Further Reading


Equally Well Volume 2 (June 2008) Scottish Government

Equally Well Implementation Plan (December 2008) Scottish Government

Getting Started – a Route Map for Public Services in Scotland (2008) Stonewall Scotland
www.stonewallscotland.org.uk/scotland/projects/good_practice_project/route_map/default.asp

Love Thy Neighbour: What people of faith really think about Homosexuality (2008) Stonewall
www.stonewall.org.uk/documents/love_thy_neighbour.pdf

Transgender Experiences in Scotland Research Summary (2008) Scottish Transgender Alliance
4.2 Web Links

Equality and Planning Directorate
www.healthscotland.com/about/equalities/index.aspx

Equality and Human Rights Commission
www.equalityhumanrights.com/en/scotland

Health Rights Information Scotland
www.hrisonline.org.uk

NHS Education for Scotland
www.nes.scot.nhs.uk

NHS Education for Scotland Equality in Health e-library
www.equalityinhscot.nhs.uk

Scottish Commission for Human Rights
www.scottishhumanrights.com

Scottish Transgender Alliance
www.scottishtrans.org
Further copies of this document are available, on request, in audio and large print formats and in community languages. Please call: 0131 247 6602

www.nes.scot.nhs.uk