



Equality of Access to Services and Employment for the LGBT communities.

Introduction

As a public service focused on excellent provision for our customers, we need to ensure equal access to our services for every person in the FRS area and those in temporary residence or transit through the Country. We know through our operational assurance data that certain groups are more likely to have a fire, and they include people who are living with Dementia, mobility issues, and mental health issues. There are, however, other groups who aren't necessarily showing as being at higher risk of a fire, but they may not be accessing our services, such as Safe and Well visits or reporting fires, because of other barriers which may be language, perceived prejudice and other societal factors. In addition to this, any groups of people who are intersectional, for example members of the LGBT community and from a BAME background, can access services even less, as they can face a double discrimination and intensified fear over the prejudice that they may face. Equal access means actively seeking to engage these groups who may be unaware of, or choosing not to access, services from us and other public sector providers.

We need to work to reduce fire risk and other life risk across all the people we serve, and that needs different approaches. Within our equal access approach, we also need to consider how we:

- Identify all the communities and customers that make up our service areas
- Develop and improve the provision of goods, facilities, services, and access to all those communities across a range of variables including ethnicity, disability, gender identity (including non-binary identities), sexual orientation, religion or belief, and age
- Learn from and enhance good practice identified through equality monitoring
- Use the results of equality monitoring to mitigate any adverse impact of our goods, facilities, services, and access on diverse communities, and on groups within communities
- Eliminate any unlawful discrimination identified through equality monitoring
- Promote good community relations
- Apply the rules of social marketing to make customers safer through changing unsafe behaviours.

Over and above the data from other sources, we have gained additional insights from people impact assessments and from LGBT charities and groups. This outlines the case for additional work needed for individuals across the LGBT spectrum.

Throughout this document we are mindful that a person's sexual orientation and gender are self-determined. We are mindful that LGBT people do not make up only one community and consist of diverse identities and individuals with different experiences and needs. For example, the needs of a gay man may be very different to a person who is of trans status or who has a trans

history. It is our intention to use umbrella terms where there is generalisation in relation to heteronormative assumptions. Whereas many reports and statistics use the term LGBT, increasingly a broader spectrum of identities are encapsulated in the umbrella term LGBTQ+, reflective, perhaps, of progressive adaptation which is of relevance when 1 in 2 young British people do not identify as heterosexual/cisgender (YouGov, 2015). For this document, however, we will be using the term LGBT throughout, due to the lack of research into the Q+ community and accessing the fire service.

*(Definition - **Heteronormativity** is the belief that heterosexuality, predicated on the gender binary, is the default, preferred, or normal mode of sexual orientation. It assumes that sexual and marital relations are most fitting between people of opposite sex. **Heteronormativity** is often linked to heterosexism and homophobia. (Full Glossary of Terms at end of document).*

Why we need to focus on equal access to services and employment in the LGBT population:

The evidence base for judging inequality by sexual orientation and gender identity in services is poor - with only one study assessed to provide fairly reliable results in a recent metadata report from the Government Equalities Office - but they have been able to draw out these points:

- Despite equality legislation, evidence from a recent NHS survey and charities, such as Opening Doors, suggests LGBT people still face discrimination when accessing some public services. Evidence suggests that discriminatory attitudes towards LGBT people are still commonplace, with a 2019 survey revealing that 1 in 5 people said being LGBT was 'immoral or against their beliefs' and 1 in 10 people saying that being LGBT could be 'cured'. In addition, a 2017 British social attitudes survey showed that 19% of people said that prejudice against trans people was 'rarely' or 'never' wrong. This coupled with the perception that 'the job is done' when it comes to LGBT equality, can hide the true extent of the inequalities experienced by LGBT communities.
- Heteronormative assumptions and both the experience and fear of discrimination prevents LGBT people from accessing mainstream services. Research, therefore, suggests LGBT people have a preference for, and are more engaged with, specialist organisations.
- Evidence suggests public services do not routinely monitor the sexual orientation and/or gender identity of their staff and/or service users, nor are LGBT people routinely involved in consultative processes. This poses a significant barrier to the engagement of LGBT people in the design of services for the future.
- Some limited research suggests LGBT people would mostly be happy to provide services with information regarding their sexual orientation and/or gender identity to improve monitoring if it is done in a manner that is consensual, respectful and confidential (for example, not 'outing' people without their consent).
- Some evidence suggests LGBT people may be disproportionately negatively affected by spending cuts on Voluntary and Community Services (VCS). This is very concerning in a post COVID-19 world where VCS are threatened, and so public services will need to work more effectively to widen access and work with VCS organisations.
- A key evidence gap is how best to reduce homophobia and heteronormativity in the delivery of services. The issue of care (including residential) services for older people, and the increase in people hiding their true sexual orientation and/or gender identity, seems to be particularly important.
- Evidence provided by the three previous EHRC research reviews on the barriers that LGBT people face in accessing services fell under three main themes: fears of discrimination; experiences of discrimination; and heterosexism. The EHRC Transgender Research Review and Scottish Evidence Review provided evidence of LGBT people

avoiding services, such as the tube or leisure facilities, in fear of harassment and/or abuse.

- In 2017, Stonewall's Hate Crime Report stated that 21% LGBT people reported that they had experienced a homophobic, biphobic or transphobic hate crime in the previous 12 months, with this rising to 41% for trans people.
- Intersectionality represents multiple marginalisation for LGBT people. Evidence suggests already challenging interactions with the public sector are amplified, as their intersectionality is subject to preconceived ideas (for example, the likelihood of being black and/or of faith and LGBT might not be considered) and poor levels of training. The outcomes of this marginalisation include limiting accessibility to services, creating isolation and exclusion, and health and social inequalities. For example, research suggests young people who are gay and ethnically diverse were more likely to be suicidal or to self-harm as they can face a double discrimination, based on their ethnicity and on their sexual orientation and/or gender identity.

Contextual Background

The overall number of known LGBT people in the UK has increased (the Government Equalities Office tentatively estimates that there are approximately 200,000-500,000 trans people in the UK and the Office for National Statistics data estimates that there 1.1 million people aged 16 years and over identifying as LGB in the UK). We note that there may have always been this many LGBT people, but society did not facilitate the conditions for them to come out. We also recognise in the ONS data that this figure may well be higher, given that many LGBT people are not 'out' in many areas of life - at work, their families, etc. This has never been measured nationally in a Census, but this is expected to happen in 2021, which will give us a better indicator of the numbers of LGBT people within the UK.

Heterosexual culture has been expressed as the norm in human society, and many people know little about the culture and experiences of LGBT people. LGBT history month was launched in 2005 to profile the achievements of the community and help to uncover its history and culture. The hidden nature of the community's history may be due to the historic criminalisation of the gay male community and the later classification as a mental illness until 1992, and types of discrimination experienced by LGBT people in general. Females who are LGBT have historically not been legally discriminated against to the same extent as LGBT males, but they did face societal discrimination, which has impacted on their life experience.

The Wolfenden Report, published by the Government in 1957, began the process of decriminalisation of gay men by recommending that sexual relations in private between consenting adults of the same sex should no longer be a criminal offence. Ten years later, the Sexual Offences Act 1967 implemented the Wolfenden proposals. The 1967 Act exempted gay men from criminal prosecution if consensual sex took place in private between two consenting males aged 21 or over.

In 1980 the Criminal Justice (Scotland) Act decriminalised homosexuality on similar terms to the 1967 Act. In 1982, following an appeal to the European Court of Human Rights, decriminalisation was extended to Northern Ireland. In 1994 the age of consent for gay men was reduced from 21 to 18, and then to 16 in 2001. The Sexual Offences Act 2003 finally removed from the statute books sexual offences that criminalised gay men. This makes discrimination a very recent historical fact and it will take time and concerted effort to challenge its impact, both in LGBT people's negative experiences and the views of the wider public.

Section 28 of the Local Government Act enacted in May 1988 is also worthy of note due to its limiting of public access — in education, to information or knowledge regarding homosexuality — slowing down progress, rights, and equality. This legislation was not repealed until 2000 in Scotland and 2003 in the rest of the UK. Section 28 stigmatised the LGBT community, stifled meaningful representation and facilitated a culture of bullying and hate. We are still living with its legacy. The advent of the Equality Act 2010 as a landmark in the consolidation of equalities legislation — as well as the Public Sector Equality Duty — has made a significant difference to the legal landscape, but it also places emphasis on pro-active work across all agencies to drive inclusion.

In recent years, significant social and legal change has had a positive impact on the LGBT community and on the lives of lesbian, gay, bi and trans people. Nonetheless, discrimination and hate crime is still a reality for many.

Issues of customer segmentation across LGBT groups

The Final Regulatory Impact Assessment carried out for the Civil Partnership Act 2004 confirmed that there is very little reliable data about the size of the LGB population.

The Cabinet Office Equalities Review reported that the lack of robust data on inequality within certain groups, most notably sexual orientation, and transgender, make it

“...more difficult to determine which inequalities are persistent, what actions are likely to succeed in addressing them, and whether the desired outcomes are being achieved. Good evidence-based policy making requires the use of both up-to-date quantitative data, collected across a wide sample base, and qualitative information to help refine our understanding of it.”

The Office for National Statistics stated that, in gathering data, interviewers are highly unlikely to have the professional competence to judge the capacity of respondents to self-complete the ‘sexual identity’ question. Subjective interviewer judgments are likely to exclude disabled people, older people, and people whose first language is not English, resulting in under-counting of these groups. This would have particular adverse impacts for LGB people in these equality groups, including the potential for under-provision of appropriate services by public bodies.

As with the introduction of equality monitoring for other groups, early data outputs should be viewed with caution since it is likely that the LGB population will be under-counted. As sexual identity data outputs grow, comparative analysis should be undertaken with sexual identity datasets from other public bodies as a means of quality assuring the outputs.

Given that potential for under counting and hidden identity we are working on the basis of the following segments across the LGBT spectrum which require additional focus from FRS to create our service or channel mix.

Equal access - Identified segments in our LGBT communities for further actions re: service provision and becoming an employer of choice.

<p>Trans people are a target for hostility and discrimination and evidence of poor access to services/employment.</p>
<p>The media has made much of schools reporting younger people wanting to transition, and there are growing numbers across the UK who are seeking transition support.</p> <p>Social isolation resulting from the need to transition is prevalent, hate crimes have risen against this group, and much hateful social media is generated, sometimes led by influential public figures. We need to ensure that our offer of Safe and Well is understood and bespoke for individuals, and that employees carrying out the Safe and Well checks are sensitive to individual needs and circumstances.</p> <p>Reporting of hate crimes is an issue we need to explore with the Police and ensuring our service offer is made. Linking to services and community groups for trans people so we can get our offer out is important. Trans people should be safe from hate crime regardless of whether they have a trans history or would self-describe currently as being trans. All trans people are vulnerable to hate crime.</p> <p>Each FRS needs to link with local LGBT charities who are working with different groups and make our offer through them for individual Safe and Well support, but also Group meetings. At NFCC level we will seek guidance from national LGBT charities.</p>
<p>Actions</p>
<ul style="list-style-type: none"> • Recruiting Trans people across our employee and volunteering programmes, supporting people transition in the workplace without discrimination and thereafter ensuring no harassment. To ensure no harassment is taking place, it isn't enough for people to transition without discrimination, all cis (non-trans) staff need to be properly trained on trans issues, robust anti bullying and harassment policies must be in place, and workplace culture must be inclusive. • Different people have different needs, so it starts with asking each individual who is in transition what they need, whilst also creating a wider culture of acceptance. • There are numerous guidance documents from Stonewall and a document called Transgender Workplace Support Guide which outline the details and the key actions for us in educating staff and preventing discrimination. Overt statements of intent need to be backed up with training for all our staff, with sensitivity, as for many it is new territory, and they need a place to ask questions with safety. • Positive action in recruitment to ensure it equally embraces Trans people. •
<p>Service Provision Issues</p>
<p>Target social media groups and work with charities to get the service offer to this group.</p> <p>Map experiences of “barriers to service” users to identify areas for improvement with communities and LGBT networks.</p> <p>Discuss with the NHS if they are willing to share our fire prevention services offer to individuals known to them.</p>
<p>Evaluation criteria and methodology</p>
<ul style="list-style-type: none"> • Monitoring equality outcomes for trans people • Seeking qualitative evidence to support how we customise future services

- Pledging work, as with other behaviour change work, to seek personal commitment to the safe and well advice
- Seeking specific Trans/LGBT groups for consultation on design of services and IRMP.

Being LGBT at work

A 2018 national report found that 18% of LGBT employees had been the target of negative comments or conduct from work colleagues in the preceding year because of being LGBT.

12% of LGB people said that they would not feel comfortable reporting homophobic or biphobic bullying to their employer. This rises to 22% of LGB people aged 18-24.

21% of trans people would not report transphobic bullying in the workplace.

30% of LGBT people report not being open with any senior colleagues. This rises to 57% with customers or clients.

Actions

- LGBT in the workplace — national stance and support in relation to raising awareness is integral to the national communication strategy.
- Commitment to representation at a national level through NFCC.
- Integral, reviewed and monitored metrics across service delivery and workforce equality data (considering intersectionality).
- Support to help co-ordinate a national network and external referencing.
- Support to FRS to create inclusive workspaces.
- FRS to undertaken own analysis of maturity in support of LGBT staff.
- What needs national buy-in is clear and visual recognition of LGBT staff through Pride, visual insignia in internal/external campaigns and all national people programme and other programmes being people impact assessed.
- On a national level, reporting of makeup of the FRS, reporting on satisfaction of LGBT (and other demographics).
- Most senior leaders publicly stating their support and commitment to lesbian, gay, bi, trans and non-binary staff and service users.
- A place for LGBT inclusion in the national ED&I strategy.
- Many services have representation but no capacity to drive this to national level. This will be picked up through EDI project board – networks workstream.
- Guidance to services on facilities and overcoming gender normative activity. In our hard and soft organisational workspaces, activities, and approaches.
- Positive approach to positive action for people who are LGBT.

Evaluation criteria and methodology

- Monitoring equality outcomes for LGBT people in the workplace
- Proactive monitoring of any issues with LGBT staff
- Staff trained across all LGBT awareness – measure input and acceptance through survey
- Monitoring grievance and disciplinary cases
- Surveys on specific issues around equality
- Monitoring applicants at every stage of recruitment process
- Monitoring progression and reporting on LGBT pay gap
- Monitoring experiences of those leaving the service who are LGBT.

Older LGBT people who have experienced past hostility and will need focused encouragement to receive services

We aim to support all LGBT customers to live happy, healthy, and independent lives. We focus several interventions and support to older LGBT people by offering targeted Safe and Well visits, which would include the usual concerns for older people but also ask about possible hate crimes/arson threat.

New research identified evidence that older LGBT people may be:

- more reliant on social care services than heterosexual people because of their more limited familial support networks
- LGBT people are more likely than heterosexual people to expect to have to get help from formal sources if they were ill and needed help around the home: amongst those aged over 55, twice as likely (Stonewall, 2010a). This included 22 per cent who expected to have to turn to social services for help (13 per cent for heterosexual people), 12 per cent who expected to have to turn to a paid carer (seven per cent for heterosexual people) and six per cent who expected to have to turn to charitable services (two per cent for heterosexual people).
- A 2019 analysis of existing research found older LGBT people face a range of inequalities related to health and healthcare, including not feeling able to be open about their true sexual orientation and/or gender identity.
- Older LGBT people are more likely to engage in harmful health behaviours, such as drug use, frequent alcohol consumption and smoking, in comparison to older non-LGBT people.
- LGBT people were 20% more likely to rate their health as 'poor' in comparison to heterosexual people.
- Non-heterosexual men are more likely to be living with a long-term illness. Among LGBT people over 55, 48% thought their sexual orientation had, or will have, a negative effect on getting older.
- Non-heterosexual men aged 50+ have lower life satisfaction.
- Older LGBT people face difficulties accessing healthcare that appropriately deals with their sexual orientation. For example, one study found that 18% of older LGBT people would feel uncomfortable discussing their sexual orientation with their GP. Past negative experiences with healthcare providers have shaped the way that older LGBT people access healthcare services.
This research has been recently updated by the NHS with similar findings. The Fire and Rescue services can extrapolate from these findings and challenge ourselves on our access to services.
- At the same time, there was some evidence of neglecting to access social care services amongst some groups of LGB people. For older LGB people, aged over 55, a survey found that 19 per cent of disabled LGB people, compared with ten per cent of disabled heterosexual people, had failed to access social care services they felt they needed in the previous year; eleven per cent of LGBT people from poorer socioeconomic backgrounds (C2, D and E) had also not accessed, compared with six per cent of heterosexual people from the same social backgrounds. (Stonewall, 2010a).

In summary, because of enduring a hostile environment over hundreds of years:

- Older LGBT people have high health & care needs
- But low family contact, care, and support
- So are more reliant on service relationships
- But do not engage well due to bad experiences
- Additionally, social care services staff say they lack confidence and have had little training in LGBT awareness.

Consequently, as an example, LGBT inclusion in health and social care is now a higher CQC and Government priority.

Case study from LGBT Foundation research - When I was diagnosed [with dementia] I felt alone, and I did not know where to turn. Services did not suit a young gay man with dementia. I did not, and still do not, have a partner to help support me. The concept of family can really differ for LGBT communities. People like me have no long-term partner or family close by to support them, and we rely on our network of friends.

Facing isolation when older

Many LGBT specific spaces are seen to primarily cater to younger people, which can lead to older LGBT people feeling excluded from their own communities.

21% of LGBT people aged 55-64 and 28% of LGBT people aged 65+ have experienced discrimination or poor treatment because of their age in the local LGBT communities.

However, there are limitations to relying on friends: 38% of GB men say they view their friends as family compared to 60% of heterosexual women and 48% of heterosexual men. A different study found that 76% of lesbian women and 84% of gay men felt that friendships had become more important as they got older.

Among people over 50, 21.6% of LB women and 32.9% of GB men reported feeling isolated from other LGB people and most had little or no access to community support. This was primarily due to a lack of other LGB people where they lived. 34.3% of LB women and 53.7% of GB men had felt that they had become less welcome in LGB spaces as they got older.

For many members of the LGBT community there is overriding factor of potential social isolation, the repetitive and ongoing trauma of “coming out”, and concern about acceptance in society.

Actions

- We are at the start of the process of understanding how we can better target our services to this audience so, in the main, the actions centre on gaining access to external expertise.
- Intersectionality (the interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.)
- In all our work we need to consider the experiences of older LGBT people through other identities – BAME, religion, class, gender.
- We also need to consider how are we going to train staff not only to avoid the assumption that older people are a homogenous group but also that LGBT older people are one homogeneous group.
- Working with charities such as Opening Doors and sourcing other focused third sector partners to give us access for the promotion of services.
- Seeking access to older LGBT people to talk to them about their experiences, and how we can consider their needs in designing services and any issues during a response to incident. Partnering with charities such as Opening Doors and others will help us understand barriers to service.
- Targeting safe and well campaigns for older LGBT people and recognising multiple identities of race, religion, background, etc.
- Training of staff is important, so we can avoid the assumption that ‘older people’ are one homogenous group so that we are sensitive to their protected characteristic. One of the

discriminatory factors for many older people is that they lose identity and are labeled primarily as an older person.

Evaluation criteria and methodology

- Monitoring equality outcomes for LGBT people
- Seeking qualitative evidence to support how we customise future services
- Pledging work, as with other behaviour change work, to seek personal commitment to the Safe and Well advice
- Seeking specific LGBT groups for consultation on design of services and IRMP
- Seeking qualitative evidence to support how we customise future services.

LGBT who experience hate crime and need safe space and possible support re fire safety. Domestic violence in same sex relationships also requires that they seek support.

According to a recent Guardian report, the rate of LGBT hate crime per capita rose by 144% between 2013-14 and 2017-18.

Recent evidence suggests that LGBT people are more likely to suffer from domestic abuse, with more than 11% of LGBT people having faced domestic abuse from a partner in the last year in comparison to 6% of women and 3% of men in the general population who experienced domestic abuse from a partner in the past year.

Analysis of data from the British Crime Survey suggests LGBT people are at greater risk of being victims of hate crime when compared to heterosexual people. Due to a lack of comparative evidence it is not clear whether this is the case for transgender people. Stonewall have stated that there is data to suggest that hate crime against trans people is rife. A freedom of information request by the BBC found that the number of anti-trans hate crimes recorded by police forces in Britain had risen by 81% between 2016-17 and 2017-18. While it is true that recording practices are generally getting better, these statistics are still reflective of a deeply transphobic society. It may also be worth including data from [Stonewall's hate crime report](#) that found that two in five trans people (41 per cent) had experienced a hate crime or incident because of their gender identity in the last 12 months.

- There has been an increase in recorded incidences of hate crime based on sexual orientation in the UK since 2011. However, it is unclear whether this reflects a real rise in incidence, increased reporting by victims or improved police identification.
- Some evidence suggested certain LGBT groups are at particular risk of hate crime: notably gay men, disabled, young people and those from black and ethnic minority groups.

The LGBT foundation Hidden Figures report states that 42.8% of LBT women said that they had experienced sexual violence compared to an estimated 20% of all women in the UK.

Hate crime is one of LGBT charity Stonewall's key priorities, and they are encouraging individuals to report more and to report how they are treated by the Police.

We do not know how many crimes are committed, if reported, which could benefit from a Safe and Well approach.

All three previous reviews from the Government Equalities Office identified how hate crime can have a profound effect on LGBT people's quality of life. The fear of hate crime was recognised to create considerable anxiety and worry, which can result in poor mental health, additional stress, hyper-vigilance, self-harm, and suicide. LGB people were identified as worrying more about hate crime than any other minority groups. It is unclear whether this is also the case for transgender people. As mentioned above, there is data that suggests hate crime has a severe impact on the health and wellbeing of trans people. Our hate crime report shows that 29 per cent of LGBT people avoid certain streets because they do not feel safe, which rises to 44 per cent for trans

people, specifically. We know from our (Stonewall) [health report](#) that trans people experience worryingly high levels of suicide and self-harm.

Research from the Government Equalities Office suggests inconsistent findings from unrepresentative surveys means that the prevalence of domestic violence amongst LGBT people is unclear. It is also unclear which LGBT groups are most at risk. Some limited evidence suggests LGBT people are discouraged from using generic domestic violence services. This, in part, is due to fears of potential homophobia, biphobia, or transphobia from service providers and other services users, as well as expectations of inadequate staff diversity, knowledge and skills. As such, research suggests LGBT people have a preference for specialist LGBT services.

Evidence also suggests a lack of training of staff and awareness of LGBT service users using generic services, so either monitoring is not being done appropriately (for example a perpetrator is a man, so agency marks them as 'straight' without ever asking) and focus is entirely heteronormative. There can also be an assumption by generic services that 'all LGBT service users will access specialist LGBT services, so we don't need to worry about that', which is also a concern.

More recent research on LGBT people's experiences of domestic violence sheds new light on lesbian and gay people's experiences of domestic violence and has made substantial progress in better understanding the experiences of bisexual and transgender people in abusive relationships. Estimates of the prevalence of domestic violence amongst LGBT people vary. Hester and Donovan's (2009) 51 UK-wide survey identified that approximately a third of respondents in a same-sex relationship had experienced domestic violence from partner, with similar rates of incidences reported amongst men and women. Stonewall (2011), on the other hand, cited evidence of a higher incidences of abuse amongst men, with half of surveyed gay and bisexual men experiencing domestic violence from a partner, compared to just a quarter of lesbian and bisexual women.

Actions

- National guidance on providing safe spaces.
- In relation to hate crime and domestic violence, we should also be aware of indicators familiar in the communities, such as the added impact of being a minority, and complex trauma. We have a very heteronormative approach.
- Working with Police to ensure our offer is made to people who report Homophobic hate crimes.
- Individuals may see Fire in the same category as Police — as an organisation that has not been demonstrative of support in the past — and so not seek support if they are experiencing domestic violence or external threats. Many will also be unaware of our services regarding arson threats. Targeting campaigns through social media, specific charities, and NHS services may help us increase rates of take up of services alongside our activity to increase disclosure for records and monitoring.
- We need to recognise the potential for homophobia, biphobia and transphobia and hate crime in the workplace and ensure messaging of intolerance of harassment and bullying are in place, training is in place, and measures to prevent harassment and hate crime are clear.
- Guidance and support to FRS to provide, suitable safe spaces, for example, a location may be required to be well lit during darkness (winter months), will require suitable privacy and facilities.

<p>Evaluation criteria and methodology</p> <ul style="list-style-type: none"> • Monitoring equality outcomes • Seeking qualitative evidence to support how we customise future services • Pledging work, as with other behaviour change work, to seek personal commitment to the safe and well advice • Seeking specific LGBT groups for consultation on design of services and IRMP. • Asking charities to help survey for needs and outcome measures. • Working with Police on joint campaigning against hate crime – monitoring social media response. • Seeking qualitative evidence to support how we bespoke future services • Seeking specific LGBT groups for consultation on design of services and IRMP.
<p>Young people who identify as LBGT targeted to enhance trust in the Service and to see us as an employer of choice</p> <p>45% of trans young people (aged 11-19) and 22% of cis LGB young people have tried to take their own life. Among the general population, the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-24.</p> <p>24% of homeless people aged 16-24 are LGBT and 69% of these people believe parental rejection was a main factor in becoming homeless.</p> <p>Imagery of the Fire & Rescue services as white, male, hetero-normative and potentially homophobic, biphobic and transphobic needs continual effort to change. We will need to maintain a highly visible and sustained approach to celebrating LGBT in our workplace and in the services, we provide to gradually change imagery. We will also target recruitment activity towards LGBT as part of recruitment in all posts.</p> <p>We want people to trust access to our services from early days, so we will use distinct and targeted messages as part of our education offer, and in other areas such as road safety.</p> <p>There is reasonable evidence that there is interdependence between the two main approaches of supporting LGBT staff internally and community engagement. People recognising that there is serious intent on the inclusion of LGBT staff helps them believe they receive good service, and internal and prospective staff recognising that community work and equal access work encourages belief in an inclusive employer and disclosure of their whole self to colleagues.</p> <p>Activities to support this are:</p> <ul style="list-style-type: none"> - Actively supporting LGBT staff and volunteers (Establishing a staff network, developing an ally programme, bespoke LGBT training, participating in the Stonewall index...) - Being far more 'LGBT' visible (Wrapping fire engine/vans in rainbow colours, attending pride events, rainbow epaulets, regular LGBT themes on social media, rainbow flags on LGBT days/history month etc...) - Developing partnerships with LGBT groups to target different age profiles and geographical areas in each FRS area. - Ensuring policies are up to date, and that services have transitioning at work policies in place, and robust bullying and harassment and equality policies.
<p>Actions</p> <ul style="list-style-type: none"> • Social media campaigns • Recruitment messages • Pride events • Celebrating LGBT History Month and beyond, to signal an open culture for all

- Offer our stations as safe spaces for meetings, for example, the BeYou project for young people
- Safe spaces for LGBT if needing to find sanctuary or report hate crime. Poor experiences at school and in wider society indicate a need for additional support for young LGBT people. This may be health or wellbeing related, or simply providing spaces in which young LGBT people feel safe to be themselves.
- Ensuring the implementation of, or at least commitment to have, gender neutral facilities.

Evaluation criteria and methodology

- Monitoring equality outcomes in recruitment, and training staff who are involved in monitoring and analysis
- Seeking disclosure figures in our monitoring
- Seeking qualitative evidence to support how we customise future services
- Seeking specific LGBT groups for consultation on design of services and IRMP.

Poor accommodation and fire risk

Homelessness is an issue that disproportionately affects LGBT people. A report by Stonewall Housing reported that LGBT people were reluctant to approach mainstream services and LGBT services because of the stigma around being homeless, or because they believe the organisations do not have the expertise or resources to help. 18% of LGBT people have been homeless at some point in their lives. This includes 28% of disabled LGBT people, and 25% for people who are trans. As well as being at a higher risk of homelessness, 18% of LGB people still expect to receive worse treatment when applying for social housing.¹¹⁹ Furthermore a 2018 report found that:

- Over a third of LGBT people in social housing do not feel safe in their neighbourhood, this includes two thirds of trans people.
- Nearly 50% of LGBT people living in social housing do not feel a sense of belonging in their local community and over 25% reported that they felt lonely in the area they live.
- Trans people may be particularly adversely affected by homelessness as temporary shelters are often single-sex and may not be respectful of people's gender.

Safety, security, and stability remains an issue once in housing. A London based study of service users of LGBT organisations found that for a third of respondents, ensuring safety at home is a constant or significant challenge. Anecdotally, there is evidence to suggest that LGB people may be more likely to rent rather than buy their home, with a number of factors feeding into this, including earning lower salaries compared to the general population.

24% of homeless people aged 16-24 are LGBT and 69% of these people believe parental rejection was a main factor in becoming homeless. We have evidence that correlates fires with inadequate housing. Inadequate housing will have the same impact on different groups, but our challenge is to ensure we market our Safe and Well visits to this group. Through our protection work, we recognise that work with landlords, housing providers also needs to be directed to different audiences.

Actions

- We have evidence of fires related to areas of deprivation and poor housing. Working with housing providers/councils we need to audit, and design prevention activities targeted at this and other groups to help them seek our services and access other care organisations.
- Targeting social media and other campaigns through LGBT clubs and pubs to raise awareness of Safe and Well and other services.

- Training our staff: Training for all home fire safety visits, to make sure staff understand and are comfortable in asking sensitively phrased 'personal questions', which is good practice. For example, by using correct pronouns – do not assume sexual orientation or gender identity.

Evaluation criteria and methodology

- Monitoring prevention activities and, where possible, getting specific data on LGBT groups and other protected characteristics to help us design future services
- Seeking qualitative evidence to support how we customise future services
- Seeking specific LGBT groups for consultation on design of services and IRMP.

Drinking/Drugs and Fires/RTC. Alcohol and Drugs and links to Fires.

The night-time economy and party scene have been associated with LGBT life long before the first brick was thrown outside the Stonewall Inn in 1969. In more recent times, LGBT quarters and venues, such as Manchester's world-famous Gay Village, have offered a safe and welcoming space for many to freely express their identity, meet others, and feel accepted for who they are. However, the prevalence of alcohol and other substances in many traditional LGBT venues, combined with the long-term impact of minority stress, means that alcohol and drug consumption rates are significantly higher than the general population. This can have a lasting and significant effect on physical health, mental health, and overall life expectancy.

In 2017, 1 in 6 LGBT people reported drinking almost every day in the last year. This compares to 1 in 10 adults in the general population who report drinking alcohol on five or more days per week. Research suggest that drug use is higher in LGBT communities, and that LGBT people are also often early adopters of certain new drug trends such as 'club drugs' and psychoactive substances. The 2013/14 Crime Survey for England and Wales found that: • 28.4% of LGB adults had taken drugs in the last year, including 33% of GB men and 22.9% of LB women. This compares to 8.1% of heterosexual adults. This higher prevalence was also true for Class A drug use with 10% of LGB adults compared with 2.7% of heterosexual adults having taken Class A drugs in the previous year.

Actions

- Drink/drugs and fire have long been correlated and so we need to ensure campaigning in the LGBT community around clubbing, drink and lone drinking - this should be done in a sensitive, respectful manner, in a way that avoids stereotypes.
- In response situations we need to have staff be sensitive to heteronormative assumptions, so we ask well phrased personal questions – need a guide and training.

Evaluation criteria and methodology

- Seeking disclosure figures in our monitoring
- Seeking qualitative evidence to support how we customise future services
- Seeking specific LGBT groups for consultation on design of services and IRMP
- Design customer journey maps with LGBT groups so we can tailor products we could use for fire prevention.

Smoking and fires

Tobacco smoking increases the risk of contracting a wide range of diseases, many of which are fatal. Smoking rates are significantly higher among the LGB population - 18.8% of heterosexual people smoke, this compares to: • 27.9% of lesbians. • 30.5% of bisexual women. • 23.2% of gay men. • 26.1% of bisexual men. A 2012 study of trans people in the UK and Ireland found that 19% were current smokers. Research indicates that 32% of trans people in Northern Ireland smoke.

<p>However, primarily due to a lack of routine trans status monitoring, there is no up-to-date and accurate figure for smoking rates among the UK trans population.</p>
<p>Actions</p> <p>Fires and smoking have long been correlated, and we have widely campaigned on this – we have little data on smoke alarm ownership in homes of LGBT people and we need to consider how we address this – again there may be less access sought to this kind of service.</p> <p>Targeted campaigning of safe and well visits and offer of fire prevention products.</p>
<p>Evaluation criteria and methodology</p> <ul style="list-style-type: none"> • Seeking disclosure figures in our monitoring • Seeking qualitative evidence to support how we customise future services • Seeking specific LGBT groups for consultation on design of services and IRMP • Analysis of our customer experiences of our fire prevention products.

Thank You

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Glossary of Current Definitions:

BAME Abbreviation of the term Black, Asian and Minority Ethnic

Biphobia Prejudice and discrimination towards, fear, and/ or dislike of someone who is bisexual or who is perceived to be bisexual, based on their sexual orientation

Bisexual / Bi Someone who is attracted to people of the same gender and other genders

Cis / Cisgender Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out the disclosure of one's LGBT identity to someone else. Coming out is rarely a once-in-a-lifetime event as many LGBT people may want or need to come out to each new person they meet or may realise different facets of their LGBT identity over time which they might then choose to disclose

Conversion Therapy Activities and therapies that are performed on LGBT people in an attempt to change their sexual orientation or gender identity to that which conforms to a cis- and heteronormative view of society

Equality Act (2010) In the UK, this refers to the Equality Act 2010, which provides people with protection from discrimination and ill-treatment based on sexual orientation, gender, gender reassignment and 6 other protected characteristics

GB The abbreviation of gay and bisexual. **GBT**. The abbreviation of gay, bisexual and trans

Gay Someone who is almost exclusively romantically, emotionally, or sexually attracted to people of the same gender. The term can be used to describe anyone regardless of gender identity but is more commonly used to describe men

Gender The socially constructed and reinforced divisions between certain groups (genders) in a culture including social norms that people in these different groups are expected to adhere to, and a person's sense of self relating to these divisions

Gender Assigned at Birth The gender that a person is assumed to be at birth, usually based on the sex assigned at birth

Gender Fluid Someone whose gender is not fixed; their gender may change slowly or quickly over time and can switch between any number of gender identities and expressions, as each gender fluid person's experience of their fluidity is unique to them

Gender Identity A person's innate sense of their own gender, whether male, female, or something else (see non-binary below), which may or may not correspond to the sex assigned at birth

Genderqueer Someone whose gender is outside or in opposition to the gender binary. Often viewed as a more intentionally political gender identity than some other non-binary genders, through the inclusion of the politicised 'queer'

Gender Reassignment The protected characteristic which trans people are described as having or protected characteristic group they are described as being part of, with reference to the Equality Act 2010. A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. It is important to add here that [guidance on the Equality Act 2010](#) states that to be protected

from gender reassignment discrimination, you do **not** need to have undergone medical treatment or surgery.

Heterosexual Someone who is romantically or sexually attracted to someone of a different gender, typically a man who is attracted to women or a woman who is attracted to men

HIV/AIDS Stands for Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome. HIV is a virus which attacks the immune system. It is not curable, but is treatable, and someone with HIV can now be expected to have a normal life expectancy. Advances in medication mean that someone who is HIV positive cannot transmit the virus while taking medication correctly. It is usually associated with MSM but also has higher than normal prevalence in Black, Asian, and Minority Ethnic communities. HIV progresses to AIDS without treatment. While the person will not die of AIDS itself, the compromised immune system because of AIDS means the body is susceptible to infection and unable to fight it, leading to death

Homosexual A term used to describe someone who is almost exclusively attracted to people of the same gender. Some consider this word too medical and with connotations of the previous association with mental illness and prefer the terms 'gay', 'lesbian' or 'queer'

Homophobia / Homophobic Prejudice and discrimination towards, fear, and/or dislike of someone who is, or who is perceived to be attracted to people of the same gender as themselves, based on their sexual orientation

Intersex A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.

LB The abbreviation of lesbian and bisexual

LBT The abbreviation of lesbian, bisexual and trans

Lesbian A woman who is largely or exclusively emotionally, sexually, and/or physically attracted to other women

LG The abbreviation of Lesbian and gay

LGB The abbreviation of lesbian, gay and bisexual. **LGBT** The abbreviation of lesbian, gay, bisexual and trans

LGBTphobic / LGBTphobic Prejudice and discrimination towards, fear, and/ or dislike of someone who is LGBT or who is perceived to be LGBT, that is based on their LGBT identity

LGBT The acronym for lesbian, gay, bisexual, transgender and queer (sometimes also used to refer to questioning, usually when working with younger age groups).

Minority Stress Minority stress describes chronically high levels of stress faced by members of stigmatized minority groups. It may be caused by several factors, including poor social support and low socioeconomic status, but the most well understood causes of minority stress are interpersonal prejudice and discrimination

Misgender the act of referring to someone as the wrong gender or using the wrong pronouns (he, she, boy, sister, etc.). This usually refers to intentionally or maliciously referring to a trans person incorrectly, but of course can also be done accidentally

MSM Stands for men who have sex with men/men loving men. Men who have sex with men is used as a term within sexual health and other services to make these services more inclusive to men who have sex with other men but may not identify as LGBT

Non-binary Used to describe those whose gender does not fit into the gender binary. The term can be used by some as an identity in itself and is also used as an overarching term for genders that do not fit into the gender binary, such as genderqueer, bigender and gender-fluid

Outing / Out Disclosing someone else's sexual orientation or gender identity without their consent

Pansexual / Pan Someone who is emotionally, sexually, and/ or physically attracted to others regardless of gender identity

PEP Stands for Post Exposure Prophylaxis. This is medication taken up to 72 hours after exposure to HIV to minimise the risk of infection. A 28- day course is taken after exposure PrEP Stands for Pre-Exposure Prophylaxis. This is medication that may be taken on an ongoing basis or as event-based dosing as a measure to prevent HIV. It is usually taken by MSM or other at-risk group members.

Pride Having a positive view of membership of the LGBT community. Also, a celebration of LGBT cultures, protest at discrimination currently faced, and a reminder of past crimes and discrimination against the community Protected Characteristic Under the Equality Act 2010. It is against the law to discriminate against someone because they have a protected characteristic. The Equality Act 2010 prohibits discrimination (direct or indirect) based on any of the nine protected characteristics covered in the legislation. These include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

Queer An overarching or umbrella term used by some to describe members of the LGBT community. The term has been reclaimed by members of the community from previous derogatory use, and some members of the community may not wish to use it due to this history. When Q is seen at the end of LGBT, it typically refers to queer and, less often, questioning

Sex The scientific and/or legal classification of a person as male, female, or intersex. A person's sex is usually determined by a combination of primary and secondary sex characteristics including chromosomes, hormones, and internal and external reproductive organs

Sexual Attraction Desiring sexual contact with a specific other person or group of people

Sexual Orientation How a person feels sexually about different genders. The term describes who they are most likely to pursue a sexual relationship with. Sexual activity does not indicate sexual orientation, so people who have sexual relations with someone of the same gender may not necessarily identify as LGBTQ. This is why terms such as MSM are used in some contexts. Sexual orientation is a protected characteristic under the Equality Act 2010

Sexuality Sexuality is a holistic term for someone's sexual behaviours, attractions, likes, dislikes, kinks, and preferences. Sexual orientation makes up a part of someone's sexuality, and sexuality is sometimes used interchangeably with sexual orientation, but it covers more than just who a person is attracted to. Sexuality is what you enjoy and how you enjoy it, whether that be partners or activities

Trans / Transgender An umbrella term to refer to anyone whose gender identity does not completely match the gender they were assigned at birth. This includes, but is not limited to, trans women, trans men, and non-binary people

Trans Man A man who is trans. Somebody whose gender identity is man and who was assigned female at birth

Trans Woman A woman who is trans. Somebody whose gender identity is woman and who was assigned male at birth

Transition / Transitioning Transition relates to the process a trans individual undertakes to align themselves with the gender they are, as opposed to that which they have been assigned at birth. Transition includes some or all of the following cultural, legal and medical adjustments; telling one's family, friends and/or co-workers, changing one's name and/or sex on legal documents; hormone therapy and possibly (though not always) some form of surgical gender affirmation. This is a deeply personal process that may involve medical interventions but does not have to.

Transphobia / Transphobic Prejudice and discrimination towards, fear, and/ or dislike of someone who is trans or who is perceived to be trans, that is based on their trans identity

Transsexual An older and medicalised term used to describe someone living as a different gender than the one assigned at birth. This is sometimes used exclusively to describe trans people who have medically transitioned i.e. undergone hormone replacement therapy and/ or gender affirmation surgery. The term is still used by some transgender people but has widely been replaced by trans or transgender, as it is nowadays often considered offensive or exclusionary due to its medical and pathologising context

WSW Stands for women who have sex with women/ women loving women. Women who have sex with women is used as a term within sexual health and other services to make these services more inclusive to women who have sex with other women but may not identify as LGBT