



By the Civil Service LGBT+ Network and a:gender

The impact of COVID-19 on LGBTI+ colleagues, management support & future working arrangements

The logo for the Civil Service LGBT+ Network is a black circle with a vibrant rainbow-colored border. Inside the circle, the text 'Civil Service' is at the top, 'LGBT+' is in the middle in a large, bold font, and 'Network' is at the bottom.

Civil Service
LGBT+
Network

Overview

- To highlight LGBTI+ legislation.
- Review LGBTI+ inequality and discrimination.
- Explore the impact of COVID-19 on LGBTI+ people.
- Consider what managers can do to support LGBTI+ colleagues.



LGBTI+ Legislation

The Equality Act 2010

- The Act considers sexual orientation, sex and gender reassignment as protected characteristics. Gender reassignment is considered a protected characteristic regardless of what point an individual is in the transition process. A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. The law acts to prevent discrimination and harassment along with equal rights, opportunities and access to private and public services. So people are protected in work, education, and training, and able to access services such as health care but also goods, facilities and housing. Please see types of unlawful discrimination on the next slide (slide 4).

The Gender Recognition Act 2004

- The Act provides trans people with legal recognition in their 'acquired' gender. The individual does not have to undergo surgery nor have to commit to having surgery. Though, individuals must be 18 years old or above and:
 - have had a diagnosis of gender dysphoria (a medical condition where one feels discomfort and distress because there is a dissonance between their body and mind)
 - lived in their acquired gender for 2 years, such as going to work (this is called the Real Life Experience)
 - one should intend to continue in their acquired gender until death
- In applying for gender recognition one has to send evidence from an array of people. This is then reviewed by a panel to decide if the person qualifies for a Gender Recognition Certificate (GRC). The certificate then allows one to be treated in their reassigned gender for all practical and legal purposes such as marriage.
- Once a person has a GRC they will be able to obtain a replacement birth certificate with their preferred (and now new legal) gender on it. Then, all legal rights and responsibilities will correspond to their legally updated gender.
- The GRC is not a form of ID and it is unlawful to request a person's GRC.



Types of unlawful discrimination

- **Direct** – Unnecessarily requiring someone not to be LGBTI+.
- **Indirect** – Where LGBTI+ people are particularly disadvantaged by a provision or some criteria which applies to everyone.
- **By perception** – Where a person thinks someone is LGBTI+ (but they are not), and then discriminates against them because of it.
- **By association** – Discrimination because of someone mixing with, or has an association with, LGBTI+ people/
- **Harassment** – Acting in a way that violates the dignity of another person or creates an intimidating, hostile, degrading, humiliating or offensive environment for that person because they are LGBTI+. There is protection from less favourable treatment of a worker because they submit to, or reject sexual harassment or harassment related to sex or gender reassignment.
- **Victimisation** – It is unlawful to discriminate against someone because they have used the provisions of the legislation or have helped someone else to do so.

LGBTI+ Inequality & Discrimination

Despite progressive legislation there is still ongoing homophobia, biphobia and transphobia...

- **LGBTI+ people still face discrimination disproportionately**, facing inequality at home and in work as well as in health care whilst also having higher rates of homelessness, substance abuse, and poor mental health. Discrimination and harassment can be verbal or physical abuse from strangers on the street, but there are cases where friends, family members and partners have harmed or even killed their LGBTI+ friends, family members or partners due to their sexuality and/or gender.
- **The number of transgender hate crimes recorded by police forces in England, Scotland and Wales has risen by 81%**, latest figures suggest. Data obtained by the BBC showed there were 1,944 crimes across 36 forces in the last financial year compared with 1,073 in 2016-17.
- **In July 2017, the Government launched the National LGBT Survey** to gather more information about the experiences of LGBT people in the UK. The survey response was unprecedented. Over 108,000 people participated, making it the largest national survey of LGBT people in the world to date. Its statistics reported:
 - LGBT respondents are less satisfied with their life than the general UK population (rating satisfaction 6.5 on average out of 10 compared with 7.7). Trans respondents had particularly low scores (around 5.4 out of 10)
 - More than two thirds of LGBT respondents said they had avoided holding hands with a same-sex partner for fear of a negative reaction from others
 - At least 2 in 5 respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than 9 in 10 of the most serious incidents went unreported, often because respondents thought 'it happens all the time'
 - 2% of respondents had undergone conversion or reparative therapy in an attempt to 'cure' them of being LGBT, and a further 5% had been offered it
 - 24% percent of respondents had accessed mental health services in the 12 months preceding the survey

Further LGBTI+ Inequality & Discrimination

Some statistics worsened through lockdown, with a significant impact on people's mental health...

Stonewall reported:

- Almost a quarter of young people at risk of homelessness are LGBT, usually because their families reject them.
- More than one in ten LGBT people have faced domestic abuse from a partner, rising to 19 per cent for trans people.
- Already, two in five trans people experience a lack of understanding of their specific health needs when accessing general healthcare services. Now, they face delays or cancellations on essential gender-affirming treatment, which many have been waiting years to access.

LGBT Foundation reported:

- 42% would like to access support for their mental health at this time
- 8% do not feel safe where they are currently staying
- 18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse
- 64% said that they would rather receive support during this time from an LGBT specific organisation
- 16% had been unable to access healthcare for non-COVID-19 related issues
- 34% of people have had a medical appointment cancelled
- 23% were unable to access medication or were worried that they might not be able to access medication
- 30% increase in domestic abuse/violence calls to our helpline

COVID-19 Impact

With usual spaces, services and support disrupted due to COVID-19, this means that our LGBTI+ colleagues:

- May not feel safe at home due to living with LGBTI+-phobic family members or abusive partners, thereby wanting to go back to the office to access safety and support.
- May not have the privacy to access support or freedom to be themselves, therefore wanting to go back to the office to improve their mental health.
- Could be feeling overwhelmed and anxious about going back the office after being socially isolated for so long. They may need time to adjust and a phased return to the office.
- Might be feeling safer at home as they are less at risk of verbal harassment or physical violence. Instead, working from home may actually be improving their mental health.

During this time, the trans and intersex community have faced additional issues...

- Recent debates in the media around the Gender Recognition Act have led to an increase in polarised positions, particularly in social media where there are fewer restrictions/standards preventing inflammatory comment. This persistent negative discourse on social media has had the effect on many trans people of undermining their confidence and security and caused substantial anxiety and distress.
- The fear of hospitalisation to treat COVID-19, common to everyone, is heightened for some trans people who worry that they might be placed on single-sex wards that don't match their gender, and also for intersex people with trauma/PTSD from previous encounters with medical professionals, with both groups having concerns about bodily privacy and dignity if hospitalised. Working from home instead however might mean an increase in exposure to this online transphobia for many trans and intersex colleagues, leaving them feeling stuck in a stressful no-win situation.



Support for LGBTI+ colleagues

Manager support:

- Employers have a duty of care to their employees. As more offices and workplaces reopen, line managers should conduct return to the workplace discussions with their team members. These can be followed by assessments of individual risk indicators to determine how and when employees may be able to return. This can also help identify and address actions needed to reduce any negative health and safety impacts.

Further support:

- Set up 1-2-1s to check ins - these could also be with a colleague or an LGBTI+ network member if that is easier for the individual, the focus should be on enabling communication.
- Direct them to a [Departmental Network](#) - they have been providing drop in sessions, virtual catch ups and social events during COVID-19.
- Direct them to cross-government network – [a:gender](#) or [CS LGBT+ Network](#)
- Suggest that they contact a Mental Health First Aider – LGBT+ volunteers are available on our website if that makes them more comfortable ([Tim](#), [Kay](#) & [Emily](#))



Scenario 1: Member of staff transitioning and living alone

- Despite trans people having to and wanting to live in 'acquired' gender, the visibility can cause issues in employment. Before COVID-19 this person was struggling with their appearance where they had to conceal or imply body parts as they have not had surgery or hormones yet.
- The response to their transition from their colleagues was mixed, with some making assumptions about their abilities and mis-gendering them. Some staff have treated the person differently even though their abilities have not changed. One or two others have been very supportive though, providing a safe space in the office for this person.
- Now they are struggling with the impact of COVID-19 delaying their transition which was going to make them feel more comfortable in work.
- They are feeling isolated due to living alone but overwhelmed about going back out into society.
- They are stressed and anxious about returning to the workplace fearing an increase in transphobia due to current media outputs.

Scenario 1: Possible outcome

- This member of staff has a return to the workplace discussion with their line manager. They are reassured about the completed building and health & safety risk assessments.
- As this person has a good relationship with their line manager, they complete the COVID-19 Individual Risk Indicator together.
- They agree that it will be good for them to ease back to the workplace by working from home for part of the week and staggering work hours so that they can commute during off peak hours.
- The line manager also engaged with the LGBTI+ Network and HR as well as the supportive colleagues (with the person's permission) to consider a managed approach which buddies the person with supportive colleagues and educates less supportive colleagues.
- Their line manager encouraged them to work flexibly around cosmetic appointments that remedied their appearance which led to a reduction in their dysphoria and also the incidence of misgendering, improving their mental health.

Scenario 2: Member of staff who is gay and living with homophobic parents

- This person is out and proud at work, being an active member of their Departments LGBTI+ Network. They have a supportive colleagues so they enjoy going to work to socialise with people.
- However, at home they are not free to speak about their sexuality as they are told it is just a phase by their parents.
- As they are unable to be themselves freely they are feeling very isolated.
- They don't have much privacy as their parents are working from home too, so they don't feel like they can attend virtual LGBTI+ events from home.
- Therefore, working from home in this environment is impacting on this person's mental health. They would benefit from being in the office to access support.

Scenario 2: Possible outcome

- During their return to the workplace discussion with their line manager, they establish that they can drive to the office and would be working at a location that has been reopened with stringent health and safety controls.
- Their COVID-19 Individual Risk Indicator shows that they are low risk and would benefit from returning to the workplace where a number of their colleagues have already returned.
- At work they will be safe to access support from their Department's LGBTI+ organisation.



Concluding thoughts

- The return process may involve changes in teams, buildings and shift patterns due to COVID-19 redeployment. It's a known issue that LGBTI+ people are always coming out as they meet new colleagues. This could be a further issue to consider in your assessment if there are team moves and changes.
- Please consider all indicators of risk and how returning to the office will impact on the individual.
- Be mindful that one solution won't fit all people's needs, so treat each person individually and consider their different needs.
- As there may be variant and wider factors to consider, please work closely with HR and LGBTI+ Networks for support.
- Speak and work with the individual to find a comfortable solution.