

RESOURCES

Contents

Glossary of Terms

References:

- Publications
- Training Documents and Guidelines
- Vocational and Occupational Standards
- Leaflets and Public Literature
- Employer/Employee Guidelines
- Research Documents/Guidelines
- Non UK Based Initiatives

Websites Scoped

Further Reading/Viewing

Glossary of Terms, References, Bibliography, and Further Reading

GLOSSARY OF TERMS

It is important to define the terms used in this report in relation to diversity and sexual orientation, in order both to avoid ambiguity in relation to subjects that carry a degree of confusion and variety of nuance and to support the reader in their understanding. These definitions may be open to debate but we have used terms in common parlance within the LGB communities and/or understood within the health service.

Where possible terms used within this document comply with the terminology within the NHS Knowledge and Skills Framework (NHS KSF). Where we could find no definitions for terms used in this report the definitions offered relate to the researchers' own perceptions and have been drawn from the Oxford Dictionary and from 'the peoples' encyclopaedia', Wikipedia. Definitions are given in alphabetical order.

Being Out:

Means not concealing one's sexual orientation.

Being outed:

Refers to having one's sexual orientation made public either deliberately or by default and against one's wishes or without one's consent.

Bigot:

Is a prejudiced person who is intolerant of opinions, lifestyles or identities differing from his or her own. Bigot is often used as a pejorative term against a person, or group, who is obstinately devoted to his or her prejudices even when these views are challenged or proven to be false. Forms of bigotry may have a related ideology or world view.

Bisexual:

Bisexual refers to a person who is aesthetically, romantically and/or sexually attracted to people of both genders.

Coming Out: "Coming out of the closet":

Describes the voluntary public announcement of one's sexual orientation. Coming out is a process, and often a gradual one. It is common to come out first to a trusted friend or family member, and wait to come out to others. Some people are out at work but not to their families, or vice-versa. People must continue to 'out' themselves with every new acquaintance and in most new situations. Coming out is often seen within gay and lesbian communities as politically healthy, arguing that the more out gay people there are, the harder it will be for bigots to misrepresent, marginalize, and oppress.

Coming Out To Oneself:

To admit to oneself that one is gay, lesbian, bisexual, or transgender. This is the very first step in the coming-out process; it often involves soul-searching or a personal epiphany of some sort. Coming out to oneself often ends a period of ambiguity or uncertainty about one's own sexual orientation and begins the process of self-acceptance. Studies have found that the degree to which a person can be out in a large number of life situations seems to strongly correlate with lack of stress.

Discrimination

The practice of treating individuals less fairly than other people or groups

Diversity

Diversity is about the recognition and valuing of difference in the broadest sense. It is about creating a working culture and practices that recognize, respect, value and harness difference for the benefit of the organisation and individuals.

Equality

Is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination based on membership of a particular group.

Equal Opportunities

Equal Opportunities emphasises the structures, systems and measures of groups within society to provide equal and fair access and conditions in employment, education, institutions and organisations. A key element of equal opportunities is addressing representation and balance.

Gay:

In modern usage is usually used, as either a noun or adjective to describe homosexuals; persons sexually orientated towards members of their own gender.

Gay as an adjective sometimes describes traits associated with both gay men and lesbians, their culture or perceived lifestyle. The term 'gay' used in this context usually has negative connotations.

Gender:

A classification of masculinity and femininity linked to both identity and biology.

Heterocentrism:

An assumption, often unconscious, that everyone is heterosexual and the attitudes associated with that assumption. Heterocentrism often shows up in unintentional ways in everyday life e.g. always referring to a woman's partner as he/him. These people may not have anything against same gender partners but their heterocentrism serves to exclude members of LGB communities.

Heteronormativity:

Used to describe the manner in which many social institutions and social policies are seen to reinforce heterosexist beliefs and belief systems. These include the belief that human beings fall into two distinct and complementary categories, male and female; that sexual and marital relations are normal only when between two people of different sexes; and that each sex has certain natural roles in life. The norms this term describes or criticises might be overt, covert, or implied. Those who identify and criticise heteronormativity say that it distorts discourse by stigmatising alternative concepts of both sexuality and gender and makes certain types of self-expression more difficult.

Heterosexism:

Is a belief, argument and/or belief system based on an assumption of innate superiority that male-female sexuality is the only natural, normal and moral code of sexual behaviour. It is also used to refer to the effects of that cultural ideology.

Heterosexuality:

Primarily refers to aesthetic, sexual and romantic attraction exclusively between two individuals of opposite genders. It is classified as a sexual orientation, contrasted with homosexuality and bisexuality.

Homophobia:

Homophobia is an extreme and irrational aversion to homosexuality and homosexuals. It can also mean hatred or disparagement of LGB people, their lifestyle, their sexual behaviour or culture and is used to assert bigotry. Opposition to same gender attraction on religious, moral or political grounds is also generally referred to as homophobic.

Homosexuality:

In the original sense it describes a sexual orientation characterized by lasting aesthetic attraction, romantic love or sexual desire exclusively for others of the same gender. There is considerable debate within the lesbian and gay communities about the label of homosexual. It is considered by many that the term is too clinical and dehumanizing, a sentiment that derives from the fact that homosexuality was defined as a mental illness. It was as late as 1990 that the World Health Organisation said that homosexuality was no longer a disease. As a result the terms 'lesbian' or 'gay' are generally preferred when describing a person of this sexual orientation. In addition it is argued that the term 'homosexual' over emphasizes and tends to define people only in terms of their sexual behaviour. Lesbian and gay people often prefer to be referred to as 'lesbian' or 'gay' because these terms denote more than sexual activity and indicate other aspects of being lesbian or gay such as those related to culture, politics and community.

Some same gender oriented people prefer the term 'homosexual' rather than 'gay' as they may perceive the term 'gay' as describing a cultural or socio-political group with whom they do not identify.

Human Sexuality:

Refers to the expression of sexual sensation and related intimacy between human beings, as well as the expression of identity through sex and as influenced by or based on sex. There are a great many forms of human sexuality. The sexuality of human beings comprises a broad range of behaviour and processes, including the physiological, psychological, cultural, political, spiritual religious aspects of sex and human sexual behaviour. Sexuality varies across the cultures and regions of the world, and has continually changed throughout history.

Internalised Homophobia

Internalised homophobia usually refers to homophobia as a prejudice carried by homosexuals against themselves and others like them. It includes a discomfort with or disapproval of one's own sexual orientation.

Lesbian:

A lesbian is a woman who is aesthetically, sexually, romantically and/or emotionally attracted to other women. The word lesbian is derived from Lesbos a Greek Island in the East Aegean Sea where the ancient Greek lyric poet Sappho lived.

Outing:

Is the process of deliberately disclosing the sexual orientation of another who presumably wants to keep this information private.

Sex:

Refers to the male and female duality of reproduction.

Sexual Orientation:

One aspect of human sexuality is sexual orientation. It describes the direction of an individual's sexuality, often in relation to their own sex and gender. Common terms of describing sexual orientation include bisexual (bi), heterosexual (straight) and homosexual (lesbian or gay'). This definition also reflects the definition used within The Equality Act '2006.

References

Publications

Ball, J and Pike, G (2005), *Managing to work differently: Results from the RCN Employment Survey 2005*, London: RCN. Publication code 003 006

Manley K, Hardy S, Titchen A, Garbett R and McCormack B (2005), *Changing patients' worlds through nursing practice expertise: A Royal College of Nursing Research Report, 1998-2004*, London: RCN. Publication code 002 512

McFarlane, Linda (1998) *Diagnosis: homophobic. The experiences of lesbians, gay men and bisexuals in mental health services*, PACE: London, ISBN: 0952941119

Royal College of Nursing (2003) *The nursing care of lesbians and gay male patients or Clients: Guidance for nursing staff*, London: RCN. Publication code 002 018

Royal College of Nursing (2003), *Diversity appraisal resource guide: Helping employers, RCN officers and representatives promote diversity in the workplace*, London: RCN. Publication code 001 825

Royal College of Nursing (2003), *Lesbian, gay, bisexual and transgender patients or clients: Guidance for nursing staff on next of kin issues*, London: RCN. Publication code 002 017

Royal College of Nursing (2005), *Bullying and harassment at work: a good practice guide for RCN negotiators and health care managers*, London: RCN. Publication code 000 926

Royal College of Nursing (2001), *RCN sexual health strategy: Guidance for nursing staff*, London: RCN. Publication code 001 525

The Royal College of Nursing (2005), *Sexual Health Competencies: an integrated career for sexual and reproductive health nursing*, London: RCN. Publication code 002 459

The Royal College of Nursing (2006), *RCN Principles: A Framework for evaluating health and social care policy*, London: RCN. Publication code 003 034

Department of Health (April 2000), *The Vital Connection: An Equalities Framework for the NHS. Working together for quality and equality*, Crown Copyright, CPL 2139

NHS Scotland and Stonewall Scotland (2003), *Towards a healthier LGBT Scotland*, NHS Inclusion Project

NHS Scotland and Stonewall Scotland, *Fair For All - The Wider Challenge. Good LGBT Practice in the NHS*, NHS Inclusion Project

BMA: London Equal Opportunities Committee (June 2005), *Sexual Orientation in the workplace*

Training Documents/Guidelines

ACAS (2005), *Sexual orientation and the workplace. Putting the employment equality (sexual orientation) regulations 2003 into practice*

Imperial College, *Diverse Opportunities (Imperial College HR Strategy) Staff Development Programme 2005/2006*

Health First Training 2006-2007 – www.healthfirst.nhs.uk

Knocker, Sally, February 2006, Age Concern England – the whole of me... meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing – resource pack for professionals –

Vocational and Occupational Standards

GSSC (2002) CODES OF PRACTICE FOR SOCIAL CARE WORKERS AND EMPLOYERS

GSSC (Feb 2005) Health and Social Care: National Occupational Standards

National Institute For Mental Health (England), National Occupational Standards (2006)

www.skillsforhealth.org.uk/mentalhealth/nwp.php

Department of Health (October 2004), The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process

Royal College of Nursing and UNISON (2004), *Not 'just a friend': Best practice health care for lesbian, gay and bisexual service users and their families*,

Royal College of Nursing Institute (2004), Race Equality Policy and Action Plan Revised 27.05.04, London: RCN.

Leaflets and Public Literature

Imperial College (2006) Respect for Others Leaflet

Imperial College, Equal Opportunities Policy

Imperial College, Promoting Inclusion and Best Practice

Imperial College, Respect for Others: Harassment, Bullying and Victimisation Policy and Procedure

Imperial College, Second Annual Report from the equal opportunities and diversity committee (EO & DC)

Imperial College, Think Ahead, Get ahead Development opportunities for research staff

Sexual exclusion issues and best practice in lesbian, gay and bisexual housing and homelessness – shelter 2005

Employer/Employee Guidelines

ACAS, Tackling discrimination and promoting equality

Research Documents/Guidelines

Navajo & Drugline Lancashire Ltd (2005) *Blackpool Sexual Health For Men (S&M) Outreach Project, Six Monthly Report April to Sept 2005*

NHS Scotland and Stonewall Scotland: *Getting It Right. LGBT Research Guidelines*, NHS INCLUSION Project

Colman S, Taylor C & Truman (April 2006), *Lost and Neglected: An Audit into the sexual health needs of young lesbian and bi-sexual women on the Fylde Coast*, Navajo and Lancaster University

McCarthy M, with contributions from Taylor C & Robin A (Nov 1999), *The Navajo Project: a health strategy for lesbians and gay men in North West Lancashire*, Navajo and North West Lancashire Health Promotion Unit

Douglas Scott, Susan, Pringle, Alastair and Lumsdaine, Colin, Sexual Exclusion – Homophobia and Health Inequalities: a review, UK Gay Men's Health Network 2004

Non-UK based initiatives

City of Tucson Commission on Gay, Lesbian, Bisexual and Transgender Issues –

<http://www.tucsonlgbtcommission.org>

References

Websites Scoped

1. Beyond Barriers [Beyond Barriers \(opens new window\)](#)
2. Beyond Barriers [Beyond Barriers: Transgender booklet \(opens new window\)](#)
3. Bolton Specialist Health Promotion Service http://www.bolton.nhs.uk/publications/public/LHN_Report.pdf
4. Bolton Specialist Health Promotion Service http://www.bolton.nhs.uk/publications/patient_info/Lesbian%20Smear%20Guide.pdf
5. British medical Association [British Medical Association Equal Opportunities Committee \(2005\) - Sexual orientation in the workplace \(opens new window\)](#)
6. Broken Rainbow – email lgbtdv@btopenworld.com
7. Department of Education and Skills [Department for Education and Skills, Department of Health \(2004\) - Stand up for us: Challenging homophobia in schools \(opens new window\)](#) Department of Health - <http://www.dh.gov.uk>
8. GLADD – Gay and Lesbian Association of Doctors and Dentists - <http://www.gladd.org.uk/site/news.htm>
9. GLADD [Dignity at Work for Lesbian and Gay Doctors and Dentists, Medical and Dental Students: The Gay and Lesbian Association of Doctors and Dentists \(March 2004\) \(opens new window\)](#)
10. GLADD [Gay and Lesbian Association of Doctors and Dentists \(opens new window\)](#)
11. GLBTQ - <http://www.opsi.gov.uk/acts/acts2006/20060003.htm> Health with Pride - <http://www.healthwithpride.com/>
12. Gay Lesbian Bisexual and Transgender Health Access Project – <http://www.glbthealth.org/about.htm>
13. Health and Community Care in Scotland <http://www.scotland.gov.uk/library5/health/eqdiat-06.asp>
14. Human Rights http://www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights/EqualityAndHumanRightsArticle/fs/en?CONTENT_ID=4117240&chk=3KyI0T
- 15.
16. LGBT Health Scotland http://www.lgbthealthscotland.org.uk/research_database/browse.php
17. LGBT Health Summit - <http://www.lgbthealth.co.uk/>
18. Lesbian and Gay Network, Alzheimer's Society – http://www.alzheimers.org.uk/gay_carers/news/
19. Lesbian Information Service <http://www.lesbianinformationservice.org>
20. NHS Employers [NHS Employers \(2005\) - Equal values: equal outcomes: A partnership action plan for the medical and dental workforce \(opens new window\)](#)
21. NHS Scotland/ Stonewall Scotland <http://www.lgbthealthscotland.org.uk>
22. Press for Change [http://www.pfc.org.uk/ \(opens new window\)](http://www.pfc.org.uk/)
23. National Institute for Mental Health in Education <http://kc.nimhe.org.uk>
23. Schools Out – <http://schools-out.org.uk/training.htm>
24. Scottish Executive, Improving Policy and Practice for LGBT People – Guidance for Local Authorities – <http://www.scotland.gov.uk/Publications>
25. SIGMA Research - <http://www.sigmaresearch.org/>
26. Stonewall Scotland [Stonewall Scotland, NHS Scotland \(2003\) - Towards a healthier LGBT Scotland \(opens new window\)](#)
27. Stonewall Scotland [Stonewall Scotland, NHS Scotland - Fair For All - The Wider Challenge Good LGBT Practice in the NHS, NHS Inclusion Project Working for Lesbian, Gay, Bisexual and Transgender Health \(opens new window\)](#)
28. The Civil Service Rainbow Alliance – <http://uk.geocities.com/csrauk/FAQs.htm>
29. The Equality Act - <http://www.opsi.gov.uk/acts/acts2006/20060003.htm>
30. The Gender Trust [The Gender Trust \(opens new window\)](#)
31. The International Lesbian and Gay Association – http://www.ilga.info/information/links_to_the_list_of_lgbt_organisati.htm
32. Women and Equality Unit [Women and Equality Unit DTI \(2005\) - Gender Reassignment – A guide for Employers \(opens new window\)](#)
33. Bisexual Groups www.bifest.org/

Further Reading/Viewing

Books

1. Baird, Vanessa (2004) Sex, Love and Homophobia
2. Berger, Raymond. M (1996), Gay and Gray, The Older Homosexual Man
3. Butler, Judith, (1997) Excitable Speech, A Politics of the Performative
4. Constantine-Simms, Delroy (2001) The Greatest Taboo, Homosexuality in Black Communities
5. Cruz-Malave, Arnaldo and Manalanson 1V, Martin .F (2002)
6. Foucault, Michel, (1984) The History of Sexuality, Parts 1,2 & 3
7. Jensen, Karol. L, (1999), Lesbian Epiphanies: Women Coming Out in Later Life
8. Kosofsky-Sedgwick, Eve (1990), Epistemology of the Closet
9. Kroll, Ken (2001) Enabling Romance: A Guide to Love, Sex and Relationships for People with Disabilities (and the People who Care About Them)
10. Murray, Stephen. O and Roscoe, Will (1997) Islamic Homosexualities
11. Sears, James. T and Williams, Walter. L (1997), Overcoming Heterosexism and Homophobia
12. Tillman-Healy, Lisa. M (2001) Between gay and straight, Understanding Friendship across sexual orientation
13. Weeks, Jeffrey, Heaphy, Brian and Donovan, Catherine (2001) Same Sex Intimacies – Families of Choice and Other Life Experiments

DVD

1. Trembling before G-O-D, (2000-01) A documentary about the lives of gay and lesbian Orthodox and Hassidic Jews

APPENDICES

Contents

Appendix One:	Contact List and Examples of Best Practice
Appendix Two:	Research Methodology
Appendix Three:	Research Findings
Appendix Four:	Models of Sexual Orientation
Appendix Five:	Organisational Standards
Appendix Six:	Legislation Relating To Sexual Orientation

APPENDIX ONE

Contact List And Examples Of Best Practice

APPENDIX ONE

CONTACT LIST FOR PEOPLE AND AGENCIES WHO TOOK PART IN THE RESEARCH

Outlined below are all the Stakeholders and Training Providers that we have contacted. This gives contact details, a brief project description, some Best Practice as identified by stakeholders and providers with comment about what needs to happen. This information has been received by telephone and email and has not been confirmed by other research enquiry such as participant observation. This appendix should not therefore be seen as a list of recommended training providers. Diverse Identities cannot take responsibility for the quality of the programmes provided. Training commissioners may however find it a useful starting point in a) opening discussions in order to recruit training providers and b) as a useful base for networking and information sharing.

SCOPING INTERVIEWS AND QUESTIONNAIRES – HEALTH SERVICE STAKEHOLDERS

Name	Role/Organisation & Contact Details	Best practice comments Self Identified by Agencies	Some Training Standards and other ideas
Hilary Forester & Dr. Rachel Hogg	BMA hforrester@bma.org.uk rachelhogg@bluesky500.freeserve.co.uk	<ul style="list-style-type: none"> Sexual Orientation is equal to other diversity strands Our work is primarily about changing behaviour and not about changing attitudes (though this obviously would be a bonus) Committee membership election processes are becoming geared to six diversity strands 	<ul style="list-style-type: none"> LGB training with a focus on implementing the 2003 Sexual orientation Employment Regulations and the incoming provision of goods and services legislation, so that people can see it is important to get right – or there will be consequences for themselves and the organisation Developing non-discriminatory language (added to the Equality Impact assessments?) Leaders and those in positions of power and influence Trainers have an understanding about what employment in the NHS is like (ideally some experience themselves. Also be LGB themselves and out and proud about this (can be a powerful tool to change attitudes in itself). Real life case studies or examples based on realistic scenarios to bring training to life Training to address issues which overcome the assumption that LGB issues are just about sex, dealing with stereotypes and mentioning trans issues Training quality assured and updated regularly
Anthony Nichols	NHS Employers Anthony.Nichols@nhsemployers.org	<ul style="list-style-type: none"> We link training to people's roles We aim to be spontaneous, flexible and responsive We seek to generate local 	<ul style="list-style-type: none"> Flexible in our approaches Problem solving case studies Inclusive language– Terms people understand, Plain English, give time for

		<p>solutions with participants and organisations</p> <ul style="list-style-type: none"> • We have and provide positive role models • We are developing positive resources e.g. posters • We use Inclusive language • We strive for Plain English in our literature 	<p>people</p> <ul style="list-style-type: none"> • Trainers to understand the agenda • A toolkit approach to standards • Explore middle managers role and issues they face • Chief Executive to be supportive of LGB issues and initiatives • Basic LGB awareness
Graham Rushbrook	<p>Health First</p> <p>Graham.Rushbrook@lewishampct.nhs.uk</p>	<ul style="list-style-type: none"> • We make sure our literature is compliant with the Disability Discrimination Act • We do specialist training linked to staff's roles and work • We use case studies on most extreme and complex diversity communities. • If people on courses say that a service is poor we feed directly into a network that can tell the service what gay men and lesbians think and feel about it and effect some change • We have worked with disparate groups such as BME groups and BNP councillors • We are working with the Open College Network to find flexible ways for people to get accreditation • Our training is reviewed every year • We use evaluation reports to further develop our courses 	<ul style="list-style-type: none"> • Stakeholders know exactly what we are doing • If statutory services discharge responsibility for funding work to external bodies there is a danger that we can then discharge the content and importance of training • Training mandatory • Understand that giving freedom back to people doesn't always sit well with them. • Work on Institutional homophobia • Focus on practical outcomes • Explore the meaning of family and social networks to LGB people
Paul Sanderson	<p>Sexual Health Programme Lead West Midlands</p> <p>Paul.Sanderson@wmsha.nhs.uk</p>	<ul style="list-style-type: none"> • We are the highest NHS Organisation on Stonewall's Equality Index 2006 • We have hosted two 'Coming Out' inclusive events to address health inequalities • We have undertaken a research project to assess the needs of the LGB Community in the West 	<ul style="list-style-type: none"> • We now have an external imperative to do work on LGB issues in the NHS (Legislation) • Be brave about monitoring for sexual orientation • Training Standards KSF friendly • Benchmark standards • Standards to be practical and easy to apply e.g. Toolkit Style

		<p>Midlands</p> <ul style="list-style-type: none"> • We have well educated and supportive senior managers • We have an active learning culture 	
Kate Schneider	<p>Care Services Improvement Partnership South West Kate.Schneider@nimhesw.nhs.uk</p>	<ul style="list-style-type: none"> • We now have a more systemic approach, trying to mainstream LGBT issues within existing work streams and programmes • We are trying to promote the broader equalities agenda within regional programmes and work streams, and also with the CSIP executive. 	<ul style="list-style-type: none"> • Raise the levels of understanding of Equality and Diversity including LGBT issues in provider organisations • Expose public sector leaders to minority groups – direct experience rather than ‘political framing’ • Reframe from where we recruit staff • Training focus on how discrimination works, both overt and covert • Issues of confidentiality are important: stigma is a great deterrent for many people, either as LGBT people or being associated with LGBT issues. Nevertheless we need to work with and encourage people who are prepared to speak up and be role models and champions for LGBT issues
Christine Trethowan	<p>Lead for involvement and diversity Christine.Trethowan@coventrypct.nhs.uk</p>	<ul style="list-style-type: none"> • We have mandatory training • We have an LGBT Forum • We have Equality Impact Assessments • We have an Equality and Diversity sub-group of the Board of Management • We have a three tier training system focussing on a) General Equality and Diversity, b) Separate strands work and c) Specific Service Needs • Our trainers must have health service expertise 	<ul style="list-style-type: none"> • Link this agenda to the main NHS agenda • The Chief Executive behind the work • Language matters, make it inclusive and work on recognition of psychological impact of being in closet • Stereotypical assumptions challenged • Visibility of issues • Don’t assume everyone is heterosexual • Target LGBT issues in job application packs • When buying in training we need cater it to our needs • Trainers have health expertise • Working with heterosexism • Give people permission to be naïve • Sexual orientation and General diversity work built into targets
Dr. Justin Varney	<p>Public Health Registrar http://www.healthwithpride.com</p>	<ul style="list-style-type: none"> • SHIP project in Manchester has good work • AGLOW Drama Group is good • Health First integrated diversity training is good 	<ul style="list-style-type: none"> • Middle Management training • Participants to reflect on their own diversity • Long term national strategy for equality and diversity • Evaluate the effect and impact of training by

		<ul style="list-style-type: none"> • Board members are obliged to undertake equality and diversity training 	<p>using behavioural attitudinal scales</p> <ul style="list-style-type: none"> • Training Organisations have rigorous appraisal processes for their own trainers • Monitor and evaluate on the following a) what was learned in training and how it can be used b) customer satisfaction impact of training for purchasers and c) Professionalism, competence and updatedness of trainers • Evidence the cost-effectiveness of training • Think about the dilemma of disclosure • Training reflects different styles of working within NHS • Recognise the full nature of sexual expression • Training Standards include: background to LGB definitions, the full nature of sexual expression and that people may not have same sexual identity throughout their lives, • Acknowledge that Identity may not reflect sex lives, • Practical implications of legislation, • Case Studies • Issues around identifying that sexual orientation may be an issues in different settings and using a variety of communication techniques, Work on employment and management settings, • Difficulties of monitoring Equalities Act
--	--	--	--

APPENDIX ONE Cont....

SCOPING INTERVIEWS AND QUESTIONNAIRES – HEALTH SERVICE KEY AGENCIES

Name	Role /Organisation	Best Practice Comments Self Identified by Agencies	Some Training Standards and other ideas
Alison Burnal	Equalities and Diversity Advisor Directorate for Nursing and Governance Oxleas NHS Trust Alison.Burnal@oxleas.nhs.uk	<ul style="list-style-type: none"> • We have an equality and diversity policy and strategy • We have an Equality Scheme • We have no hierarchy of oppression within the six strands of diversity • We have a strong and positive message about Equality and Diversity strands from the Chief Executive • We have developed a core team of trainers • Internal training only increased credibility • We set up an LGBT Network • We are Stonewall Equality Listed • In-house training delivery 	<ul style="list-style-type: none"> • Consistency of delivery • Accredited courses • National Standards for Diversity Training • Giving people opportunities • Safe spaces to explore difficult issues
Paul Carswell	Diversity Manager London Ambulance Service paul.carswell@lond-amb.nhs.uk	<ul style="list-style-type: none"> • We do a Diversity Training Needs Analysis before commencing training • We have a seven year Diversity and Equality Policy Plan • Second day of training is experiential with trainees organising local events their communities e.g. with refugee communities • We have a dedicated presence at PRIDE this year • We have many living role models from the LGB community represented in our service 	<ul style="list-style-type: none"> • Secondary analysis of course effectiveness • A definition about what training means • Monitor staff for sexual orientation • Prioritise operational senior managers and directors as training participants • Think about how we communicate to the Public that we are 'gay friendly' • Separate standards about delivery of training • New and separate standards after the Equalities Act comes into force • Incorporate diversity issues into a person's training for the job • More training for High level Staff
Sarah Holmes-Smith	Director of Older People and Mental Health Services	<ul style="list-style-type: none"> • We have an Ethical Value Statement 	<ul style="list-style-type: none"> • Monitoring for sexual orientation • Raise people's awareness

APPENDIX ONE cont..... ADDITIONAL PEOPLE CONTACTED

Dr Dan Saunders – Treasurer of GLADD (Gay and Lesbian Association of Doctors and Dentists - dansaunders@doctors.org.uk

Below are some of his comments:

- Staff need to be on board with Equality and Diversity and Sexual Orientation Issues
- Standards need to reflect the differences geographically, from a social bias etc
- Trainers must have a good awareness of life in NHS
- Equality and Diversity and Sexual Orientation Training could be delivered by medical men and women
- Appropriate and good training can impact positively on performance
- Drama is useful way to get points across
- KSF does not apply to doctors
- The Learning Connection is a very good training organisation

Organisation that contacted us but too late to be included in detail

Catherine Butler - Camden PCT,

We have just launched a survey of all the clinical psychology training courses to find out what training they offer. We are keen to be part of the research you are conducting and hope that we can combine our efforts. Developing best practice guidelines would be a welcome advance in this area as many courses do not even cover the subject and if they had guidelines they might be more confident in doing so. I currently teach this topic on the three North Thames training courses and have never found any guidelines to follow in terms of training content.

APPENDIX ONE cont.....
SCOPING INTERVIEWS AND QUESTIONNAIRES – TRAINING PROVIDERS

Key:
General Diversity (Black)
Specific Sexual Orientation (Pink)

Organisations that responded	Contact person and details	Project details	Best Practice Comments Self Identified by Agencies	Some Training Standards and other ideas
<p>GALYIC Gay and Lesbian Youth in Calderdale</p>	<p>Jan Bridget</p>	<p>Jan Bridget founded GAYLIC and has over twenty years training experience.</p> <p>Training is only one element of the work that Jan does and arises out of her work with young people and GAYLIC.</p> <p>GALYIC is a group designed to support LGBT people aged 25 years and below</p> <p>The group offers many services including:</p> <ul style="list-style-type: none"> * A safe place to meet other young LGBT's * Access to local, regional and national events * One-to-one support * Telephone support * Access to other LGBT supportive services (e.g. sexual health, employment, housing, alcohol/drugs counseling) * Support for coming out (family, friends, work) * Access to training * Advocacy * Advice * Information 	<p>Training is part of an integrated package responsive to research and rooted in the practice of working with young people.</p> <p>Involvement of clients in the training. This means preparation before the training event, support during the training and debriefing following the training.</p> <p>Use of preparatory questionnaires which encourage people to think about the training prior to the training event. Questionnaires provide a basis for comparison with evaluations. The resulting information adds to a body of evidence about the need for training on sexual orientation and is placed on websites.</p> <p>Training is used as a source of additional income for the project.</p>	<p>Preparatory work with clients to plan training is imperative if training is to have real relevance to the organisation.</p> <p>Evaluation of each training event necessary for trainers to learn and move on.</p> <p>Agencies need procedures to ensure that complaints of homophobia are dealt with.</p> <p>Training needs to be part of overall organisational development otherwise it is tokenistic.</p>

		<p>The group meets once a week in Halifax town centre on Thursday evening between 7pm and 9pm.</p> <p>Phone: 01422.320099 Email: getintouch@galyic.org.uk (Click to email)</p>		
Edgecumbe Consultancy	<p>Alan Cook enquiries@edgecumbe.co.uk</p>	<p>Alan's vast experience spans both organisation and people development, in both the corporate and public sector. He has recently rejoined Edgecumbe Consulting Group, a firm of psychologists offering assessment and training in the areas of leadership, management development, diversity and appraisal, after an extensive period as an independent consultant.</p> <p>Alan's work in people development is highly creative and dynamic, using interactive approaches to training, coaching, teambuilding, facilitation and consulting. He has worked extensively in the NHS, including numerous courses on peer appraisal and leadership for hospital consultants and GPs, and facilitating action learning sets for clinical leaders. For four years he was a Senior Consultant with Smythe Dorward Lambert completing significant work projects on values initiatives, major change and performance management with Microsoft, Deutsche Bank, British Airways, and Barclays Bank. Prior to that he played a leading</p>	<ul style="list-style-type: none"> • I did provide challenging heterosexism courses • We do work on policy and strategy development • We run courses in leadership for GP's • We provide appraisals training working with full prejudices and assumptions 	<ul style="list-style-type: none"> • Get across sexual orientation and heterosexual issues • Quality Standards link to NHS Care Framework • Organisations maximise the money they have by planning well • Be sure why organisations are needing to do sexuality training

		developmental role in the public sector, particularly focusing on equality and diversity initiatives in local authorities and the NHS and OD assignments. He is an experienced therapeutic counsellor, recently qualified as a drama teacher and enjoys finding new and unusual ways of working with people.		
Housing Diversity Network	Paul Fairweather (Now left the organisation) info@housingdiversitynetwork.co.uk	The Housing Diversity Network has as its aim to help providers achieve the highest standards in equality and diversity. We work with clients to develop training courses on a wide of equality and diversity topics specifically tailored to meet their needs. They also offer a calendar of open course.	<ul style="list-style-type: none"> • We provide open courses • We provide sexual orientation monitoring 	<ul style="list-style-type: none"> • The new Equality Act • Focus on GP's and other health professionals in terms of awareness • Consult with customers nationally
Stonewall Scotland	Denise Frame Denise.Frame@E OC.ORG.UK	<p>Stonewall Scotland campaigns for equality and justice for gay, lesbian, bisexual and transgender people living in Scotland. We work with businesses, the public sector, the Scottish Executive, Scottish Parliament and a range of partners to improve the 'lived experience' of LGBT people in Scotland.</p> <p>Through an Innovative Partnership with the Scottish Interfaith Council, funded by the DTI, Stonewall Scotland is offering organisations the chance to attend a free one-day training event.</p>	<ul style="list-style-type: none"> • We are funded by the DTI to deliver training on the Employment Equality Regulations for Sexual Orientation and Religious Belief • We have a Diversity Champions strategy • We are providing Master Classes in Sexual Orientation 	

		<p>The events will interpret the key concepts of the Employment Equality (Sexual Orientation) Regulations 2003 and the Employment Equality (Religion or Belief) Regulations 2003 and transfer these into their practical workbase setting. The training will relate to and be an asset to all types of organisations over all sectors.</p>		
Stonewall Housing	<p>Debbie Gold Debbie@StonewallHousing.org</p>	<p>"Stonewall Housing is a voluntary sector organisation which works to secure safer spaces for LGBT people. We do this in a number of ways, including providing supported housing for 16-25 year olds, providing an housing advice serve for LGBT people of any age, and working to influence housing policy and practice.</p> <p>Stonewall Housing provides training on the housing needs of LGBT people, and on best practice in LGBT housing, for mainstream organisations. We can arrange training on wider issues relating to LGBT people, depending on the needs of the organisation."</p>	<ul style="list-style-type: none"> • We work with issues of harassment, housing problems, same-sex violence, mental health problems • We work with organisations to develop policy • We provide tailor-made strategy workshops 	<ul style="list-style-type: none"> • Longer run in time when purchasers commission training • Tell participants well in advance before training • Managers convince staff that they are committed to the LGB agenda • Training is relevant, practical and have particular jobs catered for within it • Do sexual orientation training separately
Stonewall	<p>Ruth Hunt Ruth.hunt@stonewall.org.uk</p>	<p>Stonewall was founded in 1989 by a small group of women and men who had been active in the struggle against Section 28 of the Local Government Act. This was an offensive piece of legislation</p>	<ul style="list-style-type: none"> • We developed the Stonewall Diversity Champions scheme • We now operate a Workplace Equality Index • We provide Master Classes in Sexual Orientation 	<ul style="list-style-type: none"> • Best trainers for the work irrespective of their sexual orientation • Be more proactive in LGB issues work

		<p>designed to prevent the so-called 'promotion' of homosexuality in schools; as well as stigmatising gay people it also galvanised the gay community. The aim from the outset was to create a professional lobbying group that would prevent such attacks on lesbians, gay men and bisexuals from ever occurring again. Stonewall has subsequently put the case for equality on the mainstream political agenda by winning support within all the main political parties and now has offices in England, Scotland and Wales.</p> <p>Stonewall has put together the UK's first-ever Master classes for HR Professionals dealing with the employment regulations, sexual orientation in the workplace and diversity.</p>		
Tuklo Orenda Associates	Joan Kendall Camilla Tegg	<p>Tuklo Orenda Associates have been practising as Diversity Consultants for 20 years now. We believe passionately in making our work accessible, constructive, relating it to effective practice and undertaking our work in way that does not blame, humiliate or expose people. We have worked extensively in the public sector, including Social Services departments, The National Probation Service, the Prison Service, The Courts Service, the National Health Service and government departments such as the Home Office and the Voluntary Sector e.g. NCH. Our work has included Training, Scoping Exercises, Mediation,</p>	<ul style="list-style-type: none"> • We provide diversity and management training • We provide specialist training on sexuality and disability • We check out where people are with the issues and pace them through their learning • We have working guidelines which include key principles and our value base 	<ul style="list-style-type: none"> • Recognition that all people have a multiple diversity • Organisational policies compliment the training

		<p>Mentoring, Organisational Reviews and Consultancy and Conference events. We have published independently and been commissioned to publish such texts as Challenging Heterosexism, Working with Difference, Making A Difference. We work broadly in the field of Diversity but in addition work in specialist areas including Sexuality, Disability, Race and Racism. We try to reflect diversity fully in the make up of our associate group and so we include people who are multi-dimensional in a range of ways including race, age, sexuality, disability, class. We are always happy to discuss and explore diversity issues with people, all well and good if it results in work but we will be really happy to talk to you even if it doesn't! Please contact Camilla Tegg, Tuklo Orenda Associates either on 0208– 317 8292 or info@tuklo.co.uk</p>		
<p>NHS Inclusion Project</p>	<p>Nick Laird Nick.laird@lgbthealthscotland.org.uk</p>	<p>The Inclusion Project is a partnership between Stonewall Scotland and the Scottish Executive Health Department (SEHD). The aim of the Project is to support the NHS in Scotland to develop policy and practice that is inclusive of lesbian, gay, bisexual and transgender (LGBT) people.</p> <p>The Project started in October 2002 as part of the Scottish Executive commitment to address health inequalities. <i>Partnership for Care</i> (SEHD 2003) and <i>Fair for All</i></p>	<ul style="list-style-type: none"> • The Edinburgh office has a LGBT Health and Well Being centre which provides training • I sit on a Training and Planning Implementation Group, which feeds into NHS Education for Scotland. • Training to have three strands a) Experiential and attitude based b) Evidenced based and c) Practice based 	<ul style="list-style-type: none"> • Have a Training Forum for trainers • Give training to all levels of staff • Keep pace with developments in the training packages

		<p>– <i>the Wider Challenge</i> (SEHD 2004) extended work on Race equality to include other groups including LGBT people. The NHS Reform (Scotland) Act (2004) underpinned the need to address health inequalities with a duty to consult and engage with communities in the planning, implementation and evaluation of NHS services.</p> <p>Initially the Inclusion Project carried out a survey of services within the NHS, sought out research, which identified health issues or risk factors for LGBT people and positive examples of work with LGBT communities. These findings were made available to the NHS and the public in the following publications; LGBT Stock Take, Towards a Healthier LGBT Scotland, Getting it Right – LGBT Research Guidance.</p> <p>During the life of the Project there has been a significant amount of work in consulting with communities, the Voluntary Sector and NHS Staff.</p> <p>Demonstration work across five Health Boards was supported by the Project. This included providing training for staff working in GP practices, hospitals and a range of community-based settings.</p> <p>Building upon the learning from the demonstration work, the fourth publication by the Project, 'Good</p>		
--	--	--	--	--

		<p>LGBT Practice in the NHS' has been produced and distributed. Lewis MacDonald MSP officially launched the guidance document in December 2005.</p> <p>All publications can be downloaded from the website: www.lgbthealthscotland.org.uk</p>		
Inclusive Learning	<p>Alyson Malach</p> <p>alyson@malach.co.uk</p>	<p>Alyson Malach, having recognised the need for organisations to be more proactive in developing good equality and diversity practice, established Inclusive Learning Development Services in 1997.</p> <p>Alyson has worked in a number of management positions in further education colleges across the North West. In total she has had 20 years experience of management. Her experience of teaching, training and management was gained in 14-19 and post 16-education sector.</p>	<ul style="list-style-type: none"> • We work for Dfes with 14-19 age group • We work with sexuality and religion together • We use the Youth Service Team Equality and Diversity Standards 	<ul style="list-style-type: none"> • Work with dilemmas thrown up by sexual orientation and religion and culture diversity strands
Terence Higgins Trust	<p>Gerard McGuikin</p> <p>Gerard.McGuikin@tht.org.uk</p>	<p>Gerard McGuikin is the Sector Development Manager at Terence Higgins Trust (THT) and is based at THT's headquarters in London. He joined THT in August 2003 and leads on and manages the development and co-ordination of multi-agency collaborative programmes of work to develop and build the skills, abilities and knowledge of the gay men's HIV and health sector, the African HIV and health sector and the HIV and sexual health sector. Gerard previously worked at the Greater London Authority (GLA) as the LGBT Equality</p>	<ul style="list-style-type: none"> • We use a biosociosexual approach to reducing HIV infection in gay men, bisexuals and men who have sex with men • We are working with the University of East London in running a 1 year certified course in working with gay men's health promotion • We have collaborative input into the National Strategy for HIV and Sexual Health promotion agencies • We focus on skills, knowledge and abilities in 	<ul style="list-style-type: none"> • Tie training to White Papers, Youth Matters, Choosing Health and other guidelines • External evaluation • Impact of religious leaders on the lives of gay men

		Coordinator, where he advised on and developed policy specifically about or inclusive of LGBT needs for the GLA and with the GLA Group. He has also worked as a Gay Men's Health Promoter at East Elmbridge and Mid Surrey PCT (formerly East Surrey Health Authority). Gerard's educational background is in Psychology – he has a BSc (Hons) from Queens University, Belfast and an MSc from the University of Surrey.	<p>training</p> <ul style="list-style-type: none"> We are innovative and forward thinking and are monitored externally by SIGMA 	
Crosslight Management	Stephanie Morgan morgan@crosslight.co.uk	Crosslight services cover three main areas: programme/project management; marketing consultancy; and organizational change. All of these areas are also supported by a strong research activity. Training and development workshops are a regular part of our work, although we prefer to focus on the concept of development at all times. All directors and associates at Crosslight have studied to at least Masters level, and set-aside time for continual development, meaning that clients can be assured interventions are informed by academic theory and research, enhancing the chance of success. Crosslight also emphasises the importance of implementation, assisting clients to gain the most from their activities and increasing value for money.	<ul style="list-style-type: none"> In evaluation we believe it is vital to find out what organisational impact of training has been All our trainers are educated to Masters Level in Management and/or Psychology 	<ul style="list-style-type: none"> Tailor made courses Board members taking part in training Develop a diversity policy before training starts
LGBT Youth Scotland	Suzanne Motherwell	LGBT Youth Scotland is working towards the inclusion of lesbian,	<ul style="list-style-type: none"> We have a training arm called Equal Regard which 	<ul style="list-style-type: none"> Equality Act work Staff need to act

	Suzanne.motherwell@lgbtyouth.org.uk	gay, bisexual and transgender young people in the life of Scotland. We provide a range of services and opportunities for young people, families and professionals, which aim to increase awareness and confidence; as well as reducing isolation and intolerance. We support Scotland's LGBT Youth Council - the network of LGBT young people - and the network of LGBT youth group leaders. We were established in November 1989 by members of the LGBT community in Edinburgh and became a national organisation in April 2003.	<p>raises awareness about LGBT people</p> <ul style="list-style-type: none"> • We mainstream equalities and challenge equalities • We work with multiple complexities and general diversity issues • We worked with DTI to develop sexual orientation regulations • We produce resources and tools for a range of practitioners 	professionally with each other and with patients/service users
Polari	Lindsay River polari@masasafish.com	Lindsay River is an older lesbian and is the Project Co-coordinator of Polari. She has been an activist in lesbian gay and bisexual rights movements since 1972. She managed Polari's 'Polari in Partnership Project' 2003-2005 which worked with local older LGB communities and in partnership with commissioners and providers, and she co-wrote Polari's report 'Being Taken Seriously: The Polari in Partnership Project - promoting change for older lesbians, gay men and bisexuals'. Lindsay's background includes seven years development work with Age Concern Camden maximising community support for older people and promoting new services for Black Asian and minority ethnic elders. She has been involved in the development of new services for older LGBT	<ul style="list-style-type: none"> • We work with older LGB people • We provide consultation to organisations and involve LGB people in this • We can combine sexual orientation training with an anti-ageism component • We cross reference what participants say with our own evaluation report 	<ul style="list-style-type: none"> • Find out where participants are in terms of their knowledge base • Acknowledge that it can be difficult for organisations to work with older people and their sexual orientation, sexuality and/or sexual expression • Use drama to explore issues • Training tied into vocational qualifications NVQ's or TOPPS • Match commitment with appropriate funding strands

		people within Age Concern. Lindsay has also been training people in different work contexts since 1980.'		
Chrysalis	Sue Sanders Sue.sanders03@virgin.net	We are diverse group of trainers and consultants who facilitate positive change for individuals and organisations. We always integrate race, disability, gender, age, religion/belief, economic and class issues in order to identify and address the needs of individuals who are affected by multiple discrimination. We offer training in the following areas: Lesbian, Gay, Bisexual and Transgender (LGBT) Awareness Employment regulations Bullying in schools Legislative compliance Diversity Awareness Research and Analysis	<ul style="list-style-type: none"> • We work with the Senior Management team and then give a presentation to the larger staff team and then break into small groups to decide what we can do to work with all parties. • We provide tailor-made workshops • We use experiential based learning • We prioritise LGBT History 	<ul style="list-style-type: none"> • Use social model when undertaking sexual orientation training • Make LGBT a priority • Give people the look, feel and sound of issues • The training environment makes training effective • LGBT issues are equal with other diversity strands
Age Concern England	Antony Smith Antony.Smith.ace.org.uk	Antony Smith is Age Concern England's National Development and Policy Officer for Older Lesbians, Gay Men and Bisexuals. The post was created in 2004 to support Age Concerns across the country to engage and better meet the needs of their older LGB communities. Additionally, he works at national	<ul style="list-style-type: none"> • My work is set in wider diversity context • I support organisations in policy development through looking at practice • I encourage participants to develop Personal workplans so people can go away and implement something for their LGB clients 	<ul style="list-style-type: none"> • Support hierarchical organisations to work more holistically • Have more than one trainer and from more than one diversity strand • Provide people and organisations with some simple steps to make themselves more gay friendly

		<p>level to ensure older lesbians, gay men and bisexuals are included in all aspects of Age Concern's policy, information and campaigning work, and in partnership with other strategic bodies, such as the police and government, to advise on LGB ageing issues. Antony combines his part-time Age Concern role with freelance consultancy and training, developing equality and diversity issues in a variety of spheres, including local government and the arts as well as the voluntary sector.</p>		
<p>PACE</p>	<p>Rosemary Watt-Wyness</p>	<p>PACE is an organisation, which responds to the emotional, mental and physical health, needs of lesbians and gay men in the greater London area. We were established in 1985, and since then have grown considerably into the largest organisation of its kind in the UK. We operate from attractive accessible premises in Holloway, with some services being provided at other venues in London. All staff and volunteers providing services at PACE themselves identify as lesbian or gay, and are thus able to understand the particular issues brought by users in relation to their sexuality, in an affirming and non-judgemental way. We are also able to assist people exploring or uncertain about their sexuality, and we offer training courses for anyone wanting to understand the issues facing lesbians and gay men. PACE runs training courses on HIV/AIDS and lesbian and gay</p>	<p>Training within the organisation is currently under review. It is being looked at in terms of its effectiveness to meet the agency's overall objectives of</p> <ul style="list-style-type: none"> • Delivering specialist service and • Improving the mainstream experience of LGBT people 	<ul style="list-style-type: none"> • Content needs to allow for local flexibility • It needs to be a requirement that people have and agencies deliver general diversity training. • Training on sexual orientation should be embedded in a general diversity programme although it needs its own discreet element

		issues in mental health. We also offer tailor-made courses that we can deliver at your organisation.		
Imperial College	Christine Yates c.yates@imperial.ac.uk	<p>We believe that to be successful we have to attract and retain the best staff and the best students. It is well recognised that in order to bring out the full potential of staff and students, it is important to provide a welcoming, safe, and motivating learning and teaching environment, where all contributions are equally valued. Imperial's pledge to our staff and students is that we shall take the necessary action to eliminate all forms of discrimination, especially direct and indirect forms of harassment, bullying and victimisation. We shall do this by:</p> <p>a) taking all complaints of harassment, bullying and victimisation seriously</p> <p>b) Providing a comprehensive training programme to management and support staff</p> <p>c) Providing confidential support services, specifically: the HSC Network; Care First; and Occupational Health Services</p> <p>d) Monitoring our progress towards the achievement of our pledge and publishing the results</p>	<ul style="list-style-type: none"> • We are involved in policy development • Diversity training is mainstreamed into all sections of training • Senior managers now attend training and are able to endorse the training and lead other people to it • We have a session called the Anatomy of Prejudice using The Eye of the Storm by Jane Elliott • We have a briefing paper about what we expect from other training providers 	<ul style="list-style-type: none"> • Find trainers by word of mouth or recommendation • Meaty examples as case studies • Have an LGBT group to advise organisations on diversity issues

APPENDIX ONE Cont.....

DETAILS OF OTHER ORGANISATIONS

1. **AGLOW** The Older Lesbian Project of Association of Greater London Older Women uses drama in the form of short sketches to challenge ageism, sexism and homophobia and raise awareness of older people's needs. The project has a membership of older lesbians, some of who act out scenes, which illustrate our experiences of bad practice in service provision. The aim is to generate discussion and develop good practice. We perform at festivals, workshops, in training programmers and conferences.

Contact

aglowlesbian@hotmail.com or

nicola@aglowlondon.org.uk

Phone 020 7281 3485

Nicola Humberstone

AGLOW

Manor Gardens Centre

9 Manor Gardens

London N7 6LA

2. THE METRO CENTRE

As an organisation that is at the front-line of service delivery The Metro Centre prides itself on best practice and remains abreast of changes in policy and practice. The Metro Centre is therefore ideally placed to offer you training on a wide range of subjects including sexuality awareness, HIV prevention, sexual health promotion, combating homophobia and discrimination, mental health awareness, and best practice in service delivery. The Metro Centre has been commissioned to deliver training courses both locally and internationally by organisations including the UK Department for International Development, NHS trusts, local government, social services, schools and other agencies. Please note that all of our training packages can be adapted to suit your needs and/or bespoke packages can be designed. If you would like to commission our training services or would like to find out more, please [e-mail](#) or call The Metro Centre on: 020 8265 3311

3.ELOP

East London Out Project (ELOP) is a thriving lesbian & gay centre based in East London. Established around 1995 as a grassroots developed & community-led organisation offering much needed emotional support, counselling & information services to members of local lesbian, gay, bisexual and trans (LGBT) communities. Since then the organisation has grown and now has a variety of additional services, groups, activities & events running from its main centre based in Waltham Forest & some other outreach bases within East London areas, including Newham, Redbridge, Barking and Dagenham.

ELOP operates a holistic approach and believes that one area of health & well-being, whether this be emotional, mental, psychological, physical, social or even community, can not really be fully achieved or maintained without recognition or the opportunity for all the concerns of our 'whole self' to be addressed. By having a range of services ELOP is able to refer those using one service to another for additional support, information or advice as appropriate.

Training, Consultancy & Representation for statutory and voluntary sector providers and staff teams, membership and involvement on numerous multi-agency forums, committees, and strategy groups. ELOP provides training for front line staff, policy leads, and managers. This includes training on sexual orientation, EE(SO)R 2003, working with the LGBT community, homophobic hate crime, working with young LGBT people, sexuality awareness amongst other topics.

APPENDIX TWO

Research Methodology

Contents:
Research Methodology and Overview
Evaluation Templates

APPENDIX TWO

RESEARCH METHODOLOGY AND OVERVIEW

Internet Search

Internet Search – Scoping For Standards

Mindful of not 'recreating the wheel' it has been important to scope for equality training standards that already exist within the health service. Standards that are specific to or make reference to sexual orientation have been given specific consideration, although general equality and diversity training has also been an important component. Standards that relate to both service inclusion and employment issues have been considered

The internet has provided a rich source of information of both explicit and implicit standards and has enabled researchers to access several categories of organisations (Appendix 1)

Internet Search – Scoping For Training Providers

The internet has also proved a valuable source of information on the range of training provision that exists. A broad scoping has identified training providers for both general equality and diversity training and training specific to sexual orientation outside the experience of the NHS and has sourced considerable material from the USA.

Interview Based Research

The core of the research undertaken has been conducted by telephone interview and postal questionnaires.

The range of agencies and people interviewed are:

- i) Training Providers
- ii) Stakeholder Agencies
- iii) Key Agencies
- iv) Training Participants
- v) Individual Stories

Training Providers

Training Providers have been divided into two categories; those providing training on:

- i) general equality and diversity issues
- ii) sexual orientation specifically

Although the research project has a clear brief to identify training standards in relation to sexual orientation training many agencies only provide training on general equality and diversity issues. It has therefore been important to locate the place of sexual orientation within these general programmes.

Training providers were interviewed by telephone using a question template.

Of the thirteen general equality and diversity training providers contacted, six were interviewed, six did not respond and one declined to be interviewed when it was identified that they did not include reference to sexual orientation within their programme.

Of the fourteen training providers contacted, offering training on sexual orientation, eleven were interviewed, two did not respond and one agency had closed down.

Stakeholders And Key Agencies

Stakeholder agencies have been selected to reflect the range of health services within the NHS. Of the eleven agencies identified. Ten were identified through the Sexual Orientation Gender Identity Advisory Group SOGIAG. The remaining agency is a social care organisation from the 'not-for-profit' sector.

Four of these stakeholder agencies were identified as key agencies. Key agencies were selected from stakeholders who have already demonstrated an interest and commitment to developing work in relation to employment and service inclusion of the LGB communities and had associated training programmes. The agencies selected are a Primary Care Trust, a Mental Health Trust, Ambulance Service and a social care organisation.

Telephone interviews were conducted with key personnel from within each of the stake holder and key agencies. A preformatted questionnaire was used to standardise the interviews and make comparative data analysis easier.

All of the seven stakeholder agencies and four key agencies that were contacted participated in the research.

The researchers were impressed by the degree of cooperation that they received from stakeholder and key agencies. People were eager to share their experiences of developing work in this area and engaged fully with the interview process.

Training Participants

Key agencies were asked to select a cohort of participants who have undertaken training on either/both general equality and diversity and sexual orientation. The responsibility for the selection of the participants was left to the agencies although researchers asked that:

- i) Participants should represent all levels of the service; executives, senior managers, middle managers, clinicians, front-line workers, administrators and support staff.
- ii) Participants reflect the diversity of the work force in relation to race, age, gender, disability, religion and culture and sexual orientation.
- iii) Participants be selected to provide a range of people who had done training in these areas at different points in time. This is in order to make some assessment of how time impacts on the effectiveness of the training in developing work practice.

Two hundred and twenty postal questionnaires were sent out to these key agencies. 10% were returned.

Individual Stories

Five individual stories have been collected. These focus on personal experiences of the health service including the partner's or carer's experience where this is relevant.

Individual stories have been collected through face-to-face interviews using an open ended question template.

All five people approached were willing to participate in the programme. Many more stories could have been collected but time has not permitted this.

Limitations Of The Research

Limitations of this research have related to:

i) Time

The number hours (ten days) and the length of time (three months) allotted to complete this research means that this cannot claim to be completely exhaustive.

ii) Lack of central national data base

The limitations of time have been compounded by the fact that there is no central source (directory or register) of LGB initiatives countrywide. As a result there will undoubtedly be some initiatives that represent good practice that we have omitted and we apologise for the resulting gaps in information.

The research methodology also has limitations:

i) Stories

Five stories do not give a sufficiently representative sample from which to draw statistically significant conclusions.

ii) Participants questionnaires

Although at 10% the questionnaire response was poor it does represent the average response rate for postal questionnaires. In the event one of the key agencies, which had asked for one hundred questionnaires (out of a total of two hundred sent out) was unable to participate in this aspect of the research due to internal agency issues. The main limitation is that the majority of the responses (fourteen of the twenty-one received) were from one agency (Fylde PCT) so that cross referencing between key agencies is difficult. However, even with these limitations the resulting information is surprisingly consistent between individuals, within and across different types of agencies, within and across regions. What we have gained is an overview of what is happening, the clear emergence of core standards and some examples of best practice.

APPENDIX TWO EVALUATION TEMPLATES

Template Number One Questions Template For Stakeholders

MAKING NATIONAL HEALTH SERVICES INCLUSIVE FOR LESBIAN, GAY AND BISEXUAL PEOPLE

NOTES ON TRAINING EVALUATION TEMPLATE FOR HEALTH ORGANISATIONS

This template needs to be regarded as an evaluation template for an organisation rather than an individual.

Different organisations will have different ways of structuring who is responsible for the policy development and delivery of training.

An organisationally designed template means that depending on structures within the organisation one, two or even three people will be needed to complete the questionnaire.

Recognising that the scoping project is not about creating an audit but about eliciting people's thoughts around best practice and what standards might be relevant in the training of sexual orientation, it has been designed as a guide to a conversational interview, providing a checklist of questions and a means of recording the answers.

In completing the questionnaire it will be important to identify who has answered which questions and where there are differences in perception between individuals that these are noted. This is why an extensive 'notes' section has been added to each page.

The questionnaire will be completed in most instances by telephone interview, booked in advance by appointment.

MAKING NATIONAL HEALTH SERVICES INCLUSIVE FOR LESBIAN, GAY AND BISEXUAL PEOPLE

TRAINING EVALUATION TEMPLATE FOR HEALTH ORGANISATIONS

Template will be Relevant to Policy Makers and/Managers of Learning and / Development Departments and/Training Officers

Name of Interviewer:	Date of Interview
Name of Organisation:	
Address of Organisation:	
INTERVIEWEE CONTACT ONE:	
Name:	
Department:	
Position and responsibility for training policy/strategy on sexual orientation:	
Contact Number:	
Email Address:	
How would you describe yourself in relation to age, race, religion and culture, disability, gender and sexual orientation?	
INTERVIEWEE CONTACT TWO:	
Name:	
Department:	
Position and responsibility for training policy/strategy on sexual orientation:	
Phone Contact:	
Email Address:	
How would you describe yourself in relation to age, race, religion and culture, disability, gender and sexual orientation?	
INTERVIEWEE CONTACT THREE:	
Name:	
Department:	
Position and responsibility for training policy/strategy on sexual orientation:	
Phone Contact:	
Email Address:	
How would you describe yourself in relation to age, race, religion and culture, disability, gender and sexual orientation?	

LEARNING AND DEVELOPMENT CONTEXT

1. Does your organisation have a learning and development policy/strategy? Yes No
If 'No' go to Question 8

2. If 'Yes' does this include any of the following areas? Yes No
 - a) General equality and diversity Yes No
 - b) Specific areas of equality:
 - Age Yes No
 - Disability Yes No
 - Gender Yes No
 - Race Yes No
 - Religion and Culture Yes No
 - Sexual orientation Yes No

3. If 'yes' to either/both a) or any part of b) briefly describe the relevant policies/strategies.

If 'yes' to sexual orientation please give more detail.

4. What do you consider to have been the main achievements of these current learning and development initiatives?

For specific initiatives relating to sexual orientation please describe these in detail.

5. What have been the main obstacles that you have encountered in implementing your learning and development policy and strategy in relation to these current learning and development initiatives?

For specific initiatives relating to sexual orientation please describe these in detail.

6. How have you/will you overcome these obstacles?

For initiatives related to sexual orientation please give as much detail as possible.

7. What else supports and/is needed to support work in relation to these learning and development initiatives.

For initiatives related to sexual orientation please respond regarding:

- a) Making services more inclusive
- b) Better employment

8. What future plans are there for a learning and development Strategy in relation to equality and diversity issues?

9. Are there any specific plans for developments in relation to Sexual orientation?

If 'yes' please specify:

Yes No Don't Know

TRAINING

10. Is training included within your learning and development policy/strategy in relation to:

a) General equality and diversity

Yes No

b) Specific areas of equality:

- o Age
- o Disability
- o Gender
- o Race
- o Religion and Culture
- o Sexual orientation

Yes No
Yes No
Yes No
Yes No
Yes No
Yes No

11. How do you monitor and evaluate the effectiveness of your training on general equality and diversity and/or sexual orientation?

12. How do managers and senior managers receive feedback on the effectiveness of training on equality and/or sexual orientation?

13. How would you assess the contribution of training on equality and diversity issues to the overall learning and development policy/strategy on equality and diversity?

14. What in your training on equality and diversity do you think makes a real difference to:

- a) Making services more inclusive for the LGB community
- b) Better employment for the LGB community

What evidence do you have to support this?

15. Do you have examples of 'best practice' in training on sexual orientation?

Yes No

16. What are the main issues in your organisation in developing

standards around sexual orientation?

17. If your organisation were to have standards (or additional standards) for training in relation to sexual orientation what would they be?

(with reference to developing more inclusive services and better employment).

18. What are your future plans for training on sexual orientation?

Further comment

Template Number Two

Question Template For Training Participants

MAKING NATIONAL HEALTH SERVICES INCLUSIVE FOR LESBIAN, GAY AND BISEXUAL PEOPLE **TRAINING EVALUATION TEMPLATE FOR EQUALITY AND DIVERSITY TRAINING PARTICIPANTS**

The Department of Health is currently working with external stakeholders on a strategy to promote equality and eliminate discrimination for Lesbian, Gay, Bisexual and Transgender (LGBT) people in health & social care (as both service users & employees). A Sexual Orientation & Gender Identity Advisory Group¹ is assisting with the development and delivery of a programme of work. The following four key workstreams have been agreed: Better Employment, Inclusive Services, Reducing Health Inequalities and Transgender Health issues.

As you will know, the Government will be outlawing sexual orientation discrimination in the provision of goods and services from October 2006. This will have important implications for health and social care services who will need to ensure services are inclusive. Inclusive services require health and social care staff to be aware of the current discrimination experienced by LGB people, to understand the impact of prejudice and discrimination on the health and well-being of the LGB community and to develop well informed attitudes and approaches to LGB people in all aspects of service delivery. Without a specific intervention through training and development of staff, LGB people will continue to experience discrimination and prejudice in service delivery.

The Department has therefore commissioned **Diverse Identities** and **STRAD Consulting** to:

- Scope existing training models on sexual orientation
- Evaluate existing training models in order to map and develop core standards
- Provide examples of good practice.

We need to gather information about training models and best practice from a variety of sources and this questionnaire is aimed at training participants. The information we receive from those people who have been and are in receipt of Equality and Diversity training is crucial to this project.

RESPONDENT DETAILS:
Name:
Department:
Position in organisation
Contact Number:
Email Address:
How would you describe yourself in relation to age, race, religion and culture, disability, gender and sexual orientation?

MAKING NATIONAL HEALTH SERVICES INCLUSIVE FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE

Evaluation Template for Training participants

CONTEXT

- | | | |
|--|-----|----|
| 1. Have you encountered any issues in your work practice with regard to LGB people, their carers and or your colleagues? | Yes | No |
| 2. If yes can you detail below or call us to discuss? | | |
| 3. Are you aware of working with any LGB people? | Yes | No |
| 4. If yes, are you confident that you can support them and their carers appropriately? | Yes | No |
| 5. If yes, do you feel supported in this? | Yes | No |
| 6. If no, what else do you need? | | |

TRAINING

- | | | |
|---|-----|----|
| 7. Have you done training in any of the following areas? | | |
| a) General Diversity | Yes | No |
| b) Race | Yes | No |
| c) Disability | Yes | No |
| d) Gender | Yes | No |
| e) Age | Yes | No |
| f) Religion and Culture | Yes | No |
| g) Sexual Orientation | Yes | No |
| h) Other | Yes | No |
| Please specify: | | |
| i) None | Yes | No |
| 8. Was the training: | | |
| a) mandatory | Yes | No |
| b) strongly recommended | Yes | No |
| c) voluntary | Yes | No |
| 9. How would you describe the trainers/facilitators style? | Yes | No |
| a) Willing to listen | Yes | No |
| b) Facilitative approach | Yes | No |
| c) Recognising your starting point | Yes | No |
| d) Using appropriate language | Yes | No |
| e) Relating things to work practice | Yes | No |
| f) Creating a safe space | Yes | No |
| g) Providing useful information | Yes | No |
| h) Aggressive | Yes | No |
| i) Didactic | Yes | No |
| j) Opinionated | Yes | No |
| k) Confrontational | Yes | No |
| l) Other Please specify | | |
| 10. If you have training in general diversity did this specifically relate to sexual orientation? | Yes | No |
| 11. If yes, was it in either | | |
| a) Discrete part of the training | Yes | No |
| b) Integrated e.g. legislation | Yes | No |
| c) Dealt with if participants mention it | Yes | No |
| 12. If you received specific training in sexual orientation | | |

- | | | | |
|--|-----|----|-----|
| what was the nature of this? | | | |
| a) General equality issues | Yes | No | |
| b) Legislation | Yes | No | |
| c) Work Practice issues | Yes | No | |
| d) LGB Awareness | Yes | No | |
| e) Other please specify | Yes | No | |
| 13. What did you most value in the training you have received? | | | |
| 14. What have you found most valuable in your understanding of and/or work practices with LGB people and why? | | | |
| 15. Have you found the training helpful in meeting other national minimum standards for example NVQ's? | Yes | No | N/A |
| 16. What has been least helpful in the training and why? | | | |
| 17. Was there anything lacking in the training you received? | | | |
| 18. How was your learning supported? | | | |
| a) Supervision | Yes | No | |
| b) Further training | Yes | No | |
| c) Continuing professional development | Yes | No | |
| d) Other | | | |
| 19. How has the training changed your practice? | | | |
| 20. What are the basics that people need to have and understand in working with LGB people in your organisation? | | | |
| 21. Should the trainers be: | | | |
| a) Heterosexual | Yes | No | |
| b) From the LGB community | Yes | No | |
| c) A mixture of heterosexual and LGB people | Yes | No | |

STORIES

We would like some stories of good and bad experiences you may have had either in training or in the workplace with LGB patients, their carers or your colleagues. These will be treated in the strictest confidence with names and places removed.

You may call us to discuss your stories in confidence if you wish on 0208 465 0175

Template Number Three

Question Template For Training Providers

MAKING NATIONAL HEALTH SERVICES INCLUSIVE FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE

Evaluation Template for Training Providers

1. What sort of training do you provide?

a) General Equality and Diversity training	Yes	No
b) Specific Sexual Orientation training	Yes	No
c) Organisational Development workshops	Yes	No
d) Policy Development workshops	Yes	No
e) Working Practice workshops	Yes	No
2. Who provides the training?
3. What does the training cover?
4. What standards do you work to?
5. Do you meet with your trainers to plan?
6. How do you give and receive feedback to purchasers?
7. What sort of future development plans do you have?
8. How much do you charge for training?
9. How is sexual orientation integrated into general diversity training?
10. What does training on sexual orientation include?
11. What are the issues you face in working with purchasers generally and/or specifically?

Template Number Four

Question Template For Service User Stories

1. Front page information – Information about you - Equality and diversity questions
What is your age, race, gender, LGB status, disability?
2. Information about your carer/partner - Equality and diversity questions
What is their age, race, gender, LGB status, disability?
3. Which parts of the health service were used?
Can you tell us about your experience?
4. Do you believe that your sexual orientation impacted on your experience of the National Health Service? If yes, how? e.g. were you able to share information about yourself medically and about your personal relationships which were either asked or relevant to your condition and continuing care. If yes, did you feel that this prevented you from receiving as full a service as possible?
5. Did you feel safe enough to disclose your sexual orientation? e.g. as part of investigative interview
If yes did staff do anything to facilitate this e.g. refer to partner rather than spouse
If yes what did they do or not do?
6. If you felt able to disclose your sexual orientation In the course of your contact with the service was your sexual identity responded to appropriately?
7. Were there any indications that the service was gay friendly? If so how?
e.g. posters, leaflets etc
8. Did you feel your partners/carers fully recognised?
9. What else would you like to have happened?
10. How could the service have been improved for LGB people?
11. Are the specific and separate needs of lesbian gay and bisexual people catered for?
12. Positive experiences you would like to highlight
13. Were issues resolved? If so how?

APPENDIX THREE

Research Findings

Contents:

Research Findings From Stakeholders, Key Agencies, Training Providers

- The National Picture
- Training Providers

Internet Scoping

Participant Profiles

APPENDIX THREE

RESEARCH FINDINGS FROM STAKEHOLDERS, KEY AGENCIES, TRAINING PROVIDERS AND PARTICIPANTS

The National Picture

- There are no overall standards either for general diversity or for any of the diversity strands within the NHS
- Where codes of behaviour and practice exist they are more focused on employment practice than service delivery.
- The investment in general equality and diversity training is patchy across national health and social care services.
- General equality and diversity training tends to be focused towards race. Given previous government emphasis on race e.g. CRE assessments, this is perhaps not surprising.
- The investment in sexual orientation training is even patchier than that for general equality and diversity training. There is a tendency for it to be included as part of a general equality and diversity programme. In these cases specific addressing LGB issues never covered more than thirty minutes of the total programme.
- Many of the training providers said that they thought that many organisations felt that they did not have a problem with the issue of sexual orientation.
- The level of investment in all equality and diversity training and sexual orientation training in particular, is frequently dependent on the commitment and expertise of individuals rather than the result of a clear nationally based policy. These individuals are often members of the LGB communities.
- There is inconsistency about whether training around equality and diversity issues should be mandatory or optional.
- There are inconsistencies about which levels of personnel within the service should receive training on diversity issues. In some places there is less emphasis given to senior management and executives attending training.
- Often middle managers are not encouraged to attend training on equality and diversity issues and either feel no necessity to do so or absent themselves at the last minute due to work pressures.
- The effect of this lack of consistency in the attendance of managers on equality and diversity training is that staff can feel unsupported when they challenge practice or wish to introduce change. They may feel that, as a result of training, they have more understanding of how discrimination operates than their managers.
- There is no central directory of training providers through which commissioning agencies can source good quality training.
- There are some excellent pockets of good practice which could usefully inform all services within the NHS and will inform standards.
- There are different models of good practice but they share certain characteristics.
- Whilst most people interviewed thought that it is important for people to understand the legislative framework within which they work, most felt that emphasis in training is best focused on behavioural change, practice development and the attitudes that inform these.
- The quality of trainers can be more important than their sexual orientation. Training participants opted for more than one trainer with representation from both the heterosexual community and from the LGB community. An OUT LGB trainer can bring a unique perspective to the training, providing valuable insights and having a profound effect on the dynamics of a training session, impossible for a heterosexual trainer to achieve. An insightful heterosexual trainer can provide an important bridge between the LGB and heterosexual worlds in a context where most training participants are likely to be heterosexual.

- Training is most effective when linked to organisational or community development and is tailored to issues relevant to those taking part e.g. particular practice issues are identified and addressed.
- Training is most effective when part of an organisationally based learning and development model. This moves away from the idea that training is imposed on an organisation and moves towards an approach in which the whole organisation is engaged in developing practice in which training is seen as having a supportive role.
- Training is often most effective when equality and diversity responsibilities are located within operational divisions. This location encourages a learning and development approach and encourages ownership of the organisational issues and responsibilities. The location of training within HR can limit organisational ownership and focus training on employment issues rather than service inclusion.
- Developments in making services more inclusive for the LGB communities are most effective where senior management are seen to be committed and involved. The visibility of senior management is an important factor in creating a climate in which employees feel that work in this area is both taken seriously and valued. (Appendix 4)

APPENDIX THREE cont.....

RESEARCH FINDINGS – TRAINING PROVIDERS²

Internet Scoping

Background research was carried out on the internet to scope:

- i) The extent of general equality and diversity training and specific training on sexual orientation available to organisations on the internet. (For a more detailed analysis see Appendix)
- ii) To see how organisations present their services for LGB communities. (Appendix)

The general findings from this exercise were that there is a general lack of visibility of training in this area or easy reference to issues relating to sexual orientation within the websites of training providers, NHS organisations and social care organisations.

Some websites do make reference to sexual orientation but often the reference made is not overt or obvious to potential site users. Also many websites seem to rely on potential users having the search skills to find their site without website owners having to advertise outside of web facilities.

The implication for training is that the internet is not a reliable source of information for potential trainers in the area of sexual orientation and that by implication the pool of available trainers in this area is small.

If services and issues relating to sexual orientation are buried within an organisation's website then the probability of anyone finding what they need is low and one gateway to accessing services is at best restricted if not closed. In addition if a member of the LGB community cannot find any reference to LGB communities within an organisation's website where that organisation both provides services for them and for whom they work, feelings of invisibility and marginalization will be reinforced.

This trend needs to be reversed and both service users and staff need clear, concise and trustworthy information on sexual orientation issues and services that is accessible.

Types And Formats Of Training

This research identified a broad range of training models ranging from general equality and diversity programmes through to discreet training on sexual orientation:

General Equality And Diversity Programmes

- Accessing information on how sexual orientation is addressed within general equality and diversity training programmes is difficult. There is either no mention of it or it is buried deep within the text. There is no consistency between general equality and diversity training providers on the inclusion of sexual orientation within programmes.
- There is considerable variation in the length of courses addressing general equality and diversity, lasting for between two days maximum and one half day.
- Where there is inclusion of sexual orientation within a programme this is usually within the context of illustrating how discrimination operates and does not usually contain specific reference to the needs of LGB communities.
- Equality and diversity training is not always mandatory for staff. In some of these situations addressing equality and diversity issues is a contractual requirement for training on any topic.

Including Sexual Orientation Within General Equality And Diversity Training

- Within the majority of general equality and diversity programmes there is little or no reference to sexual orientation. Typically within this type of provision there is only discussion of sexual orientation when a participant raises this as an issue.
- Where there is inclusion of sexual orientation within general programmes this is most frequently through the use of case studies, training (trigger) videos etc. often within the context of a more generalised debate.
- Inclusion of sexual orientation as a discrete entity within a general equality and diversity programme is rare.

Specific Training On Sexual Orientation

² Some stakeholders were also training providers

Although many think that sexual orientation training should be mainstreamed within general diversity and equality training, along with the other diversity strands, a significant minority believe in and practice specific sexual orientation training to varying degrees. A comparison of training participants between those who have undertaken general equality and diversity training and those that have experienced discrete training on sexual orientation suggests³ that those that have done separate training are more confident in working with LGB people and more aware of the potential issues.

Within this study discrete training on sexual orientation varied from between a maximum duration of two days and a minimum duration of one hour⁴.

Many of the training providers are clear about the importance of making training relevant to the participants, their roles/posts.

Models Of Sexual Orientation Training.

Some providers offer separate training on sexual orientation that is part of a broader programme of training on equality and diversity. In these situations sexual orientation training, as one of the six strands of diversity, follows general equality and diversity training in which definitions and processes relating to discrimination and anti-discriminatory practice have been identified.

Some training on sexual orientation stands alone without reference or link to a general equality and diversity training programme. This is most common in voluntary agencies or those parts of statutory services offering a specific service to the LGB communities.

In some agencies e.g. The Ambulance Service, training on sexual orientation is mainstreamed. In these situations all mandatory training has equality and diversity, including sexual orientation, reflected within it. In these situations case studies for training will also reflect the diversity of the workforce and client base⁵.

Training The Trainer Courses

Four of the agencies interviewed provide 'Training the Trainer' courses. One of these is a general equality and diversity training including all six strands of diversity. The remaining three provide training specifically on sexual orientation. The objective of Training the Trainer courses is to create a training pool to train agency employees more quickly and more cost effectively⁶. The Fylde PCT as part of the NAVAJO Project also trains staff from external agencies.

'Training the Trainer' courses are generally longer than basic awareness courses lasting for approximately five days.

One of these courses is run by the Fylde PCT as part of the NAVAJO Project and is accredited to the National Open College Network at Level 3 (NVQ Equivalent). The Navajo Project has developed its own LGBT friendly kite mark awarded to agencies exhibiting best practice in relation employment and service delivery.

The Role Of Training Within Organisations

There is variation in the role that training plays within organisations.

- i) In some it 'stands alone'. In these situations agencies usually commission external training providers and there is a sense that training is seen as sufficient in itself to effect change or that it is being used to 'tick the equality and diversity training box'.
- ii) In other organisations training has some direct engagement with management and practice. In these situations trainers also fulfill a consultancy role. They meet with managers and team members

³ This finding was not statistically significant due to the very small sample sizes.

⁴ One hour 'training' is offered by Stonewall in a series of Master Classes each of which deals with a different aspect of sexual orientation.

⁵ Examples:

- o There is a rule within Health and Safety that ambulance staff wear shoes at all times. However, if they are in attendance of a person having a heart attack in a Mosque in order to honour the values of the Muslim community they would need to remove their shoes. These dilemmas need to be explored in order for people to make an informed risk assessed decision.
- o Customer Relations Training.
- o Middle management course in organisational change

⁶ There may be some hidden costs, such as cover for staff whilst they are being trained and training other staff and costs in providing appropriate support for these trainers. There may also be some hidden benefits for example a trainer who has developed specific expertise and understanding in this field will be an additional resource to his/her team

prior to the training to identify the issues that are current in the team. On the basis of this discussion they deliver a programme specifically 'tailored' to the team's needs. Often there is follow-up to this work.

Training Approaches

Training offered ranges from the more didactic and instructive through to experiential based training with a more facilitative approach. Training employed a range of methods including:

- i) Preparatory materials given to participants prior to training e.g. glossary of terms.
- ii) Videos/DVD's of case scenarios
- iii) PowerPoint presentations.
- iv) Handouts
- v) Workbooks to support learning during and after training.
- vi) Presentations from members of the LGB community
- vii) Drama
- viii) Quizzes
- ix) 'Games'.
- x) Experiential exercises
- xi) Non classroom based activities⁷
- xii) Action Learning sets
- xiii) E- learning⁸

Qualifications Of Trainers:

The qualifications of trainers varies immensely from a requirement by one provider organisation that all of their trainers be trained to Masters level in psychology, to discrete Train the Trainer courses with no insistence upon formal qualifications.

Not all people felt that to be qualified as a trainer in sexual orientation, trainers needed to be members of an LGB community. Ruth Hunt from Stonewall made the point that it was equally as important to have a good quality trainer although they acknowledged that the ideal would be to have a good trainer from the LGB community. This view was reinforced:

"I don't think it matters as long as they have extensive knowledge and understanding of the issues and good training and delivery skills"

Participant

The alternative view was also expressed that:

"Hearing real experiences ismore helpful".

Participant

Training providers offer either a single trainer or two trainers. Where two trainers are involved they often represent other aspects of diversity and frequently involve a partnership of one trainer from the LGB community and one heterosexual trainer.

Most training participants favoured the idea of two trainers.

Issues Of Religious Belief And Faith.

A few people made mention of their working with both sexual orientation and religious belief issues simultaneously.

⁷ Example: The London Ambulance Service has a two day general equality and diversity training course with the second day devoted to organised local events with communities to address health inequalities experienced by specific minority groups. A patient involvement manager organises a programme of events and sets up community partnerships with local councils, police and community groups. Benefits have been:

- o Community engagement
- o Setting up a Community Meeting Point
- o Making sure people know how to use services well
- o Imparting information about 999 calls – when the issue may be social care based
- o Improving recruitment from minority communities.

⁸ Most people felt that E-learning could be very useful for helping people to learn and understand legislation and for imparting general information. Oxleas Trust is developing a programme for this. However, E-learning was not seen as effective for more learning addressing attitudinal and behavioural change.

Other training providers recognised the dilemmas and conflict between the two competing sets of values that the diversity strands of sexual orientation and religion and culture can create.

One organisation in its training looks at the impact that faith leaders have on the lives of gay men. Another organisation has a trainer from the LGB training provider working alongside a trainer from the Interfaith Council.

Evaluation And Monitoring

Monitoring and evaluation systems cover a broad spectrum. The well known 'happy sheets' are the least influential of all monitoring systems giving a fleeting impression of training at the point of delivery. More effective in measuring the significance of training are monitoring and evaluation systems that are integrated into the organisational structures. Performance and appraisal systems and equality impact assessments take evaluation beyond the superficial and key into the working structures and practices of an organisation.

APPENDIX THREE cont.....

INTERNET SCOPING

List of Stakeholders and Training Providers

List of organisations scoped for standards

- The Department of Health
- ACAS
- The British Accreditation Bureau
- Carers UK
- CIPD
- Gay Mens Health, Wiltshire and Swindon 'Small Effort, Big Change'
- General Medical Council
- General Social Skills Council
- Imperial College
- LGBT Edinburgh
- The Lesbian and Gay Foundation Online
- Lesbian and Gay Switchboard
- Navajo Project
- Nottinghamshire Healthcare: NHS Trust
- The Rainbow Club
- The Royal College of Nursing
- Southend: 'Pink Stamp' Award
- Stonewall
- Unison

List of Training Providers scoped

- Academy Internet e-learning
- Angela Ruskin University
- Australian Youth Foundation
- BEST Employment Services
- Centre for HIV and Sexual Health, Sheffield
- Cope for Equality
- COR Communications
- DB Pargman
- Equality and Diversity Initiatives in Higher Education
- Family Planning Association
- GLBT Health Access Project
- HRODC
- Kings College
- LGBT Centre in Vancouver
- Neish Training
- Outlook Associates
- Pride Pacific Foundation
- Sarah Rutherford Associates
- Silicon Beach Training
- Talksafe
- West London Diversity Patient Focus

APPENDIX THREE cont....

Observations from Internet Scoping of Training Providers -

Within General Diversity Programmes–

- Organisations often conflate Sexual Orientation with Religious Belief perhaps because sexual orientation and religious belief were spoken of together in the run up to the passing of the Equality Act in 2006. This conflation has potential for conflict, tension and negative impacts in the development of inclusive services
- Sexual Orientation components of Equality and Diversity training are often buried deeply or simply inferred in website materials.
- The content of sexual orientation elements in equality and diversity training are generally not available in detail on websites
- The websites are often not specific as to which type of organisation the training may be useful to
- It is hard to find information on which organisations have used the training
- Often there are few testimonials available on websites
- Individual equality and diversity strands are often missing on home pages
- Reference is only sometimes made to sexual orientation and often only in relation to religious belief.
- It can be hard to find value-based statements about 'diversity and equality' it more often being the case that legislation and performance are the driving force for change.
- Diversity and Equality Training can often be described under the auspices of Cultural Training a vague, and to many, confusing description
- There can sometimes be clues on websites in terms of photos depicting members of the diversity strands but this is not reflected in the text
- Websites can often be business orientated and not values led
- Organisations can sometimes claim to be amongst the UK's leading Equality and Diversity Training providers and yet mention nothing about sexual orientation on their websites

Specific Sexual Orientation Programmes

- Training is mostly delivered by Lesbian, Gay and Bisexual organisations and implicit in this is that training is also delivered mostly by LGB people
- All organisations are open about what they are offering in general
- No content information is available in detail on websites
- Mostly training is not linked into standards e.g. NVQ's. However, the Navajo Training is linked to specific National Open College (NOCN) Standards
- The websites are often not specific as to which type of organisation the training may be useful to
- It is hard to find information on which organisations have used the training
- There are some testimonials on websites
- Training is sometimes not mentioned on a home page but can be found under a broader heading such as 'Workplace'
- Training can sometimes be buried deep inside websites

Additional Observation from Internet search

- There are more American based organisations although this may be relative to population.
- General Diversity organisations are more open in flagging up sexual orientation as part of the training agenda
- American organisations appear more innovative in their approach e.g. using theatre and video
- The American websites seem more sophisticated giving clearer presentations of work e.g. more content detail

APPENDIX THREE cont.....

PARTICIPANT PROFILES

Respondent Details: FYLDE PCT

How would you describe yourself in relation to age, race, religion and culture, disability, gender and sexual orientation?							
	Male				Female		
Gender	4				10		
Age	43, 39, Middle aged, 39, 64, 40, 40, 45, 40something, 37, young, 39						
Race	White British	Black	White	British	Pakistani Asian	European	
	6	1	5	1	1	1	
Religion and culture	Anglican	Roman Catholic	Atheist	No specific religion	Agnostic	C of E	
	1	2	3	1	1	3	
Disability	0						
	Heterosexual	Lesbian	Gay man	Bisexual	Other		
Sexual Orientation	9	2	1	2	gay		
Position	Manager, Equality and Diversity Coordinator, Practice Development Assessor, Community Nurse, Equalities Support Officer, Victims Project Worker, Crack Project Worker, Coordinator, Training and Employment Coordinator, Equality and Diversity Manager, Equality and Diversity Officer, Training Officer, Specialist Social Worker, Chief Officer, Director						
No response and other comments	No response x4 Continuing my growth in knowledge of the issues ? ??Not sure what you want here						

Respondent Details: Oxleas NHS Trust

How would you describe yourself in relation to age, race, religion and culture, disability, gender and sexual orientation?						
	Male			Female		
Gender	3			4		
Age	45, 47, Young, depends on the day					
Race	White British		White		African	
	1		4		1	
Religion and culture	Muslim		Atheist and spiritual		Celtic Atheist	
	1		1		1	
Disability	Experienced disability for a period of time					
	Heterosexual	Lesbian	Gay man	Bisexual	Other	
Sexual Orientation	4					
Position	Head of Social Care, Depot Coordinator, Mandatory Training Manager, Senior Social Worker, Project Worker, Team Manager					
No response and other comments	1 did not respond to ANY of the respondent details 1x n/r					

APPENDIX FOUR

Models Of Sexual Orientation

APPENDIX FOUR

MODELS OF SEXUAL ORIENTATION

Ongoing debate about the morality of same-sex relations and the inclusion of sexual orientation as an equal strand of diversity often references beliefs about whether sexual orientation is a choice or a fixed attribute.

There are several different views on the subject, the major ones of which are:

1. Sexual orientation is a preference, like any other lifestyle choice. People can be influenced in this choice, as in any other, by their peers, by media exposure, and by society in general, but the responsibility for making the choice is personal. (This view is frequently accompanied by a belief that choosing homosexuality is immoral or undesirable and should be discouraged. However, some who hold this view also believe that homosexuality can be an addictive behavior, like substance abuse, and difficult to stop; and still others believe that this presumed choice to engage in a "gay lifestyle" is morally neutral or even beneficial.)
2. Sexual orientation is fixed early in life. People should seek romantic and sexual relationships with people of whatever gender they desire. Discrimination against such sexual minorities is immoral.
3. Sexual orientation is fixed early in life, but homosexuality is immoral. People who have homosexual feelings should be discouraged from acting on them, and should live in celibacy, in opposite-sex relationships, or should attempt to develop heterosexual feelings (see ex-gay for a discussion on this movement).
4. Sexual orientation is biologically predetermined.
5. Sexual orientation is not fixed; however it changes, not by acts of choice or will, but through factors beyond a person's voluntary control.
6. Sexual orientation is an illusory social construct. People should stop worrying about it and allow others and themselves to love whomever they please.

APPENDIX FIVE

Organisational Standards

Contents:

Organisational Standards One to Eight

- Standard One: Works To Sexual Orientation Equality Legislation Requirements
- Standard Two: Has Policies And Strategies Which Promote The Sexual Orientation Equality Agenda
- Standard Three: Clear And Effective Communication Of These Strategies, Policies And Plans To All Employees At All Levels Of The Organisation.
- Standard Four: Clear Bottom Lines: All Employees And Service Users Are Informed Of The Expectations And Behaviour Appropriate To Their Practice In Relation To LGB Communities And The Consequences Of Not Following These.
- Standard Five: An Organizational Culture Which Encourages And Celebrates Creativity And Innovation In Relation To Service Delivery For LGB Communities.
- Standard Six: Support And Commitment To Training For Managers At All Levels, Including Training Related To Sexual Orientation And LGB Communities.
- Standard Seven: The Organisation Is Committed To Creating A Working Environment In Which The Concerns And Issues Of Staff And Service Users/Patients Are Taken Seriously
- Standard Eight: The Organisation Is Committed To Being A Learning Organisation.

APPENDIX FIVE

ORGANISATIONAL STANDARDS

Standard One: Works To Sexual Orientation Equality Legislation Requirements

Works to the requirements of legislation on equality and diversity, sexual orientation and human rights (Appendix 6)

Evidence

- a) Equality Impact Assessment
- b)
- c) Government Inspections
- c) Strategic Plans
- d) Policy and Procedures

Standard Two: Has Policies And Strategies Which Promote The Sexual Orientation Equality Agenda

- i) Accessible NHS and organisational strategies with clear outcomes and supporting policies and procedures relating to LGB issues and sexual orientation.
- ii) Articulation of the connection between NHS equality agendas and wider government policies.
- iii) Positioning sexual orientation equality issues at the heart of all plans relevant to the particular role and function of all organisations within the NHS and social care so that sexual orientation is part of an organisational diversity Strategy.
- iv) Ring-fencing and dedicated budgets and resources for LGB issues and sexual orientation.

Evidence

Inclusion of LGB issues in organisational plans e.g. Health Improvement Plans (HIMPS)

“The most important thing was to get the Board signed up to the idea of an LGBT care complex development”.

Sarah Holmes-Smith-Heritage Care

Standard Three: Clear And Effective Communication Of These Strategies, Policies And Plans To All Employees At All Levels Of The Organisation.

Evidence

- a) Written documents
- b) Training events including induction,
- c) Supervision and appraisal.
- d) NHS organisations use resources and activities to reach out to LGB communities to make a difference to their employment and life chances.

Standard Four: Clear Bottom Lines: All Employees And Service Users Are Informed Of The Expectations And Behaviour Appropriate To Their Practice In Relation To LGB Communities And The Consequences Of Not Following These

Evidence

- a) Clear complaints and grievance procedures and clear appeal systems
- b) Clear harassment and bullying policies with specific reference to sexual orientation.
- c) Service users/patients are made aware that sexual orientation harassment will not be tolerated and the action that will be taken when such harassment occurs.
- d) LGB staff are made aware of the support that they can expect and their right to challenge inappropriate behaviour.

Standard Five: An Organizational Culture Which Encourages And Celebrates Creativity And Innovation In Relation To Service Delivery For LGB Communities.

Evidence

- a) Projects and developments that take advantage of new opportunities that accept a certain level of risk and stepping outside a familiar 'comfort zone'⁹.
- b) Development of partnership with local LGB organisations
- c) Recognition of employees who succeed in adding real value to the organisation and achieve measurable change by promoting equality in relation to LGB communities.

Standard Six: Support And Commitment To Training For Managers At All Levels, Including Training Related To Sexual Orientation And LGB Communities.

Evidence

- a) Clear learning and development programmes for managers at all levels
- b) A particular focus on training/learning and development programmes for middle managers with specific training on how to supervise, manage issues and innovate practice in relation to sexual orientation¹⁰.
- c) Clear support for middle managers to effect policy on sexual orientation and LGB issues e.g. consultancy, peer support through action learning sets etc.
"We need to support Middle Managers to move away from blocking innovation to empowering it".
Anthony Nichols – NHS Employers
- d) Leadership and management representative of LGB people at all levels within the

⁹ It is worth noting that innovations may vary between having minimal and large cost implications i.e. not all innovations are expensive and draining of resources. Some may result in the more effective use of resources, increased visibility of services, changes in attitude.

¹⁰ Middle managers hold key positions within NHS and social care organisations, occupying the interface between policy and practice

organisation

Standard Seven: The Organisation Is Committed To Creating A Working Environment In Which The Concerns And Issues Of Staff And Service Users/Patients Are Taken Seriously

i) Staff and service user/patients concerns and matters are listened to, engaged with and acted upon, including those from the lesbian, gay and bisexual communities.

Evidence

- a) Structures that enable employees and service users to express their experiences of the organisation e.g. departmental sounding boards, robust complaints procedure.
- b) Changes in employment conditions and service delivery in relation to sexual orientation are implemented.

ii) Working with trade unions, professional bodies and other organisations such as universities, schools, community groups, other employers or local authorities to promote the profile of health issues in relation to LGB communities both as service users and staff. This is an important arena for reaching 'hidden populations'.

iii) LGB staff and service users are seen as a resource and not a problem.

Evidence

- a) Opportunities for LGB employees to explore issues relevant to both the workplace and service delivery within their own communities e.g. traditionally LGB Forums have been the arena through which LGB people have expressed their views. Whilst there may still be a place for these there also needs to be evidence that the views of LGB people are actively sought out and listened to in other more mainstream arenas.
- b) The involvement of LGB service users and their carers in the development of services e.g. specific LGB patient forums

iv) Organisational engagement with LGB communities.

Evidence

- a) Specific LGB patient forums
- b) Expert patient programmes for LGB communities
- c) Partnership working with LGB agencies
- d) Presence and visibility at national LGB events e.g. Pride

v) Positive LGB images throughout NHS organisations

Evidence

- a) Literature on specific services, posters etc.
- b) The use of LGB symbols e.g. pink triangle, rainbow flag¹¹

¹¹ Symbols are an important signifier to LGB members and a potential awareness raising tool for staff. It is important to note that symbols will need to be backed by evidence that the service is inclusive.

Standard Eight: The Organisation Is Committed To Being A Learning Organisation.

Evidence

- a) The involvement of management staff at all levels, including board members and senior management in training and/or learning and development programmes related to sexual orientation.
- b) The inclusion of all staff within administration, customer services, occupational health counselors and other support staff in awareness training in relation to sexual orientation.
- c) All medical and clinical staff to be included in training related to sexual orientation
- d) A requirement that coaches, mentors etc commissioned from outside the organisation have an understanding of LGB issues.
- e) Management agency representation on training courses relating to LGB communities; visibility of management endorses agency support for training programmes and helps to managers to identify issues.
- f) Individual responsibility for learning is encouraged and supported (critical review, reflective practice, willingness to acknowledge and learn from mistakes).
- g) Creative learning and development opportunities to develop understanding and practice in sexual orientation e.g. mentoring, coaching, staff forums, shadowing, critical companion¹².
- h) Personal development plans recognise a person's starting point, identifies strengths and weaknesses in relation to sexual orientation, is clear about how practice will be monitored and has clear targets and action plans
- i) Commitment to enabling individuals and teams to develop understanding and good practice in relation to sexual orientation that is relevant to posts, role and areas of responsibility
- j) Supervision is regular and of good standard and addresses issues pertaining to LGB service inclusion.
- k) The working environment is positive and actively fosters learning. This will involve being proactive in countering the existence/development of a 'blame culture'.
- l) Continuing professional development in relation to knowledge and abilities to make services for LGB people more inclusive.
- m) Ring fenced and dedicated budgets and resources for training promotion and monitoring related to LGB issues and sexual orientation
- n) Employment policies and individual job descriptions that indicate a requirement of staff to complete ongoing training related to LGB issues and sexual orientation.

¹² A concept used by the RCN.

APPENDIX FIVE cont.....

Monitoring And Evaluation In Organisations

Monitoring in relation to sexual orientation is a contentious issue but 'positive mainstreaming' needs to happen as part of the recognition of LGB people and their needs both as employees and as service users.

There have always been debates amongst discriminated against groups as to how monitoring information will be used by large government institutions. These arguments apply equally to LGB communities. Debates are further complicated by the issue of visibility and whether monitoring in this area removes the individual 'choice' to be visible or not and effectively 'outs' people¹³.

As this research and other research shows the issue of 'choice', whether to be 'out' or not, is already present for employees and for those accessing services. Monitoring for sexual orientation, sensitively handled and explored with people could be a positive instrument in the development of better employment practice and more inclusive service delivery.

Sensitive and inclusive monitoring needs to be based on the principle of self-identification.

Monitoring Of The Workforce

Monitoring for the workforce in relation to sexual orientation needs to be an integral part of the service.

Tracking the profile of staff and getting a good fit between the LGB population and the representation of LGB communities within the workforce relies upon monitoring that is thorough and integrated into the service.¹⁴

Monitoring For Service Delivery

Monitoring for service delivery involves gathering the information needed to determine whether policies and plans are being turned into good practice and that real progress is being made¹⁵

Evidence

- a) Ongoing evaluation of new projects
- b) Results used promptly to guide change
- c) Involvement of service user/patients in evaluation to measure service inclusion

Indicators For Organisations

Indicators

Indicators that organisational and learning and development standards are being met and are working effectively are that:

- a) There will be a minimum gap between policy and practice.¹⁶
- b) There is a high degree of consistency and uniformity in the use of standards and expectations in the organisation.
- c) There is a high level of satisfaction within LGB communities about the services they receive.
- d) The culture and structures of the organisation supports LGB communities in having increased control and say in the services they receive and frontline staff has increased power to meet these needs.

¹³ Issues of visibility are not the prerogative of LGB communities. Certain disabilities and health conditions are not visible and ethnic monitoring in relation to cultural identity makes overt that which is often covert.

¹⁴Based on The Vital Connection: An Equalities Framework for the NHS: DH 2000

¹⁵ Ibid

¹⁶ In large and diverse organisations it is not possible for policy and practice to be completely co-terminus but the organisation needs to engage in a process that is constantly monitoring and trying to close this gap.

APPENDIX SIX

Legislation Relating To Sexual Orientation

APPENDIX SIX

LEGISLATION RELATING TO SEXUAL ORIENTATION

- Human Tissue Act (1961) –
- Health and Safety at Work Act (1974)
- Criminal Justice and Public Order Act (1994)
- Prevention of Harassment Act (1997)
- Immigration Rules (1997) were amended (1997) to the effect that the same sex partner of someone present and settled in the UK can apply to live here after two years cohabitation and can apply for indefinite leave to remain after a further two years.
- Human Rights Act (1998)
- Sex Discrimination (Gender Reassignment) regulations (1999) outlaw discrimination against transgender people in certain circumstances.
- Adults with incapacity (Scotland) Act (2000) expressly recognises a same sex partner as nearest relative – changes to act for England and Wales will do the same.
- The removal of the bar on homosexuals serving in the Armed Forces (2000)
- Equality of homosexual age of consent (2000)
- The Adoption and Children Act (2002) introduced provisions to enable same sex couples to apply to adopt children on the same basis as opposite sex couples.
- The decision by the Court of Appeal in the case of Ghaidan v Mendoza (2002) that same sex partners can succeed to Rent Act tenancies.
- The Sex Offences Act (2003) abolished many of the discriminatory categories of sexual offence relating to sex between men in public places
- The Repeal (2003) of Section 28 of the Local Government Act (1988) which required local authorities not to 'intentionally promote homosexuality' and not to 'promote the acceptability of homosexuality as a pretended family relationship
- The Employment Equality (Sexual Orientation) Regulations (2003)
- The Civil Partnerships Act (2004)
- The Gender Recognition Act (2004)
- The Equality Act (2006) has discretionary powers to provide regulations pertaining to sexual orientation – these will go to public consultation before October 2006