EQUAL! but not the SAME!

A guide to support LGBTQ+ communities through COVID-19 & beyond

by Jacqui Jobson

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EQUALI but not the SAME!

INTRODUCTION

This guide presents an opportunity for individuals and organisations to reflect on whether we are meeting the needs of Lesbians, Gay men, Bisexuals, Trans, Queers and those who identify as belonging outside these identity groups and come under the '+' (LGBTQ+) people and their communities. As we continue to experience the impact of the Covid-19 and plan for recovery from the pandemic, it will be important to make sure that we leave no-one behind. We will undoubtedly face increased demand for health and care services, with significantly reduced resources for the general population, in a system which is operating under emergency conditions.

We will need a concerted effort to ensure that we are able to keep to our values of fairness, equity, and inclusion by ensuring those who are from minoritised communities, including LGBTQ+ people, receive the specific services and support they need.

The word communities (rather than community) is used in this guidance, to acknowledge that the acronym LGBTQ+ stands for a group of different communities who have shared experiences of prejudice and discrimination because of homophobia, biphobia and/or transphobia. Not all of these groups will have been affected by the Covid-19 pandemic to the same degree or in the same way.

We all have been educated, and work, within systems that reinforce dominant social norms. These systems assume that people are heterosexual and not trans or gender diverse. This hetero-normative and gender-normative ideology creates an environment where any variation from the dominant paradigm is questioned and, at the extremes, seen as a disease. It is important to acknowledge that people may belong to multiple minoritised groups. Discrimination, harassment and violence impact on people's lives in complex ways and these intersecting oppressions are not experienced in isolation but in a compounding and overlapping way.

As health and care providers and advocates across all sectors, we need to continue to push for the appropriate support of those we serve who are LGBTQ+. It is also important to support our colleagues who identify as LGBTQ+. The best way to do this is to learn from people who have lived experience of discrimination as a direct result of their sexuality or gender identity.

Often workers in the sector say, "We treat everyone the same, we don't need any specialist services or training on how to work with specific individuals or groups." However, it's not about how we can treat everyone the same, it is about understanding the uniqueness and cultural components that make people who they are and affirming their distinct identities and needs. Another unhelpful trope is that sexuality and gender are "none of our business" – in practice this can translate into silence and creating invisibility, not taking into consideration the person's authentic self which is an important part of holistic care. Tolerance is not enough, in a person-centred environment; people want, and deserve, to be treated with respect, be safe, feel included and have their experience affirmed.

INTRODUCTION

Be curious when services that say that they do not have any LGBTQ+ patients or service users; LGBTQ+ make up at least 8% of the population. It is easy to make assumptions about the sexuality or gender identity of someone, and services need to work on their active inclusion of LGBTQ+ communities before they create a safe place for people to 'come out' in.

This guide will support you to develop your skills and practice in affirming the cultural sensitivities of oppressed groups, taking action either as an individual or from an organisation-wide perspective. It will address the current knowledge of the impact of Covid-19 on LGBTQ+ communities and focus on raising awareness of the mental health needs of LGBTQ+ communities. More importantly it will give practical guidance on using culturally sensitive and affirmative practices in health and care and advice on some ways to be an ally to LGBTQ+ communities.

EQUAL! but not the SAME!

THE IMPACT OF COVID-19 ON LGBTQ+ PEOPLE

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There is emerging evidence that the LGBTQ+ communities are more adversely affected by Covid-19 than the general population. Although there is some data coming from the US, evidence is difficult to find because of the lack of data collection around sexuality and gender identity in health and social care services in the UK. However, we know that LGBTQ+ people are more likely to be in high-risk or precarious employment, experience poverty and live in socially deprived areas, which are some of the indicators of higher risk for Covid-19.

LGBTQ+ people have similar health risk factors to that of racialised communities – more likely to smoke, use alcohol, have weight issues, have weaker immune systems and chronic diseases due to long-term stress. This means that they are not only at higher risk of catching Covid-19 but they are also more likely to be affected more severely. The fact that there are few statistics and little research regarding this issue creates a sense of the communities' needs being invisible.

We do know from LGBTQ+ specific services across the UK that the demand for services has increased during the pandemic.
People in same sex relationships and gender diverse people are either equally or more vulnerable to domestic violence and it has been widely documented that domestic violence has been on the increase during the pandemic. Services are not always competent and/or available to provide the right support for LGBTQ+ people.

For those LGBTQ+ people who are not in monogamous relationships, taking a break from casual sex, or not having sex with anyone outside your immediate social bubble, has been a difficult message to receive, given how hard we have had to fight for our sexual liberation and to be sex positive. There has been little supportive information about needing to have respectful and consensual discussions around safety and risk, especially around safety of "tech sex".

Like other people from minoritised communities, LGBTQ+ people are less likely to feel confident to reach out to mainstream services when they need them, due to past negative experiences of homo/bi phobia and/or transphobia.

In addition to all LGBTQ+ people there are parts of our communities that are more vulnerable due to multiple discrimination:

THE IMPACT OF COVID-19 ON LGBTQ+ PEOPLE

YOUNG LGBTQ+ PEOPLE

LGBTQ+ youth may have had to return to their families of origin; this is often a hostile environment where they are not fully out or accepted. As a result of rejection from the family of origin, a high percentage of young homeless people are LGBTQ+. Even if young LGBTQ+ people are in a supportive home environment, they will have been affected by isolation, and a lack of access to education and/or employment through lockdown.

RACIALISED LGBTQ+ PEOPLE

The impact of Covid-19 on racialised communities has been well documented in terms of the higher incidences of Covid-19 and the probability of worse outcomes from the disease. Black and Brown LGBTQ+ people are adversely affected by the discrimination from belonging to multiple minoritised groups, as well as discrimination from within their own communities. During lockdown there has also been the added negative impact of social discourse in the press and on social media about racism due to George Floyd's death with Black Lives Matters and others calling for major change. Migrants, refugees and asylum seekers have also been affected by a hostile narrative around immigration in the UK.

PEOPLE WHO IDENTIFY AS TRANS OR GENDER DIVERSE

In the last five years the environment for gender-diverse people has become increasingly hostile. The press and social media have fueled a polarised debate, with lots of myths and misconceptions leading to abuse and hate crime towards the trans and gender-diverse community. Added to this there is the impact of the reduction in gender-affirming and transition services, which were already in crisis prior to the pandemic, with some services having a five-year waiting list. Gender-affirming services have been slow to go online and surgeries and appointments have been cancelled which, for those who have been waiting for so long, can have a devastating impact on mental health.

OLDER AND/OR DISABLED LGBTQ+ PEOPLE

Older LGBTQ people and those with long term conditions have been at risk of isolation due to long periods of shielding and lockdown regulations. This has been particularly difficult as more older and/or disabled LGBTQ+ people tend to live alone and their networks have been harder to create within the heteronormative bubble. Older LGBTQ+ people in care and nursing homes and those in need of community services have been impacted by the emergency conditions under which the services have been working.

LGBTQ+ FAMILIES

LGBTQ+ people create their own chosen families in a myriad of different ways. Their families may include families of origin or may have been created because of rejection from those families. It has been a challenge for us to fit our ideas around queer families into lockdown and isolation; social bubbles have seemed to privilege cohabiting bio-families in a reductive way and this has had an impact on how our families are viewed and has created isolation and invisibility.

THE IMPACT OF COVID-19 ON LGBTQ+ PEOPLE

Research from LGBT Foundation, "Hidden Figures: the Impact of Covid-19 on LGBTQ+ communities in the UK" in May 2020 found that from those who responded to their survey:

- **42% would like to access support for their mental health at this time**

- **8% do not feel safe where they are currently staying**

- **18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse**

- **64% said that they would rather receive support during this time from an LGBT specific organisation**

- **16% had been unable to access healthcare for non-Covid related issues**

- **34% of people have had a medical appointment cancelled**

- **23% were unable to access medication or were worried that they might not be able to access medication**
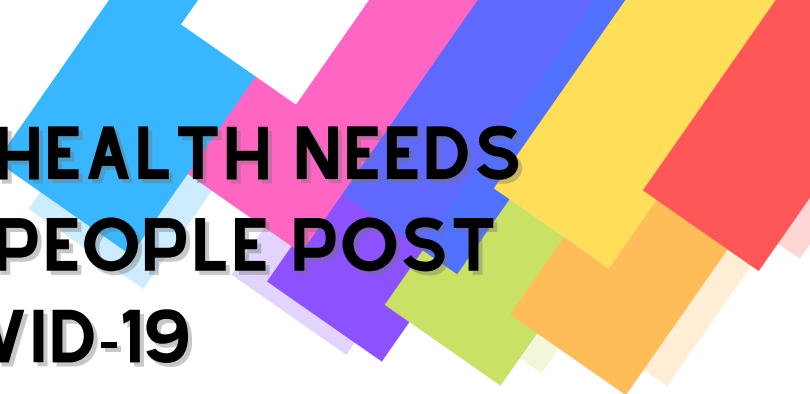
University College London (UCL) and Sussex University's study in 2020 of LGBTQ people's experience during the pandemic also highlighted a mental health crisis among the LGBTQ+ communities: they found that 69% of respondents suffered depressive symptoms, which rose to almost 90% of those who had experienced homophobia or transphobia.

It is clear from the information detailed above that LGBTQ+ people have been adversely affected by the Covid-19 pandemic. They are more likely to be at risk of catching Covid-19, to be affected more significantly by the virus, and to be adversely affected by lockdown restrictions. The evidence suggests that this has led to a significant increase in distress within LGBTQ+ communities.

THE MENTAL HEALTH NEEDS OF LGBTQ+ PEOPLE POST COVID-19

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Much has been achieved in the area of LGBTQ+ equity and diversity, but injustices still do exist. We can get caught up in the idea that things are a lot better for LGBTQ+ people, but this can invalidate some people's feelings and experiences around their gender and sexuality. It is important to acknowledge that some people still struggle.

There is already significant evidence to indicate that LGBTQ+ people are disproportionately affected by mental health issues. The research by LGBTQ+ Foundation and UCL and Sussex University has highlighted that Covid 19 has had an additional impact on the mental health of LGBTQ+ people due to minority stress and discrimination. LGBTQ+ people still experience a higher risk of distress as a result of fundamental structural oppression; however they may feel less able or willing to access or engage with mainstream support services seeking LGBTQ+ services, or they may not reach out at all if they can't find a safe option. Covid-19 has shone a light on existing problems within the health and care sector, in particular about inclusion and accessibility.

From the original findings of my travel fellowship in 2018/19 I identified ways that LGBTQ+ communities are affected by discrimination, causing mental health issues. You can read my original findings as a Churchill Fellow in the Research Reports and Resources section at the end of this guide.

One of the emerging theories re LGBTQ+ mental health is the consideration of the Meyer Minority Stress Model (Meyer 2003) and Trauma Informed Practice as it is applied to LGBTQ communities. This demonstrates that sexual minority health inequalities are in large part a result of stressors induced by a hostile homo/biphobic and transphobic culture, which often results in harassment, maltreatment, discrimination and victimisation.

This negative culture can create vulnerabilities to mental health issues, as people are subject to incremental trauma, accumulating across a lifetime. Trauma can be because of an acute and extremely violent incident involving homo/bi phobia or transphobic hate crimes which have been on the increase since the beginning of lockdown. Trauma can also be as a result of 'microaggressions'. Examples of microaggressions are: people referring to your partner/husband/wife as your friend; seeing some gay men as "not a typical gay"; presuming all lesbians will be masculine; thinking bisexual people are "just confused"; refusing to acknowledge gender affirming and non-binary names; and oversexualising and objectifying the bodies and lives of LGBTQ+ people. The impact of the political climate and social commentary can also be a contributing factor.

Anxiety and depression symptoms include: hypervigilance (being in flight or fight mode) due to the risk of violence; having to "code switch" between identities in the straight world and the queer community; worrying about how you are coming across to others resulting in being excessively competent or overperforming to compete with straight colleagues.
This stress and pressure can lead to people using unhelpful coping mechanisms which affect their overall health, such as problematic drinking, eating or drug taking, or excessive risk taking, which can have an

THE MENTAL HEALTH NEEDS OF LGBTQ+ PEOPLE POST COVID-19

The impact of psychological distress in relation to sexuality and gender identity is further impacted by their lack of access to health and care because of services not being inclusive and competent at supporting the LGBTQ+ communities. There is often a reluctance for people to seek timely support from health and care services, because of past negative experiences and, often well founded, fears including:

- of not being believed

- that the service will not acknowledge their sexual or gender identity

- that their identity won't be kept confidential

- that the services will be unsafe

- of being labelled as attention seeking or too high functioning

- of unnecessary admissions to hospital or having a mental health diagnosis on records (in the context of a long history of LGBTQ+ people being institutionalised)

- of increasing isolation within the LGBTQ+ community

- that there will be repercussions for work

- that no-one will advocate for them and their needs

- of being pathologized (having their sexuality or gender identity seen as a medical problem and the reason for their mental health)

- of the lack of recognition of the effect that homo/bi and/or transphobia has on their lives.

In a post-Covid world, there will undoubtedly be a huge need for rebuilding social and community support and connections; this will be vital for the wellbeing of all our citizens including LGBTQ+ people.

We will need to build affirming approaches to health and care for minoritised communities. This includes affirming psychological support and trauma-informed services that are inclusive of LGBT people.

BECOMING COMPETENT AT USING A CULTURALLY SENSITIVE AND AFFIRMATIVE APPROACH TO LGBTQ+ HEALTH AND CARE

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Access to appropriate health care is a human right. The Equality Act 2010 protects LGBTQ+ people from discrimination; this applies to services as well as in employment. Despite legislation, LGBTQ+ people continue to be medically underserved and health barriers still exist for our communities, including lack of education among health and care practitioners. This leads to a high level of discriminatory practices and erasure within health and care services. Providing safe and affirming care can lead to better health outcomes.

USING THE EQUALITY ACT 2010

The Equality Act 2010 protects people regarding their actual or perceived sexual orientation and includes how sexual orientation is expressed through appearance etc. The act covers: direct discrimination; indirect discrimination (when a policy or way of working applies to everyone but puts people at a disadvantage because of their sexual orientation); harassment at work and victimisation (when a person is treated badly because of making a complaint about discrimination). People are protected from discrimination not only in the workplace, but also when using public services, like health and care services, when using business and organisations that provide services. The law also protects people from being treated differently due to "gender reassignment"; this term is outdated, and we would now use "trans". The person does not need to have medically transitioned to be protected.

Organisations should be proactive in making sure they are meeting their obligations under the Equality Act 2010. Public sector organisations (and any organisation which receives funding from the public sector to provide a service) should assess the impact of all services and policies to make sure they are not discriminating against the protected characteristics within the Equality Act 2010.

Organisations can, of course, go further than the legal requirements and also assess their policies and services for best practice, for cultural safety, sensitivity and inclusion.

MONITORING AND GATHERING DATA

It is important to find out whether people from LGBTQ+ communities are using your services. Training is needed for workers who receive referrals into the service to ensure that they understand the importance of collecting monitoring information and that they handle questions about sexuality and gender identity sensitively and in an inclusive way. This can often be the first indication to an LGBTQ+ person about the culture of the organisation: an LGBTQ+ affirming approach to monitoring signals visibility and inclusion.

Monitoring information should be stored confidentially and be analysed against local demographics to identify and address any gaps in services. This analysis should inform plans to address the gaps and improve services.

CLEAR STRATEGIC PLANS FOR IMPROVEMENT WITH ACCOUNTABILITY MEASURES IN PLACE

Improving LGBTQ+ equality should be a separate but also integrated part of an organisation's strategic planning. An LGBTQ+ equity plan should include clear actions, timescales and methods to review progress. LGBTQ+ equity issues should be discussed throughout the organisation and should be on the agenda of key meetings, team meetings and individual supervisions.

BECOMING COMPETENT AT USING A CULTURALLY SENSITIVE AND AFFIRMATIVE APPROACH TO LGBTQ+ HEALTH AND CARE

VISIBLE AFFIRMATION THROUGH IMAGES AND PROMOTION

One of the ways that organisations can let LGBTQ+ people know that they are striving to provide a welcoming and inclusive service is to make sure that images of LGBTQ+ people and positive language are included in their promotion materials. Organisations must make sure that this is backed up by the implementation of positive practice within the organisation.

COMPREHENSIVE TRAINING ON LGBTQ ISSUES SPECIFIC TO THE NEEDS OF THE POPULATION SERVED

Basic LGBTQ+ competence training is needed for all staff. This should include understanding the needs and lived experience of LGBTQ+ communities, how to use inclusive language, and how to feel comfortable asking people about their sexuality and gender identity in an affirming way. Training specific to the client group you work with may also be needed: this could be a particular part of the community, for example LGBTQ+ young people or older people, or it could be the type of service you provide, for example homeless services, mental health, cancer, end of life care.

Training should focus on: the structural discrimination that LGBTQ+ people face; understanding that how people engage with services may be informed by homo/biphobia and/or transphobia; the impact of minority stress and the way that services can make sure they are not further traumatising people. This is called Trauma Informed Practice or Care.

ENGAGEMENT WITH LGBTQ+ COMMUNITIES

It is important for organisations to reach out to and make links with local LGBTQ+ communities, asking people about their needs, the impact of using services as LGBT+ and if they have any ideas for improvement. Support LGBTQ+ user-led initiatives and campaigns by amplifying their voices through social media channels and by advocating for them to decisionmakers. Earning the trust of organisations can take time as people may have been let down by organisations in the past. However, once a strong positive working relationship has been established, it can support meaningful engagement and increased use of your service by LGBTQ+ people.

If you have a LGBTQ+ staff network, make sure that they are resourced and have links into decision making, so that their experiences can be used to identify improvements.

SPECIFIC LGBTQ+ PROVISION

It is important to support the development of services that provide for the specific needs of LGBTQ people and where people can feel safe. These services will usually be run by and for LGBTQ+ people and provide safe and culturally competent spaces. This does not take away from the need to develop comprehensive competence in services that can be used by everyone — it is not either or, it is both and more.

It is crucial to support local LGBTQ+ community organisations all year round, not just during Pride Month.

HOW TO BE AN ALLY TO LGBTQ+ COMMUNITIES AND PEOPLE

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Being an ally is important. It shows people from marginalised communities that you understand and support their needs. It also demonstrates that that you want to change things for the better for others even though you may not belong to a particular community group. It is important to put allyship into action, and to make the changes needed with and for marginalised communities.

YOU CAN DO THIS BY:

STANDING ALONGSIDE US

You can stand beside someone to support them, listen carefully, without any agenda, to someone's experience from their point of view and stand by them through a difficult experience.

STANDING IN FRONT OF US

You may need to stand in front of someone to protect them from harm.

STANDING BEHIND US

You can stand behind someone to support them, recognising that they are the experts in their lived experience and will know what is best for them.

ACTIONS TO TAKE AS AN ALLY

RECOGNISE US

LGBTQ+ people are not all the same. We are all unique but each community (lesbians, gay men, bisexuals, gender diverse folks, queers and those who identify in another way) all have their own identities and are shaped by multi-layered experiences. One thing we do have in common is our experience of marginalisation and discrimination because of not being heterosexual or cis gender. Remember that each person is the expert about themselves - just ask!

DO YOUR HOMEWORK

Use social media, websites, articles and books to educate yourself about the issues facing the LGBTQ+ communities. Be curious but respectful when asking others about their experiences. While people are often happy to share their own experiences, be mindful that some people are more private than others. Remember it takes energy and time to explain LGBTQ+ issues and so be respectful of this.

UNDERSTAND THAT YOU HAVE PRIVILEGES

Think about the unearned benefits that you take for granted. Even if you belong to one or more minority group, you may have privileges in other areas of your life. For example, you may belong to a majority group such as being heterosexual, cis-gender (the term for people who do not identify as transgender) or you may be white, able-bodied, male, because your race, gender, age, your physical ability and your religion or beliefs can all make you part of a majority group in your community. Those of us who have privileges and power must see them not as a right but as an injustice to those who do not have them. Being aware of your privileges means that you are less likely to make assumptions that everyone has the same access and entitlements. You are also less likely to abuse your position of power.

HOW TO BE AN ALLY TO LGBTQ+ COMMUNITIES AND PEOPLE

ACTIONS TO TAKE AS AN ALLY

APOLOGISE WHEN YOU MAKE A MISTAKE

Everyone makes mistakes, and that is okay. If someone points out a mistake you have made, acknowledge that you got it wrong, apologise and move on. It is important not to make a fuss or to focus on to your discomfort. If you feel you need to talk to someone about your actions, do this with another ally afterwards. It is not always about your intent, however well meaning, it is about the impact. Learn from your mistakes and, if you need to, change your behaviour.

EXTEND YOUR ALLYSHIP

Try to change the hearts and minds of others who may have discriminatory views or who make comments about people from minoritised communities. It is important to challenge remarks or negative comments even when there is no-one present who would be directly affected. Even if they are intended as a joke or banter, you do not know the impact they could be having on someone else.

AND FINALLY…

Finally, LGBTQ+ people will appreciate you being an ally. No matter how small the action you take may seem to you, it can make a big difference to someone who has spent a lifetime feeling excluded and discriminated against.

THINK ABOUT INCLUSION

Try to create welcoming spaces and a positive atmosphere wherever you are.

BE KIND

Being kind, caring, courteous, patient and respectful goes a long way. Often people from minoritised communities have had negative experiences in the past and are wary of those they do not know. A smile goes a long way when someone is used to getting stared at!

BE AN ACTIVE WITNESS

If you witness someone being harassed or verbally or physically abused, you can use your position to make a difference (only if it feels safe to do so). You can challenge the perpetrator by asking them to stop, saying not everyone agrees with them. You don't have to directly confront; you can distract, interrupt or use body language to signal disapproval. You can also choose to support the victimised person by going and sitting or standing by them, engaging in normal conversation, and ignoring the perpetrator. You can ask others around you for help, agreement and support. It is also important to report the incident, if you can. You do not have to have been the person victimised, you can report a hate crime as a witness. If this happens within an institution or workplace, make sure that it is reported to a manager or a nominated person.

LGBTQ+ INCLUSIVE LANGUAGE

LGBTQ+ STANDS FOR LESBIAN, GAY, BISEXUAL, TRANS AND GENDER DIVERSE, QUEER AND QUESTIONING.

SOME PEOPLE INCLUDE I FOR INTERSEX

LGBTQ+ INCLUSIVE LANGUAGE

- Don't assume a person is heterosexual (straight) or that this is the norm, avoid assuming all relationships are heterosexual. Words and phrases such as 'partner' 'parents' 'in a relationship' are examples of LGBTQ+ inclusive language.

- LGBTQ+ terminology is diverse and constantly evolving. Language used to describe different LGBTQ+ people and different parts of the community changes over time and can differ across cultures and generations. It is always best to respectfully ask someone how they describe themselves and use those terms.

- Don't question or make assumptions about someone's gender, sexuality or relationship. Accept and respect how people define their gender and sexuality.

- It's important to try to use respectful language and some mistakes are understandable, particularly when you are learning. If you make a mistake, apologise promptly and move on. Don't dwell on it, and don't give up – keep trying to get it right. Repeated mistakes indicate a lack of respect and can be very distressing. If it continues or is deliberate it could constitute bullying or discrimination, which is unlawful.

SEXUALITY

Is based on your identity and not dependent upon whether you are currently sexually or romantically active or your current relationships.

A **lesbian** woman is romantically and/or sexually attracted to other women.

A **gay person** is romantically and/or sexually attracted to people of the same sex and/or gender as themselves. This term is often used to describe men who are attracted to other men, but some women and gender diverse people may describe themselves as gay.

A **bisexual person** is romantically and/or sexually attracted to people of their own gender and other genders.

An **asexual person** does not experience sexual attraction but may experience romantic attraction towards others.

A **pansexua**l person is romantically and/or sexually attracted to people of all genders, binary or non-binary.

A **heterosexual** or 'straight' person is someone who is attracted to people of the opposite gender to themselves.

A person who is **non-binary** is someone whose gender is not exclusively female or male, while a person who is agender has no gender.

An **ally** is a person who considers themselves a friend and active supporter of the LGBTQ+ community. This term can be used for non-LGBTQ+ allies as well as those within the LGBTQ+ community who support each other, e.g. a gay man who is an ally to the trans and gender-diverse community.

Queer is often used as an umbrella term for diverse genders or sexualities. Some people use queer to describe their own gender and/or sexuality if other terms do not fit. For some people, especially older LGBT people, 'queer' has negative connotations, because in the past it was used as a derogatory term.

Questioning The 'Q' in LGBTQ is used here as 'Queer and questioning'. Rather than be locked into a certainty, some people are still exploring or questioning their gender or sexual orientation. People may not wish to have one of the other labels applied to them yet, for a variety of reasons, but may still wish to be clear, for example, that they are nonbinary or non-heterosexual. It is important these individuals feel welcome and included in the acronym and community spaces.

LGBTQ+ INCLUSIVE LANGUAGE

GENDER

A **trans** (short for transgender) person is someone whose gender does not exclusively align with the one they were assigned at birth. Trans can be used as an umbrella term, but not everyone uses it to describe themselves. For example, a man who was assigned female at birth might refer to himself as 'a trans man', 'a man with a trans history' or just 'a man'. It's important to use the terms someone uses to describe themselves. There are many terms used by gender diverse people to describe themselves. Language in this space is dynamic, particularly among young people, who are more likely to describe themselves as **non-binary**.

Gender incongruence – is the preferred sexual health classification of transgender and gender diverse people by the World Health Organisation (WHO). WHO describes gender incongruence as 'characterised by a marked and persistent incongruence between an individual's experienced gender and the assigned sex'. It replaces the stigmatising term 'gender dysphoria' which was used previously.

Transition or affirmation refers to the process where a trans or gender diverse person takes steps to socially and/or physically feel more aligned with their gender. There is a wide range of ways this process differs between people. Some people may change how they interact with others, and others may change their appearance or seek medical assistance to better express their gender.

SEX CHARACTERISTICS

An **intersex person** is born with atypical natural variations to physical or biological sex characteristics such as variations in chromosomes, hormones or anatomy. Intersex traits are a natural part of human bodily diversity. Not all intersex people use the term intersex. Intersex people have a diversity of bodies, genders and sexualities. Fewer than 1 per cent of children born in the UK are estimated to be born with an intersex variation.

There are many different intersex variations, which may or may not be evident at birth, and which have their own terms. Some people who are intersex feel they belong within the LGBTQI+ communities, others do not.

LGBTQ+ INCLUSIVE LANGUAGE

INTERSEXUALITY

Intersectionality describes how different parts of a person's identity or circumstances – such as age, race, culture, disability, gender, location or religion – intersect and combine to shape people's life experiences, including of discrimination. Being LGBTQ+ is only one part of any person or community.

Intersectionality recognises that the different parts of someone's identity and circumstances cannot be disentangled or considered in isolation. Intersectionality is a way of seeing the whole person. In the health and care sector, an understanding of intersectionality is key to designing and implementing effective policies, programs and services.

PRONOUNS

Pronouns are one way people refer to each other and themselves. Most but not all men (including trans men) use the pronoun 'he'. Likewise, most but not all women (including trans women) use the pronoun 'she'. Some people use a gender-neutral pronoun such as 'they' (e.g., "Jacqui drives their car to work. They don't like walking because it takes them too long"). If you're unsure what someone's pronoun is, you can ask them respectfully, and preferably privately. Use a question like "Can I ask what pronoun you use?". Do not ask "What pronoun do you prefer?".

A person's pronoun and identity are not a preference. Instead, just ask what pronoun they use. Some people's pronouns may be context-specific. For example, someone might not use their pronoun in a particular environment or around particular people because they do not feel safe or comfortable doing so.

RESOURCES & REPORTS

- Jacqui Jobson Churchill Fellowship report:
https://www.wcmt.org.uk/sites/default/files/report-documents/Jobson%20J%20Report%202017%20Final_0.pdf

- Hidden Figures: the Impact of Covid-19 on LGBTQ+ communities in the UK, LGBT Foundation, May 2020:
https://lgbt.foundation/coronavirus/hiddenfigures?

- The mental health and experiences of discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Queerantine Study, Dylan Kneale UCL, Laia Bécares Sussex University 2020
https://www.medrxiv.org/content/10.1101/2020.08.03.20167403v1.full-text

- Sexual and gender minority stress amid the Covid-19 pandemic: Implications for LGBTQ young person's mental health and well-being, Salerno et al 2020
https://journals.sagepub.com/doi/pdf/10.1177/0033354920954511

- The LGBTQ2S Inclusion Playbook: The 519, Toronto:
https://www.the519.org/education-training/training-resources/our-resources/inclusion-playbook

- Creating Authentic Spaces- Agender identity and gender expression toolkit : The 519 Toronto:
https://www.the519.org/education-training/training-resources/our-resources/creating-authentic-spaces

- Still here, Still Queer A handbook for affirming LGBTQ Older Adults:
https://www.the519.org/education-training/training-resources/our-resources/still-here-still-queer

- Rainbow Tick A framework for LGBTIQ cultural safety (Australia)
https://www.rainbowhealthvic.org.au/rainbow-tick

- Safe to be me, Meeting the needs of older LGBTQ+ people using health and care services- A resource for professionals, Age UK
https://www.ageuk.org.uk/our-impact/programmes/safe-to-be-me/

- LGBTQ inclusive mental health services- A guide for health and social care providers (Scotland)
http://www.lgbthealth.org.uk/wp-content/uploads/2017/04/LGBT-Inclusive-Mental-Health-Services-MWC-LGBT-Health-April-2017.pdf

- The good practice guide to monitoring sexual orientation – LGBT Foundation
https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/b577e0cd-041a-4b10-89b6-f0f5f3384961/LGBTF%2520SOM%2520Report.pdf

THIS SERVICE IS LGBTQ+ FRIENDLY.

We are committed to improving access to & experiences of our service for LGBTQ+ people.

➡ We will not discriminate against anyone regardless of their sexuality or gender identity

➡ We will provide information & signpost to further resources whenever possible

➡ We will strive to use inclusive language in all communications

➡ We will respect your confidentiality

EQUAL! *but not the* SAME!

Jacqui Jobson Consultancy

...equals change

WITH THANKS TO:

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HANNAH BINGHAM. videography

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