

A high-angle, black and white photograph of a busy public space, possibly a train station or a large shopping center. The image is heavily blurred, showing the lower legs and feet of many people walking in various directions. The floor has a light-colored grid pattern with darker lines.

Fair For All - The Wider Challenge Good LGBT Practice in the NHS

NHS Inclusion Project

Working for Lesbian, Gay, Bisexual and Transgender Health

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Alastair Pringle, Inclusion Project Manager
Paul Barton, Principal Author

“The White Paper, *Partnership for Care* commits us to ‘extending the principles set out in *Fair for All*’, the innovative approach developed to support NHS Scotland meet the health needs of people from black and ethnic minority communities, ‘to ensure that our health services recognise and respond sensitively to the individual needs, background and circumstances of people’s lives’.

This commitment for an integrated equality and diversity approach, closely linked with the Patient Focus element of Patient Focus Public Involvement, aims to ensure accessible, appropriate and non-discriminatory services provided by NHS Scotland that are responsive to the individual circumstances of people’s lives. This approach focuses specifically on age, disability, gender, race or ethnicity, religion or belief and sexual orientation. As Scotland’s largest employer, NHS Scotland is also committed to delivering these principles throughout its employment practice.

Good LGBT Practice in the NHS, the third major publication from the Inclusion Lesbian, Gay, Bisexual and Transgender (LGBT) Project provides information, case studies, examples of good practice and the real experiences of LGBT people who have used our NHS services. This guidance has been developed in partnership with NHS Boards across Scotland and is based on the findings from demonstration activity in five Board areas.

As we work towards integrating our expectations of Boards across the equality & diversity strands, the checklist included in this guidance should prove particularly useful for considering practical changes that will have an impact on the services we provide for LGBT people in every part of Scotland.

As part of our commitment to social justice and to ensuring that the NHS in Scotland is an exemplary service that is indeed Fair for All, I look forward to this guidance on Good LGBT Practice being taken on across all areas of the NHS.”



Paul Martin
Chief Nursing Officer for Scotland
Director of Patient Focus and Public Involvement

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Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential

Diversity is about recognising and valuing difference for the benefit of the patient, carers, staff and the public

1: Introduction

Creating a health service that values diversity and promotes equality for all will take time. By following the guidance contained in this document and applying it imaginatively and appropriately, steps to deliver on Equality and Diversity for lesbians, gay men, bisexuals and transgender (LGBT) people can be taken.

"We are committed to ensuring that every person in Scotland benefits from the NHSScotland irrespective of their age, their gender, their race, their religion, their sexuality or whether they have a disability or a sensory impairment."

Malcolm Chisholm, former Minister for Health and Community Care

Introduction

Creating a health service that values diversity and promotes equality for all will take time. By following the guidance contained in this document and applying it imaginatively and appropriately, steps to deliver on Equality and Diversity for lesbians, gay men, bisexuals and transgender (LGBT) people can be taken.

This guidance is primarily aimed at NHS staff with a responsibility for developing policy and planning, and those with a remit for Equality and Diversity, Patient Focus and Public Involvement, Organisational Development, Human Resources and Training. However this guidance has relevance for all staff in all areas of the NHS.

Prejudice and discrimination, intended or not, are unacceptable in a modern health service – this guidance will help to address the significant barriers many LGBT people continue to face either as service users or employees of the NHS.

Fair for All – The Wider Challenge

In line with the Ministerial commitment to tackle health inequalities in Scotland, *Partnership for Care*¹ highlighted the need for the Scottish Executive Health Department (SEHD) and NHSScotland to extend the principles set out in *Fair for All*² to ensure that everyone is able to access the health services they require whatever their life circumstances or experience. This has been further underpinned by a duty to encourage equality of opportunity and a duty to involve the public in the *NHS Reform (Scotland) Act 2004*.

Building on this base, *Patient Focus and Public Involvement*³ (PFPI) committed NHSScotland to provide a healthcare service that respects patients, carers and the communities in which they live and involve them in their care.

This mainstreaming approach, *Fair for All – The Wider Challenge*⁴, is being developed in partnership with a wide range of stakeholders, including individuals and organisations with health sector expertise from an equalities perspective.

This integrated equality and diversity approach, closely aligned with the patient focus element of PFPI, aims to ensure accessible, appropriate and non-discriminatory services are provided by NHSScotland which are responsive to the individual circumstances of people's lives. This approach focusses on age, disability, gender, race or ethnicity, religion or belief and sexual orientation. As Scotland's largest employer, NHSScotland is also committed to delivering these principles throughout its employment practice.

“You must not allow your views about patients' lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age or social or economic status, to prejudice the treatment you provide or arrange.”

General Medical Council, Good Medical Practice

In supporting NHS Boards to deliver their PFPI frameworks, SEHD has established a number of strand specific initiatives including:

- a National Resource Centre for Ethnic Minority Health
- a Health Care Chaplaincy Training and Spiritual Care Development Unit
- Inclusion: LGBT Health Project
- Fair for All: Disability

These equality strand specific initiatives are currently working together to identify shared expectations, performance indicators and reporting structures. The checklist in each section of this guidance provides clear direction on likely indicators relating to LGBT issues that will, in general, have relevance to other equality target groups.

This guidance, the third major publication of the Inclusion Project, the LGBT strand of *Fair for All - The Wider Challenge*⁴ brings together

- experiences from five NHS Board demonstration projects
- experiences from engagement with LGBT people and service users
- information from regular discussions with NHS Boards across Scotland

The Inclusion Project

The Inclusion Project was set up as a catalyst to the development of a mainstreamed approach to LGBT equality and diversity issues in the NHS. Since October 2002, the Inclusion Project has worked to provide the base levels of awareness, knowledge and evidence of LGBT experience in relation to health and wellbeing and service use that has enabled the establishment of a clear strategy to address LGBT health needs across the NHS.

Inclusion's first major publication *Towards a Healthier LGBT Scotland*⁵ identified the need to address the health and wellbeing of Scotland's LGBT population. In the report the relationship between homophobia, discrimination and prejudice and the health inequalities experienced by LGBT people was clearly evidenced, alongside the discriminatory treatment many LGBT people had experienced in the NHS.

Inclusion has since undertaken demonstration activity with five NHS Boards (Greater Glasgow, Lanarkshire, Lothian, Tayside and Western Isles), to identify effective ways of responding to these issues. Projects have focussed on:

- knowledge, awareness and attitudes of LGBT issues and their relevance to health and service delivery
- LGBT impact assessment of policies and practice
- consideration of specialist LGBT provision
- Human Resource issues in relation to the *Employment Equality (Sexual Orientation) Regulations 2003*

This activity has been undertaken with over two hundred GPs, Practice Staff, Managers, Hospital Ward Staff, Family Planning Services and Primary Care Mental Health Staff and learning from these projects has helped significantly in providing the guidance in this document.

Meetings have also been held with senior staff with key organisational development roles in relation to equality, diversity and PFPI in most Board areas in Scotland. This guidance is equally shaped by the issues identified in these meetings, which raised key requirements necessary to support the mainstreaming of LGBT issues into the business of the NHS.

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Lasting Change

From our experiences across Scotland, we are aware that the support and promotion for this mainstreaming of equality and diversity must come from the most senior levels within the organisation. Creating a health service that values diversity and promotes equality for all will take time. By following the guidance contained in this document and applying it imaginatively and appropriately, the first steps to deliver on equality and diversity for lesbians, gay men, bisexuals and transgender people can be taken.

Training will only deliver best value if all staff are aware of the need for change and given the opportunity to implement that change. Resources will be expended on conflict if there is resistance to required change. Once services have started to adapt, monitoring to achieve targets or comparison to benchmarks will highlight successes and areas requiring more intensive action. Only by closing the learning loop will lasting change on equality and diversity in the NHS be delivered. The right small steps now should build foundations upon which robust wide-reaching changes can be made.

The NHS Inclusion Project strives to use 'plain English' throughout our work, both spoken and written, but we are mindful that some expressions often deployed in the equalities environment are not necessarily in common usage – a full glossary of terms can be found at the end of this document. Where information in this document relates to lesbians, gay men, bisexual people and transgender people we use the term LGBT. Where it relates only to sexual orientation we use LGB.

Case Study – IBM

IBM has been one of the most successful trail blazers in adopting an equality and diversity approach to business⁶. Under the drive of then CEO Lou Gerstner, "diversity task forces" for each of the equality strands, including one for lesbians, gay men, bisexuals and transgender people, were set up involving employees and senior management. By facilitating change in IBM they have been vital to increasing IBM's efficiency and competitiveness. Improvements in IBM's share of key markets influenced by the equality and diversity strategy has taken several years to come about but the results have been spectacular. For example, by targeting groups identified by the diversity task forces and adapting to their specific needs, revenue in IBM's Small and Medium Sized Business Sales grew more than ten fold from 1998 to 2003.

"Our customers are diverse: therefore, we must understand their diversity by knowing who they are, how they think and what they want."

Sam Palmisano – IBM Chairman & CEO

2: Straight Talking

Understanding the right way to communicate with lesbians, gay men, bisexuals and transgender people is an important part of delivering a modern health service for Scotland.

“Achieving a real focus on patients will require a high level of communication skills from health organisations and staff. It will also require staff to be aware of the diverse needs of patients.”

Partnership For Care



Straight Talking

Understanding the right way to communicate with lesbians, gay men, bisexuals and transgender people is an important part of delivering a modern health service for Scotland.

Using the right language when dealing with patients or work colleagues is key to building good relationships. Good communication should promote effective team working and encourage service users to be involved in their own healthcare, promoting better health outcomes. *Patient Focus and Public Involvement*³ strives to create “a service where people are respected, treated as individuals and involved in their own care.” The Health White Paper, *Partnership for Care*¹, identified that “achieving a real focus on patients will require a high level of communication skills from health organisations and staff. It will also require staff to be aware of the diverse needs of patients.”

To use the right language for LGBT people requires an understanding of how this group of people is excluded in everyday life. Most people assume others are heterosexual and use language that reflects this, typically excluding same-sex relationships and therefore excluding LGBT people.

Communication is not just about language - however, the NHS should also think about inclusive physical environments, inclusive behaviour and attitudes of staff. LGBT service users and staff need to **see, hear and feel** that they are welcome, have rights and are safe⁷:

See – physical environment acknowledges that LGBT and T people exist and are welcome, e.g. posters / magazines relating to LGBT people's lives

Hear – language, forms and assessments do not assume heterosexuality and allow for people to disclose their sexual identity, same sex partnerships and sexual behaviour without fear of discrimination

Feel – that their identity is acknowledged and that the behaviour of the staff member demonstrates understanding of any implications of sexual orientation for the service user

Homophobic language can also be used to be offensive and to discriminate. In the workplace such language would be unlawful under the *Employment Equality (Sexual Orientation) Regulations 2003*⁸. Discriminatory language targeted at service users may be challenged under equalities legislation and is contrary to the spirit of the *Scotland Act 1998*^{9*}. The service user and staff journeys in section 4 may be useful in illustrating some of these points.

* Schedule 5 of this Act states that all Scottish public bodies must observe and strive to meet equal opportunity requirements.

Key Issues for Communicating with LGBT People

Coming out

The act of disclosing your sexual orientation or gender identity to someone is described as coming out.

Many remarks made by people that appear to be harmless or throw away may assume only opposite sex relationships are valid. This is demeaning for LGB people and they may fear a negative reaction if the assumptions are challenged. Whenever they do challenge these assumptions, they must come out to the person who made them. This can often be a daily occurrence and can be very draining.

Keeping their sexual orientation secret can also be damaging for LGB people. As they cannot express themselves fully, they may feel less valued which can lead to problems ranging from low self-esteem to anxiety and depression.

"People now expect to be involved in their own healthcare as responsible partners in care. They wish to be treated with dignity and respect, to be treated as individuals and not as cases, and to have the right care in the right place at the right time."

Partnership for Care

Partners and "next of kin"

Using the terms "husband", "wife" and "marriage" assumes opposite sex relationships only and will automatically exclude all LGB people. Using the term "partner" and "they/them" to refer to the partner will avoid this problem. This is also inclusive of all heterosexual couples, regardless of their marital status.

Many people hold a mistaken belief that "next of kin" must be a married partner or blood relation. In order to avoid this confusion it may be advisable to use "partner, close friend or close relative". This allows the patient to identify and choose who is important to them. For example, the *Mental Health (Care and Treatment) (Scotland) Act 2003*¹⁰ defines the most important nearest relative (after spouse or civil partner) as a cohabiting same-sex or opposite-sex partner.

Parenting

LGBT people can and do have children, sexual orientation or gender identity has nothing to do with good parenting or good child care. According to a Scottish wide survey¹¹, one fifth of LGBT people have children. Some children will have been born or adopted into heterosexual relationships before a parent had 'come out' and some are born into same-sex relationships or adopted by an LGB individual. Individual circumstances lead to varied family structures and parenting arrangements. It is important to be aware of this. When talking to children, consider using "parents", "carers" or "guardians" rather than "mother" or "father".

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Service User and Staff Views from NHS Inclusion Demonstration Projects

"[A locum] went through the form that needs to be filled in, which did not offer any space for the pregnant person's partner or other parent who wasn't the father. We commented on this, that I would like to be regarded as the other parent, but was told that its just a standard form, there's no space for that."

Lothian NHS service user

"I am increasingly aware of my own heterosexism [and the] assumptions made through language of heterosexuality"

Glasgow NHS staff training participant

"If you have a 'joining the [GP's] practice' appointment, the nurse asks you lots of things, including sexual health things, but they don't establish your sexuality first, so you are always the one who has to mention it, there's no natural point at which they establish things."

NHS service user

Taking it Forward - Checklist

- Have a zero-tolerance policy to discriminatory language across all equality and diversity strands and communicate this to staff and service users
- Ensure all staff have an understanding of and use language that is inclusive of same-sex relationships
- During induction training, ensure staff are made aware of the policy on discriminatory language
- Posters with positive images of same-sex couples, alongside similar material depicting opposite-sex couples, should be displayed in all areas e.g. waiting areas, hospital wards

Opportunities for Further Action

- All staff should participate in awareness raising sessions so that they are fully aware of appropriate and inappropriate language, this could be done in team meetings
- Participation in awareness raising sessions should be made an integral part of continuous professional development
- Job descriptions of managers, consultants and team leaders should include a requirement to challenge discriminatory language, specifically including language directed at people who are LGBT

3: Training

A commitment to allow all staff to participate in training and use the learning in the workplace is important to ensure best value. Equality and diversity training is key to modernisation and should ultimately produce better health outcomes for all.

“Evidence suggests that staff initiate and lead service improvement if they are fully involved and understand the context for change. Where staff have to work differently they will be directly involved in driving the change process.”

Partnership For Care



Training

A commitment to allow all staff to participate in training and use the learning in the workplace is important to ensure best value. Equality and diversity training is key to modernisation and should ultimately produce better health outcomes for all.

Valuing diversity and ensuring equality of opportunity means that NHS staff need to understand equality and diversity issues. For many this is an entirely new concept and without additional knowledge and skills, the necessary positive changes cannot be made. However, these gaps can be filled by appropriate training and support.

Comprehensive training should make a vital contribution to putting equality and diversity at the core of the NHS. Good quality training for all should help achieve some of the aims of the NHS equality and diversity approach by aiding staff to respect and value patients. By adopting a mainstreaming approach, equality and diversity issues can be integrated into all training, for example, what might the implications be for moving and handling training if the service user is LGBT or from a black or ethnic minority community.

A recent stocktake¹² of NHS Boards identified a gap in quality training and supporting materials that address the health needs and service experiences of Scotland's LGBT population. The NHS Inclusion demonstration projects looked at the delivery of suitable training and corroborated the stocktake response. The demonstration projects also highlighted the need for comprehensive training in the NHS on LGBT issues.

"Clinicians and medics should pay attention to their leadership role, not just as managers, but as custodians of the values of the NHS"
Glasgow Demonstration Project findings

Training that specifically addressed LGBT issues¹³ was delivered to four different groups with varying remits:

- NHS Greater Glasgow (South Glasgow Mental Health Services) – Clinical, Nursing, Administrative and Medical Staff
- NHS Lanarkshire (Board) – Corporate Management Team
- NHS Lothian (North East LHCC and Family Planning) – Clinical, Nursing, Administrative and Medical Staff
- NHS Western Isles (LHCC and Hospital Services) – Hospital Nurses, Practice Nurses, GPs and Practice Managers

The objectives of the training included:

- Human resource issues in relation to the *Employment Equality (Sexual Orientation) Regulations 2003*
- Knowledge, awareness and attitudes of LGBT issues and their relevance to health and service delivery
- LGBT-proofing of policy and practice
- Consideration of specialist LGBT provision in relation to the practice area

Both participants and trainers found the training challenging and rewarding. The training sessions were fully monitored with comprehensive evaluation of participant feedback, learning from this training is incorporated throughout this resource. Full findings and evaluation reports can be obtained from the NHS Inclusion Project.

NHS Education for Scotland (NES) has commissioned an educational initiative to take forward the learning from the NHS Inclusion Project. The aims are to raise awareness and give knowledge to educators throughout the health sector in Scotland including:

- Trainers of healthcare staff
- Lecturers at Higher Education Institutions
- Human Resource trainers
- Practice Educators

This second pilot phase also aims to identify any further interventions necessary for the audience to deliver effective sexual orientation and transgender issues training within their organisations. The initiative is set firmly in the equality and diversity approach of *Fair for All: The Wider Challenge*⁴. Only by ensuring NHS trainers understand the issues and are able to communicate them further can comprehensive training on LGBT issues be mainstreamed.

"We will build on the success of our learning together strategy by establishing NHSScotland as an exemplary employer for workplace learning."
Partnership for Care

Key Issues from the NHS Inclusion Demonstration Projects

Training for all

Without comprehensive training for all, including medical staff and managers, participants felt that those who chose to opt out did not take the issues seriously and were belittling the call for training. While participants reported gaining understanding, they felt that a core change in the NHS could not happen without all staff engaging with the training.

Commitment to change

Having enhanced their knowledge, many participants felt unsure of whether they would be able to put their knowledge into practice to action change in the NHS. They felt that the value of the training would be lost unless change became a management priority.

Challenging personal barriers

While undergoing a process of change there will naturally be resistance and many participants reported feeling very challenged by the training. Challenging deep rooted personal beliefs and prejudices is difficult but vital if equality and diversity is to be at the heart of the NHS.

"Staff are now better equipped to deal with the needs of the LGBT population, both from a personal clinical perspective and in terms of the networks they have established for gaining further information"

Glasgow NHS manager commenting on the Glasgow Demonstration Project

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Findings of the NHS Inclusion Demonstration Projects

Some of the challenges raised by participants included:

- Personal judgement imposing on professional job
- Provide knowledge of resources for LGBT patients – GPs to educate themselves – make information and resources available via websites and bulletin boards etc.
- Dignity and respect is important for service users and staff
- Religious beliefs

Some of the ways forward identified by participants included:

- Develop a monitoring evidence base
- Get base line monitoring information
- Perform an annual Equality and Diversity stocktake
- More extensive use of partnership forums, both internal and external
- Awareness raising for all
- Equality proofing of policies

“Before the project I was totally unaware that LGBT people had specific problems, now I understand and it needs to be addressed, the work needs to continue. We need permission to keep going”

Glasgow NHS staff training participant

Taking it Forward - Checklist

- Staff induction should ensure employees are aware of organisational policies and ethos in relation to LGBT and broader equality issues
- All managers should be aware of the *Employment Equality (Sexual Orientation) Regulations 2003*⁸ and other areas of equality legislation
- LGBT issues should be mainstreamed into all staff training alongside other equality strands

Opportunities for Further Action

- Awareness raising on LGBT issues through team meetings and presentations can prepare staff for training and provide clear evidence on the relationship between being LGB or T and issues of health and wellbeing
- Consider using the ‘champions’ model – a senior member of the organisation develops specialist knowledge of LGBT issues and promotes them
- Existing staff, including consultants, should attend an equality and diversity training programme, including LGBT awareness

4: Service User and Staff Journeys

By considering a service user or staff journey model, both recruitment practice and day-to-day workplace practice can be analysed to promote positive change for all.

“The patient journey is the pathway through the health services taken by the patient and as viewed by the patient”

NHS Quality Improvement Scotland



Service User and Staff Journeys

By considering a service user or staff journey model, both recruitment practice and day-to-day workplace practice can be analysed to promote positive change for all.

A useful tool for developing healthcare services is the patient / service user journey model. The journey can be seen as a process diagram where the service user moves from stage to stage. By breaking the journey down into smaller manageable components it is easier to identify areas for positive change.

In this section, the service user journey model is used to scrutinise how a service user is treated according to equality and diversity policies. Creating a service designed for users where people are respected and treated as individuals is a key aim of the NHS. At each stage of the service user journey, the questions “how would I feel if I were lesbian, gay, bisexual or transgender if staff behave in that way to me” and “how could services be changed to be more inclusive and appropriate for LGBT people” should be asked.

The service user journey concept can also be extended to analyse staff recruitment as seen by prospective staff and their subsequent experiences as an employee of NHSScotland. Creating a health service that values diversity and recruits fairly is a key aim of the NHS. By using a staff journey model, both recruitment practice and day to day workplace practice can be analysed to promote positive change for all.

Learning from the NHS Inclusion Lothian Demonstration Project

- Training participants reported an increased sense of relevance where the training was linked to the concept of the service user journey since they could then relate it to practice
- When scenarios were made real and challenging, the training was improved

“When things got worse, I called the out of hours service and spoke to a doctor who was again reassuring and supportive, giving me all of the information we needed, and also warning of what kind of things might happen, and when we should call for assistance. He treated me as her partner exactly how I would have wanted to be treated, as her partner and someone who would also be upset and anxious about what was happening.”

NHS service user

Service User Journey

Assad's Story

Assad has recently moved to Scotland from England to start a new job. Partly due to the move, his relationship with his partner Peter came to an end a short time ago. Peter and Assad met at university seven years ago, but Assad had hidden both the relationship and his sexual orientation from his parents. He has not been able to share his feelings of loss about the relationship with his family. He is feeling vulnerable and isolated, but looking forward to starting his new job and hoping the move will help him start afresh.

After settling into his new home, Assad goes to register with his local GP.

At the reception desk in the waiting area of the surgery, the receptionist takes Assad through the registration form. He is asked about his marital status, whether he is single, married, divorced, separated or widowed. He replies that he is single. Next he is asked about his sexual orientation, whether he is heterosexual, gay, bisexual or another definition. Assad blushes and answers that he is heterosexual.

What was right and what was wrong at the GP surgery? How might the process be improved?

While the receptionist was trying to be helpful, Assad should have been asked to complete the registration form on his own. Patients should be clearly told why monitoring is taking place and that they do not have to answer questions if they do not want to. In the marital status section, there should have been the option of 'Civil Partnered' and other relationships (see section 7). The section on sexual orientation was a positive aspect, but it was inappropriate to ask the question aloud in a public environment.

After a few months, Assad becomes depressed and he turns to his GP for help.

His GP asks him to explain what has been troubling him, and Assad explains the reasons – breaking up with his partner and that he is lonely in his new environment. His GP asks more about his girlfriend or wife, how long they had been together and so on. Assad, already in an uncomfortable situation asking for help, explains to his GP about Peter and the relationship. His GP, unsure of how to deal with the situation, quickly agrees to refer him to a psychiatrist and prescribes anti-depressants.

How might Assad's experience with his GP have been improved?

Unfortunately, due to the earlier problem with monitoring Assad's sexual orientation, his GP assumed he was in an opposite sex relationship. This forced Assad to 'come out' to his GP in an uncomfortable situation. Other LGBT people faced with the same situation may not be confident enough to do so and will hide relevant information. This could lead to inappropriate treatment and poorer health outcomes. There may be local LGBT support services in the area that could help, such as a local lesbian and gay switchboard. Assad should have been directed to any relevant services by his GP.

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Assad attends a preliminary interview at the mental health resource centre.

The two mental health counsellors interviewing him have been briefed by Assad's GP about his situation. They ask Assad about his relationship and his sexual orientation, but make it clear that he does not need to discuss it fully at this stage if he feels uncomfortable. Assad feels they have a genuine interest in his wellbeing. The mental health counsellors listen carefully and attentively to what he has to say. On making his appointment to see the psychiatrist he feels less apprehensive because of his recent positive experience.

Why was Assad's experience different at this stage?

Assad's GP had asked him permission to confidentially disclose the issues surrounding his sexual orientation. This meant the counsellors were able to talk to Assad about his previous relationship without Assad being forced to come out again. Not being pushed into making disclosures he might have felt uncomfortable with meant that Assad felt respected and his feelings valued. Positive experiences at this stage will have improved Assad's chances of not dropping out of any intervention and should improve health outcomes.



Staff Journey Alison's Story

Alison currently works as a project manager in the voluntary sector. She lives with her partner Jane with whom she co-parents their son Jack. Alison is interested in working for the NHS as she feels she has the right skills to contribute and the NHS is an attractive employer.

Alison sees an advert in the newspaper for an NHS post she is interested in.

The advert states that the NHS is an "equal opportunity employer". There is also a 'positive about disabled people' charter mark on the advert.

How reassured will Alison be by these indications?

Stating the commitment to equal opportunities will be encouraging. To be inclusive, the statement could mention all six equality strands, including sexual orientation.

"... I think because I am relatively senior in the National Health Service, it's actually very easy for me to be gay because most of the people who I have to come out to now are either working for me or are in a position junior to me... I don't know what it's like to be a porter or a domestic or an auxiliary or working at a very junior level."
Rhona, Challenging Homophobia Training Video, fpa

Alison applies for and receives an application pack.

Alison looks at the job description but does not see any requirement to promote equality and diversity. The monitoring form has a section where sexual orientation can be given.

How will these observations affect how Alison views the NHS?

Although Alison is aware of the NHS commitment to equality and diversity, she now doubts whether this is truly the case as there is no requirement to promote equality and diversity in the job description. The monitoring section does, however, demonstrate to her that the NHS is serious about addressing LGBT issues.

Alison is successful at interview and starts her new job with the NHS.

During the induction process, Alison is given training on race and cultural competence, but no other specific equality and diversity training. She enjoys her new job and gets on well with her co-workers. She has a picture of her family on her desk.

What could improve Alison's good work experiences so far?

Specific training on all six equality and diversity strands, elements of which could be addressed together, would improve the induction process and make all employees feel valued.

Alison overhears two people who work nearby, but are not colleagues, make homophobic remarks.

Alison decides to challenge them. The two workers are resistant to her challenges and ask "so are you a dyke yourself then?". Alison feels upset and angry, but unable to respond to the comments.

What could change Alison's experience of this incident?

The *Employment Equality (Sexual Orientation) Regulations 2003* make the use of discriminatory language as described above unlawful – all staff should be made aware of this. A well known and advertised zero-tolerance policy on discriminatory language, including homophobic language, would help create a culture where such remarks would not be acceptable. Managers and team leaders should challenge all homophobic language or behaviour and resistance to change will be less widespread. Awareness training for all staff could change people's attitudes, and avoid such remarks being made.

Alison confides in a co-worker about the incident.

Her co-worker explains that there is a LGBT diversity champion in senior management. Alison meets with the diversity champion and explains the incident. She is assured that the incident will be recorded, appropriate action taken and that she will be kept informed.

How might Alison's good experiences at this stage have been improved?

Alison's line manager should have already told her about the LGBT diversity champion. Were there a LGBT employee network in place Alison would have been able to report and discuss the incident in a fully supportive environment.

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Not Just a Friend¹⁴

The Royal College of Nursing and Unison have joined forces to produce best practice guidance for hospital staff on health care for LGB service users and their families.

"Its not about giving special treatment – it is part of the growing recognition in the NHS of the need to respond to changes in society, including family structures, and apply an understanding of cultural diversity when delivering healthcare."

Not Just a Friend

The main force of the advice given is to avoid making assumptions. This means challenging heterosexism and allowing people to be out without having to come out as LGB and fear discrimination. This is a first step to ensuring a relationship of trust between LGB service users and staff. The "Check List for Health Workers" encourages staff to challenge homophobia, the only way in which policy changes will produce lasting change. Until the *Civil Partnership Act 2004*¹⁵, the same-sex relationships of LGB people were not recognised in law. With stories of patients' partners being denied access by the family of the patient, much fear is associated with disclosing sexual orientation and relationships in a healthcare setting. The 'Not Just a Friend' guidelines show that there is no legal basis for this discrimination and discusses other issues where there may be doubt as to staff and patient responsibilities. It will be in the best interests of the patient to have the support of their partner during any period of illness and this and other issues are brought out effectively in the guidelines.

"Training for all staff and monitoring of outcomes will be essential elements of any action plan on achieving good practice."

Not Just a Friend

Not Just a Friend is published by Unison¹⁴

Taking it Forward - Checklist

- Staff should use the service user journey and staff journey model to enhance their areas of service provision for LGBT people
- Consult with 'out' co-workers and engage local LGBT organisations to assist in identifying areas for positive change

Opportunities for Further Action

- When planning patient services, use the patient journey model to tackle equality and diversity issues for LGBT people and the other five equality and diversity strands
- The Equality Impact Assessment Tool will also help in planning appropriate services, see section 5
- Use the staff journey model to review and improve recruitment practice in relation to equality and diversity in the workplace for LGBT people and the other five equality and diversity strands, see section 10

5: Assessing the Impact

Developing policy and practice that places the service user at the centre of services is a key aim of the NHS.

“The public should be involved at an early stage in discussions about the changing pattern of healthcare services.”

Partnership for Care



Assessing the Impact

Developing policy and practice that places the service user at the centre of services is a key aim of the NHS.

Equality impact assessment identifies whether a policy or an aspect of service delivery may have an impact on people from the communities represented in the six equality and diversity strands. As part of the process, consultation with representatives of different communities is usually required in order to provide a user perspective and to assist policy makers and planners to proof policy against unequal treatment.

Impact assessment can:

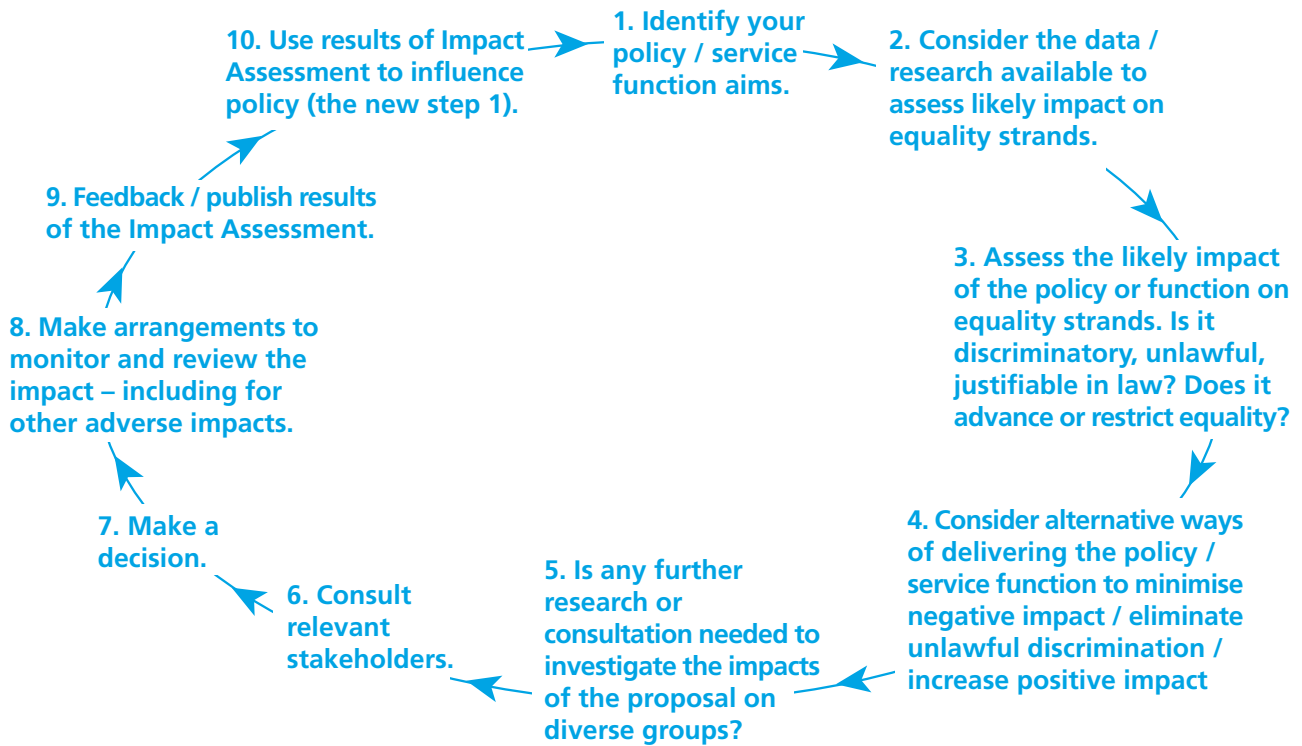
- identify aspects of policy or service delivery that may be unlawful and prevent them from being implemented avoiding possible legal costs and loss of reputation
- identify aspects of policy or service delivery that could be easily changed to make a positive impact on people from the six equality and diversity strands
- promote equality and diversity in the NHS
- prevent initiatives that reinforce, for example, heterosexist or racist norms or beliefs
- ensure the design, development and delivery of services will meet the needs of all communities and individuals

Impact assessment asks the question 'What negative or positive effect will the implementation of the policy or delivery of service function in question have on each specific group of people?' The assessment of the impact of policy on specific groups of people must be evidence based. If there is not sufficient evidence to come to a conclusion, then this in itself is a finding – consultation or formal research should be

carried out to fill this gap in knowledge. It is not acceptable to assume an impact without the necessary evidence to support the assumption.

After effective consultation with representatives from the specific group(s) is carried out and policy implemented or service function changed, the effect on the specific group(s) needs to be monitored. The evidence gathered from consultation and monitoring should be used to inform and drive future development of services. The knowledge base will have been increased through this process and can be used to improve policy – it will be more responsive to the diversity of service users and staff, thereby being more effective. With new expectations and evidence, the impact assessment process can be used again. In this way, impact assessment is a cycle of learning and improving.

A decision to locate a radiography suite in an older building with no lift may prevent wheelchair users and those with mobility problems from accessing the service. However, men will not be more adversely affected than women, nor will LGB people be more adversely affected than heterosexuals. Evidence has been used to come to the conclusion that mobility problems are not affected by gender or sexual orientation.



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The NHS Equality Impact Assessment Tool (EQIA)

The EQIA tool is designed to be simple and straightforward to use, yet it should encourage creativity and initiative by indicating areas where information needs to be sourced, either by consultation or formal research.

Each step, as shown above, has guidance notes to help and direct the user. As an integral part of the process, the user should

always remember that developing policy and practice that places the patient at the centre of services is a key aim of NHSScotland. As part of that, recognising and using diversity in the workplace and creating equality of opportunity for service users and staff is key to a modern NHS where all people are treated equally and their diversity valued.

It is important to consider the specific needs / issues for all six equality and diversity strands.

Key Issues for LGBT Impact Assessment

Communicating, both written and spoken
Equality and diversity statements in all documents should explicitly include LGBT people. Care should be taken in ensuring language is inclusive, e.g. recognition of same-sex relationships.

Gathering evidence

It is well recognised that there are gaps in current research⁵ about the needs and views of LGBT people. Impact assessment will help uncover areas where further work can be done. By carrying out consultation or formal research the impact assessment can contribute to the wider body of knowledge. See section 8 for some key research guidelines.

Monitoring and evaluation

There are currently few initiatives that collect information from service users or staff about their sexual orientation or gender identity. Without this information it is impossible to measure the impact of the policy or function on LGBT people. Monitoring is essential for impact assessment and should be done sensitively. See section 7 for advice on monitoring sensitively.

“What is important is that all decisions are taken in an open and honest way, and that the public are involved in the choices and decisions which need to be made. This means seeking public views from the earliest stages, defining issues clearly, exploring possible options, and examining these in an open way with good evidence. It means using modern methods of communication and involvement to ensure that the widest range of individuals and communities affected by changes are reached. It also means feedback to those consulted.”

Partnership for Care

Taking it Forward - Checklist

- All new policies or service re-design should be equality impact assessed
- Make contact with any local organisations for people who are LGBT and discuss their involvement in future planning
- Identify sources of information specific to LGBT health and wellbeing issues that will support the equality impact assessment process

Learning from the NHS Inclusion Glasgow Demonstration Project

- NHS staff involved in the consultation and review of sample policy described it as a valuable process
- Staff that had undergone training and were now working with the revised documents proposed that reviewing documents for LGBT impact should be part of the regular routine

6: Engaging LGBT Individuals and Organisations

The effective and genuine engagement of lesbians, gay men, bisexuals and transgender people should be at the heart of the commitment to “developing a ‘LGBT friendly’ health service’ with accessible and appropriate services.”

“We want to see a health service where there is participation by patients, carers and local communities. This should mean that their views are actively sought, listened to and acted on; and treated with the same priority as clinical standards and financial performance.”

Partnership for Care

Engaging LGBT Individuals and Organisations

The effective and genuine engagement of lesbians, gay men, bisexuals and transgender people should be at the heart of the commitment to “developing a ‘LGBT friendly’ health service’ with accessible and appropriate services.”

Starting useful dialogue between the NHS and the LGBT community is a key component of the Scottish Executive directive to create Community Health Partnerships (CHPs). Guidance for the NHS in *Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services*¹⁶ explicitly highlights the need to engage with LGBT people. Such engagement is part of the commitment to “a service where individuals, groups and communities are involved in improving the quality of care, in influencing priorities and in planning services”³.

Effective community engagement should involve the consultation, co-operation and participation of relevant community groups and organisations. This has the potential to empower communities by acknowledging the contribution of LGBT people and improving the health and wellbeing of LGBT people. Genuine engagement could benefit decision making by giving an informed view of priorities and should improve the planning and delivery of services by making them more responsive to the health needs and aspirations of LGBT people.

Like other communities in Scotland, the LGBT community is not used to being consulted about decisions concerning healthcare provision. It will take time to build capacity and trust in the LGBT community for genuine effective engagement to work. A lack of response to a strategy of engagement may indicate a lack of trust as opposed to a lack of willingness to participate in decision making. Meaningful engagement should be attempted regularly to build the necessary trust and capacity.

Challenges specific to LGBT communities

Being ‘out’ – hidden population

Many LGBT people do not disclose their sexual orientation or true gender identity to others – they are not ‘out’. This means that a large proportion of the community is hidden and cannot be contacted using normal methods.

Being ‘out’ – public forums

While many LGBT people are ‘out’, they may not be comfortable disclosing their sexual orientation in a focus group or public forum. Therefore it is important to create a welcoming, non-judgemental environment for community engagement or consider using LGBT friendly venues.

Sexual orientation does not define the person

LGBT people are not just defined by their sexual orientation or gender identity, but are fully participating members of the broader community and also have other identities e.g. they may also be disabled.

This means they will hold a range of views on a wide variety of topics, not just those specifically relevant to LGBT issues. Any member of the community will expect to be consulted about the full range of their views.

Less well developed sector

Support and community services for LGBT people are not well funded¹⁷ and the few active organisations rely heavily on volunteers. It should be noted that the capacity of these organisations is typically already over-stretched, although people are usually enthusiastic and encouraged by the request to be consulted or involved in projects.



Learning from NHS Inclusion Demonstration Projects

Glasgow

The initial stages of engaging LGBT mental health service users involved discussion with the Mental Health Network, a network of Scottish agencies that support people with mental health issues. Two major barriers to engagement were identified - the stigma attached to both mental ill health and to being LGB or T.

Two methods of engagement were chosen;

- participatory appraisal workshops
- anonymous postcard feedback

Flyers were distributed through four local mental health organisations and adverts placed in two LGBT community magazines. There was a low response to the flyers and adverts with only three people responding. This demonstrated the difficulties with engaging a hard to reach community, made worse by the stigma associated with mental ill health. The low response meant that no workshop took place, but interviews with respondents were carried out so that they could share their views.

Postcards were produced asking three basic questions about whether services were welcoming and whether people had disclosed their sexual orientation or gender identity. The postcards were sent out through the same mental health agency channels as before and in addition were available in the Glasgow LGBT Community Centre. Three postcards were returned and one letter received in response to over 400 postcards that were distributed. This once again demonstrates the barriers to engagement that were identified at the outset.

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Learning from NHS Inclusion Demonstration Projects

Tayside

Community engagement was run in conjunction with Gay Men's Health Tayside and Diversitay, both local LGBT organisations. Three engagement strategies were used;

- Community events
- Focus group
- Interviewing in gay bars

Community events in Dundee, Arbroath and Perth were advertised locally and nationally. While attendance was low, the events provided an opportunity for people to share their views about the barriers experienced by LGBT people when accessing services.

A focus group was arranged to talk with people who had specifically used services at Ninewells Hospital. Gay Men's Health mailing list was used and flyers were distributed in gay bars and other venues in Dundee. There was no response and the focus group did not go ahead.

The poor response to these two strategies prompted the third strategy, interviewing people in gay bars in Dundee. As a focus, questions were asked regarding the *Not Just a Friend* best practice guidance (discussed in section 4). Eighteen people responded to this survey. However, delivering feedback and maintaining engagement with respondents in informal settings is problematic. Bar based work excludes a large proportion of the LGBT community and should be used cautiously.

Service User Views from NHS Inclusion Demonstration Project Community Engagement

Safety - When asked if it would be safe for same-sex partners and family members to be open about their relationships if they want to, in order that they could be supported during illness or crisis, over half the respondents in the Tayside project did not feel it would be safe or did not know if it would be safe.

Homophobic behaviour - A respondent from the Glasgow project was referred to a rehabilitation centre for the treatment of alcoholism. He said, "you couldn't say you were different there. I was sent for pastoral counselling and the pastor told me homosexuality was a sin and that I had to stay celibate if I wanted to recover from alcoholism."

Referral pathways - Talking about a health professional she had seen, a respondent from the Glasgow project said, "the psychologist admitted to not knowing a great deal about transsexuals, but did know who to refer me to."

"Sometimes the views and experience of patients can be expressed effectively through voluntary organisations"

Partnership for Care

Key issues in LGBT Community Engagement

- Use diverse methods of engagement – Public Partnership Forums, community events, focus groups, research, presentations, training.
- Appropriate and diverse recruitment of informants – this should involve a clear understanding of who you want to engage with and how you will get in touch.
- LGBT organisations should be resourced to enable capacity building and encourage ongoing participation and involvement in the improvement of services.
- Engaging with LGBT communities should always be done in partnership with relevant local organisations that are accountable for their representation.
- Consider how to achieve representation of all LGBT people, e.g. older, younger, those from black and minority ethnic communities, etc.

“Effective public involvement can act as a catalyst for change, help achieve a major improvement in the health of the public and help strengthen public confidence in the NHS”
Patient Focus and Public Involvement

Learning from the NHS Inclusion Lothian Demonstration Project

- It was considered important to be clear about why the LGBT community was being engaged and what their role or status would be in any process
- The GP practices involved in the training were happy to use the LGBT Centre for Health and Wellbeing (a LGBT community organisation in Edinburgh) as a broker with the LGBT community
- After training, participants reported a greater knowledge of LGBT organisations and resources and where to access them



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Case Study - Strathclyde Police

The Chief Constable of Strathclyde Police has made equality and diversity, including LGBT issues, part of the business plan of the organisation. A diversity unit was set up currently comprising a superintendent, chief inspector and three inspectors, all significantly high ranking staff. In partnership with Glasgow City Council, Strathclyde Police set up the Glasgow Lesbian, Gay, Bisexual and Transgender Community Safety Forum in 2001. Initiatives that have been started by the forum and have benefited from community participation include:

- Remote reporting in LGBT friendly venues of homophobic crime for LGBT people
- Anti-homophobia publicity campaign, depicting police officers supporting the campaign slogan "Homophobia – don't accept it, we won't...tell us."
- Police recruitment evening in Glasgow LGBT Centre

Strathclyde Police recognises that this is only the beginning of meaningful partnership working with the community and is committed to furthering strong links with both community representatives and community organisations.

Taking it Forward - Checklist

- Make initial contacts with managers/leaders of LGBT organisations in the area, including social venues
- Contact local LGBT specific forums set up by the local council(s), police and other statutory bodies
- Advertise in local general press explicitly for consultation with LGBT service users
- Ensure that all community engagement is representative of the true diversity of your local LGBT population

Opportunities for Further Action

- Specifically include LGBT people in public statements about community engagement
- Continue to engage as widely as possible using all methods to build trust
- Build trust and encourage greater participation by creating a demonstratively LGBT friendly service
- Consider supporting or resourcing LGBT organisations that are involved in community engagement with the NHS

7: Good LGBT Monitoring

As part of the commitment to create an NHS that is *Fair for All* it is important that monitoring is carried out for each of the six equality and diversity strands.

“A key element of the framework was the understanding of ethnic minority make-up of the local population, their concentration (or dispersal), socio-economic conditions and the ways the data had been utilised in priority setting, planning and developing services to meet specific identified health needs.”

Fair For All

Good LGBT Monitoring

As part of the commitment to create an NHS that is *Fair for All* it is important that monitoring is carried out for each of the six equality and diversity strands.

Organisational performance management requires monitoring in order to review practice and address areas where positive changes can be made. Monitoring should be a central part of both workforce and service delivery functions. For example, the NHS carries out ethnic origin monitoring for all prospective staff as part of the statutory duty to promote race equality. If ethnic origin were not monitored, it would be impossible to identify areas for change in order to improve recruitment processes and thereby promote race equality. Collection of relevant data will support the promotion of equality for LGBT people across the NHS. In order to determine whether LGBT service users are being treated fairly, their sexual orientation and transgender status should be monitored at the point of use. In order to determine whether workforce processes are fair to all, sexual orientation and transgender status of prospective staff should be monitored at the point of application and during staff surveys. All monitoring should be carried out sensitively and confidentially.

Monitor and Evaluate – Service Users

Research⁵ has demonstrated that LGBT people suffer unnecessarily from poor health linked to heterosexist attitudes and experiences of and fear of homophobia. They are also likely to experience poorer treatment outcomes linked to fear of harassment or violence if they disclose their sexual orientation to others. To start addressing these problems, when monitoring on other aspects of identity, the NHS should consider monitoring the sexual orientation and transgender status of service users.

For advice on appropriate choice of definitions of sexual orientation and gender identity, please see the section on classification and definitions in the NHS Inclusion *LGBT Research Guidance*¹⁸. Information Services Department (ISD) of NHSScotland has recently included sexual orientation and transgender status in generic health data sets for use across the NHS.

NHSScotland should consider monitoring:

- *all service users*
It is important that all service users are asked to describe their sexual orientation and gender identity. This ensures that people do not feel they are being 'singled out' and that full data is collected. Monitoring should be considered for all services, not just those thought to be heavily used by LGBT people. Even when people register with their GP or attend A&E, their sexual orientation and transgender status should be monitored. By doing so, the NHS will indicate to all LGBT people that their identities are valid and that they can expect appropriate treatment.

- *sensitively*
There will be a continuing reluctance by LGBT people to disclose their sexual orientation or gender identity while discriminatory behaviour remains, either real or perceived. Therefore, under-reporting of sexual orientation should be assumed when using data. By clearly explaining to all people why sexual orientation and transgender status is being monitored, some of their fears can be allayed. This will improve the experience of service users and at the same time increase accurate disclosure making data more reliable.
- *with confidentiality assured*
Confidential monitoring is important for service users so they know sensitive information is protected. Service users should be allowed to complete forms themselves whenever possible and questions relating to their sexual orientation should not be asked in public. Assuredness of confidentiality should also encourage a higher disclosure rate, making data more reliable. The handling and storage of non-anonymised information must be compliant with data protection regulations¹⁹.

Monitor and Evaluate – Staff

Monitoring can show whether LGBT employees:

- are employed in numbers that reflect the local/national population
- apply for promotion at the same rate as all other employees
- are recruited or selected for training in proportionate numbers
- are being harassed or bullied at work because of their sexual orientation
- are concentrated in certain jobs, sections or departments
- think the organisation's procedures and culture are supportive

However, there are unique challenges in monitoring the sexual orientation of employees and job applicants sensitively.

Guidelines²⁰ for workforce monitoring have been produced by Stonewall, the GB organisation that promotes equality and diversity for LGB people, in association with the Department for Trade and Industry. These are available from www.stonewall.org.uk

“In many organisations, what does not get monitored does not matter.”

Hayles, 1999, Equal Opportunities Review

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Key Issues for LGBT People

People of different generations may use different language to define their sexual orientation. For example, some older people may define themselves as homosexual rather than gay or lesbian, so it may be helpful to provide alternative wording. Some women may define themselves only as lesbian, other women only as gay.

Creating a safe environment in the workplace will enable more people to be open about their sexual orientation but employers should not force people to disclose this information. Monitoring on sexual orientation should always allow for people to prefer not to answer a particular question.

Being transgender is not an issue of sexual orientation but one of gender identity. Guidance on the 2001 National Census stated that transgender people could tick the gender they felt described them, irrespective of the sex on their birth certificate. It may therefore be more inclusive to use the word 'gender' rather than 'sex' on forms.

Action Points

Encourage full participation to ensure accurate monitoring

- Reassure LGBT people it is safe to provide information by explaining in your monitoring forms or questions why you need the information and how it will be stored and kept confidential.
- Communicate the results of surveys and actions you will take as a result. Employees switch off if they give information but nothing seems to happen.
- It could be helpful to know whether someone is 'out' as LGBT, as well as simply LGBT.

As part of its commitment to a robust equal opportunities policy the Scottish Parliament has introduced monitoring on sexual orientation and gender identity alongside other personal characteristics. Clear communication explained why such data was needed and how it would be used.

Decide what you want to monitor

- You may want to take a snapshot of how many LGBT people are currently in the organisation, or perhaps you want specific information on the experiences of those employees; or both
- You might choose to carry out a large-scale, anonymous survey or focus on specific areas such as harassment
- Ideally the data you gather should be good enough to use as a benchmark for improvement
- You could start by targeting surveys at specific groups of people – for example, job applicants, employees or service users, viz existing complaints procedures

Use data from external sources

- Surveys carried out in organisations similar to yours might serve as proxy data for your organisation, if you have none available

Benefits

Organisations that monitor effectively:

- can measure the success of specific initiatives
- send a message that their LGBT employees are valued
- can identify and communicate improvements in the position of LGBT employees

The Inland Revenue now includes sexual orientation monitoring as part of its staff survey. This is part of an all-round approach to diversity and equality, including all aspects of organisational life from customer service to recruitment.

Getting it Right – Monitoring Forms

Monitoring forms should include a section on both sexual orientation and transgender status and changes to marital status and gender sections.

Sexual Orientation

A question asking about someone's sexual orientation should be included. There should be five reply options: "Lesbian", "Gay", "Bisexual", "Heterosexual" and "Other". The reasons for collecting the information should be clearly explained at the start of the document and no-one should be pressured into answering the question.

A good example is the recently produced NHS Shetland Equal Opportunity Monitoring Form²¹, where the reasons for collecting the information are clearly explained at the start of the form.

Transgender Status

A question asking "Are you or have you ever considered yourself to be transgender?" should be asked with a yes/no reply option. The reasons for collecting the information should be clearly explained at the start of the document and no one should be pressured into answering the question.

Marital Status

Sections on monitoring forms recording marital status should be updated to include registered same-sex partners to take account of the legislation on civil partnership¹⁵ introduced in 2004. Forms should have tick boxes labelled "married or in a civil partnership", "divorced or dissolved civil partnership". Additionally, consider revising such a section to record relationship status as opposed to marital status and include a broader range of relationships.

Gender

Sections recording gender should be updated to have three reply options, "Male", "Female" or "Other" where people can define their own gender. This will allow intersex and some transgender people to define themselves and be included.

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Taking it Forward - Checklist

Review service user and staff monitoring and assessment forms:

- Section on sexual orientation included on monitoring forms
- Section on transgender status included on monitoring forms
- Section on gender revised to include self-definition area on monitoring forms
- Civil partnerships (and a broader range of relationships if required) should be included in marital status sections of monitoring forms

Opportunities for Further Action

- Publish monitoring results on the internet and in publications
- Allow monitoring results to inform policy decisions
- Identify areas showing under-recruitment of LGBT people
- Identify service improvements requested by LGBT people

8: Good Research Practice

Prejudice in our society, institutions, assumptions and practices means it is useful to draw attention to the specific issues that arise when carrying out research with, on or including lesbian, gay, bisexual or transgender people.

“To support, inform and monitor progress towards equality objectives and ‘mainstreaming’, the Executive recognises the importance of having appropriate information on different equality groups.”

Sexual Orientation Research, Scottish Executive



Good Research Practice

Prejudice in our society, institutions, assumptions and practices means it is useful to draw attention to the specific issues that arise when carrying out research with, on or including lesbian, gay, bisexual or transgender people.

Without information about the needs of a community it is very difficult to ensure their healthcare is properly addressed. Policy can only be formed on a sound evidence base which must accurately reflect the true needs of the wider community under investigation.

A major finding of *Towards a Healthier LGBT Scotland*⁵ was the existence of significant gaps in LGBT research on health and wellbeing. Under the umbrella of the Scottish Executive Health Department LGBT Health Discussion Forum, the Research and Information Working Group was set up. The aim of the group is to address this issue and to provide a central co-ordinating clearing house for LGBT Health and Wellbeing Research in Scotland. The group comprises independent researchers, NHS staff who commission research and representatives of LGBT organisations from across Scotland. They have identified five key priority areas of work.

- Development of a LGBT health and wellbeing research database. Now available on www.lgbthealthscotland.org
- Identification of gaps in health and wellbeing research, policy and practice
- Co-ordination and dissemination of research
- Development of research tools and good practice guidance for LGBT research
- Influencing health policy and strategy

LGBT Research Guidance

Detailed guidance¹⁸ on good LGBT research practice has been developed by the Scottish Executive Health Department LGBT Health Discussion Forum's Research and Information Group. The full text is available from the NHS Inclusion Project. This guidance aims to raise issues a researcher or commissioner of research might want to consider when engaging in or commissioning health and wellbeing research with or about LGBT people, and provide sign posts to sources of information that may help in the design, implementation, analysis and dissemination of the research.

One of the main challenges for people embarking on LGBT research is that the LGBT community is far from a homogeneous group and, while some sectors of it have been over researched and others under researched, a significant number of LGBT people remain invisible or fear participation. As with other people that face systemic discrimination, they need to be convinced that the research is in their interest, that it has a purpose and that their participation does not put them at risk.

Many LGBT people have experienced research that has reinforced stereotypes of LGBT lives. Others fear being 'outed' through the research process. It is crucial therefore that the purpose, process and ethical considerations are transparent and open to scrutiny.

Key Issues From *LGBT Research Guidance*

Classification and Definition

Classification and Definition is a particularly challenging area in research about sexual orientation, gender identity and/or LGBT people, since people's sexual orientation or gender identity does not always fit easily into polarised heterosexual - homosexual/ male-female categories, nor into the four headings assigned 'the LGBT community'.

Using the terminology in the *Scotland Act 1998*⁹ (sexual orientation, lesbian, gay, bisexual, transgender and gender identity) will facilitate comparability across research. However, you may decide to allow for respondents to report their self-perceived sexual identity, or offer a much wider choice of categories so that people feel more included and are therefore more likely to respond to the research honestly and fully e.g. male/female - homosexual, gay, lesbian, queer, dyke, bisexual, transgender, transsexual, intersex. If you decide to let people self define or choose from a wider range of categories, you can still collapse them down into fewer categories for statistical analysis, allowing for increased comparability and consistency.

'Transgender community' is an umbrella term including:

- pre and post operative transsexual people
- transsexual people who have chosen not to undergo surgery
- transvestites
- some intersex people

If undertaking research with the transgender

community, be aware of the definitions (see glossary). If in doubt, ask the interviewee/ respondent.

Qualitative Research – Should the Interviewer be LGB or T?

It is suggested that it is better for the interviewer/researcher to offer neutrality and not disclose their sexual orientation. If the interviewer discloses as LGB or T the respondent may assume the interviewer already knows things and so say nothing. If the interviewer discloses their heterosexuality the respondent may feel nervous. So - be warm and friendly yet detached.

Engagement

When working with the LGBT community, there are specific issues regarding engagement that should be considered - the difficulties people face in reaching people in the LGBT community, the potential biases of 'on scene' research and the invisibility of certain groups. Traditionally, much research on LGBT communities has involved a narrow range of people, and those who are harder to reach, or are not comfortable with current methods of consultation, are too often not involved. To ensure meaningful research these people must be included.

Be prepared to make available safe and supportive environments for people. This would include

- clarity around confidentiality
- post engagement support
- information and resources for people to follow up on

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Inclusion

Just because LGBT people may have faced discrimination and live with oppression themselves, do not assume that gender discrimination, sexism, racism and religious intolerance are not present in the LGBT community. Any LGBT research has to recognise the diversity of LGBT individuals, communities and their families.

Identifying significant numbers of black and minority ethnic LGBT people can be a challenge and leads to a tendency to group people together, say Pakistani Muslim or Sikh, a West Indian catholic or a non-religious Kurd, despite a huge range of difference between their cultures. Comparing a 'black' sample with a 'white' sample does not help given that neither group is homogenous.

Bad Ethics = Bad Research

Ethics are fundamental to the whole of the research process and one of the main questions researchers should ask themselves is what will be the outcome of the research for participants? One example is of people seeking asylum on the basis of sexual orientation. Questions on sexual orientation and identity have extreme implications when the interviewee could be deported back to a country where same sex relationships are illegal.

Taking it Forward - Checklist

- When considering research with LGBT people, engage local groups or organisations to consider ethical approaches
- Identify how you will feedback results
- Use *Getting it Right – LGBT Research Guidance*¹⁸ and the Scottish Executive Research guidelines²²

9: Human Resources

Robust diversity policies contribute substantially to long-term competitiveness, attract higher skills, motivated employees and enhance service user satisfaction. More organisations are also making the link between how they treat existing and potential employees and how they are perceived by service users.

“NHSScotland’s vision is to offer meaningful employment experiences free from discrimination and prejudice which provide individuals with a supportive environment in which they can reach their full potential.”

NHSScotland’s Workforce Equality Action Plan



Human Resources

Robust diversity policies contribute substantially to long-term competitiveness, attract higher skills, motivated employees and enhance service user satisfaction. More organisations are also making the link between how they treat existing and potential employees and how they are perceived by service users.

In December 2003, the *Employment Equality (Sexual Orientation) Regulations 2003*⁸ became law across the whole of the UK. This legislation protects lesbians, gay men, bisexuals and heterosexuals from unfair treatment and harassment in the workplace due to their sexual orientation. Transgender people (while they may or may not also be lesbian, gay or bisexual) are also protected under sex discrimination legislation. The new law protects lesbians, gay men, bisexuals and heterosexuals from

- direct discrimination
- indirect discrimination
- harassment

in the workplace on the grounds of sexual orientation. In the first ten months after introduction, close to 300 cases across the UK²³ had been brought to an employment tribunal under the legislation. It is expected that this number will rise as more employees become fully aware of their rights and lawyers actively seek out possible claimants.

Embedding the new law in HR practices across the NHS will

- prevent costly employment tribunal cases
- enhance the reputation of NHS as an exemplary employer
- promote a diverse, effective workforce fit for purpose

There are key steps that can be taken to achieve this.

Diversity Task Force

To achieve the aims of NHSScotland, the Diversity Task Force (DTF) provides strategic leadership within the NHS on workforce related issues of equality and diversity across all six strands (age, disability, gender, race or ethnicity, religion or belief, sexual orientation). It is there to support all NHS employers to succeed in delivering a diverse NHS workforce fit for purpose and enable the NHS to become an exemplary employer. In partnership with all NHS Boards, the DTF will monitor employment outcomes relating to equality and diversity to assist in achieving these goals and improve practice. Delivering equality and diversity within the NHS workforce is a cornerstone of creating a welcoming NHS that listens and responds to all patients without prejudice.

Diversity Checklist

A checklist²⁰ to help all employers succeed in embedding the new employment law in relation to sexual orientation in their human resources practices has been produced by Stonewall, the GB organisation that promotes equality and diversity for LGB people, in association with the Department for Trade and Industry. It offers ten key points to making the regulations work in practice.

1. Understand the law

The *Employment Equality (Sexual Orientation) Regulations 2003*, became law on 1st December 2003, and make it unlawful to discriminate in employment or training on grounds of sexual orientation. LGB people are now entitled to protections similar to those already provided for women, disabled and black and ethnic minority staff.

2. Act now

Make sure your policies and practices comply with the regulations. Employers now risk legal claims from staff who have been treated less favourably in, for example, recruitment, promotion, training, or dismissal; are disadvantaged as a group by workplace practice and policy because of their sexual orientation; or have been offended – either intentionally or unwittingly – by homophobic actions or comments.

3. Communicate the changes

Explaining the new laws to staff and line managers is critical. Make sure everyone understands that LGB staff are covered by discrimination legislation and knows what they must do to comply with the regulations.

4. Make the business case for diversity

Robust diversity policies contribute substantially to long-term effectiveness, attract higher skills, motivated employees and enhance service user satisfaction. More organisations are also making the link between how they treat existing and potential employees and how they are perceived by service users. Persuade colleagues to see diversity issues as an opportunity not a threat.

5. Build a culture of respect

Up to two thirds of lesbians and gay men may conceal their sexual orientation from colleagues. They often find it difficult to get support when private events affect their work. Work to create an environment where LGB people can feel safe and do their best. Make equal treatment for LGB people both a question of fairness and a question of common sense.

6. Recruit fairly

Recruiters often have stereotyped notions of what LGB people are good at or not so good at, and these affect their decisions. They may believe LGB people will not fit in. Ensure that recruiters understand fair selection criteria and apply them consistently.

7. Tackle harassment and bullying

Often an LGB person who has been harassed will not want to complain because it would force them to come out. Make LGB staff feel confident about using your procedures even if it would mean having to reveal their sexual orientation.

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8. Review terms and conditions

Anyone with a same-sex partner is likely to be excluded from at least some workplace terms and conditions. Review key benefits such as pensions and insurance cover, and ensure your policies explicitly state that benefits such as parental leave, relocation allowances and travel benefits are available to same-sex partners or nominees of the employee's choice.

9. Manage performance fairly

Ensure that everyone in your organisation makes decisions based only on merit and competence. LGB people are sometimes passed over for promotion, disciplined unfairly or even dismissed for no good reason. They often find they are described as not being team players, simply because they are unable to be entirely open about their personal or social lives.

10. Monitor and evaluate your policies and practices

Monitoring is essential to check whether unfair discrimination is going on and whether an organisation's diversity policy is working in practice. Think about how you will reassure LGB people that it is safe to provide information for monitoring purposes.

For information on transgender specific issues and the law, please refer to section 10.

Taking it Forward - Checklist

- Understand the law and the specific issues by reading the full guidelines²⁰
- Ensure all job descriptions have a diversity statement explicitly stating LGBT equality and diversity
- Display anti-homophobia posters available from the Diversity Task Force
- Ensure all interviewers are equality and diversity trained

Opportunities for Further Action

- Communicate LGBT employees rights and NHSScotland's commitment to them by including information leaflets with payslips
- Monitor the recruitment of LGBT employees
- Incorporate a duty to promote LGBT equality in job descriptions of clinical staff and managers
- Encourage the reporting of homophobic harassment
- Implement robust and sympathetic systems to deal with workplace bullying due to someone's sexual orientation

10: Transgender Good Practice

In the workplace, *Fair for All* recognises the value of diversity and aims to deliver equality of opportunity for all. This applies equally to transgender people and their inclusion will go towards creating a modern health service with a workforce fit for purpose that delivers quality healthcare to all users without discrimination.

“Staff have identified gaps in service provision, assessment procedures that assumed heterosexuality, lack of targeted information and inaccessibility of services for all LGBT service users but particularly those from the transgender community”

Managerial feedback, NHS Inclusion Demonstration Project

Transgender Good Practice

In the workplace, *Fair for All* recognises the value of diversity and aims to deliver equality of opportunity for all. This applies equally to transgender people and their inclusion will go towards creating a modern health service with a workforce fit for purpose that delivers quality healthcare to all users without discrimination.

While LGBT people are often grouped together, there are issues that affect transgender people only. Transgender issues are concerned with gender identity, not sexual orientation. People who are transgender may be affected by homophobia because of others lack of understanding of the issues - or they may be lesbian, gay or bisexual also. It is just as important to recognise specific behaviours and attitudes that may lead to the exclusion or poor treatment of transgender people. Those who have transitioned and are living in their true gender will define as men or women only and will expect to be treated as such, even though their clinical needs may partly arise from their birth gender. (For advice on clinical requirements, see box on Further Information)

Legislation that covers transgender issues comprises the *Sex Discrimination Act 1975* and the *Gender Recognition Act 2004*²⁴. The requirements of the first act are well known and protect transgender people from discrimination both in the workplace and as service users. The second act allows transgender people to apply for a gender recognition certificate. Receipt of the certificate means the person has legally changed their gender from that at birth to their current gender. Disclosure of a transgender person's birth gender to a third party is unlawful due to this act.

Like the rest of the population, transgender people use health services for all sorts of reasons and not just for transgender specific issues. The principles of *Fair for All* mean that the NHS has made a commitment to give equal access to healthcare for all, irrespective of and recognising the diversity of people's circumstances, including whether someone is transgender or not.

"One woman shared her experience of the embarrassment every time she took a prescription to the chemist. Her GP refused to change her title from 'Mr' saying to her 'I'll decide when you're feminine enough to change it'. At this time she was living her life as a woman, had a female name but every time she went to the chemist the pharmacist would refer to her as 'Mr'. She described the experience as 'humiliating' and 'frightening' and said that she felt like she was 'being punished for being herself'".

Woman, Glasgow Research Workshop

Learning from NHS Demonstration Projects

From the participatory research workshops carried out by the NHS Inclusion project with transgender people, and arising from questions asked by NHS staff during demonstration project training sessions, the following key areas have been identified:

Promoting awareness

Most people do not knowingly interact with transgender people and subsequently they do not have any life experience to help inform their interactions in the workplace. Training to fill this gap would help many staff deal appropriately with transgender service users and work colleagues. If staff are in doubt, they should ask the service user what they think is appropriate for them.

Identifying as transgender

People who are transgender do not define themselves solely by that one characteristic. If they have already transitioned to their true gender, they may not consider themselves transgender at all, but simply male or female. They may also identify as disabled, be from a minority ethnic community or have specific spiritual care needs for example.

Gender pronouns

Using the wrong gender pronouns when referring to or dealing with a transgender person can be very embarrassing or humiliating for them, e.g. using the word he for someone who identifies as a woman. Even if not deliberate, use of the wrong pronoun can be profoundly hurtful, particularly if not then acknowledged. If unsure of how to address someone, the individual should be asked how they want to be addressed.

Appropriate services

Many services are set up specifically for men or women, e.g. some sexual health services. This may exclude transgender people as they may need to access clinical services due to their birth gender, not their true gender. For example, it would not be appropriate for a

transgender man (female to male) to be invited to a Well Woman Clinic even though he may require a smear test. A transgender woman (male to female) requiring a prostate check should not be referred to a male health clinic.

Assumptions about sexual orientation

Transgender people may be lesbian, gay, bisexual or heterosexual. Simply because someone has transitioned to their true gender does not mean that they will be emotionally and physically attracted to a different sex than before. Whether a transgender person defines as lesbian, gay, bisexual or heterosexual depends on their true gender.

Choosing the appropriate ward

With transgender in-patients there is often some confusion amongst staff as to what ward is most appropriate. It is important to recognise the person's wishes and true gender and not to place them in a ward determined by the proposed clinical treatment.

For example, if a transgender man (female to male) is having a hysterectomy, it is not appropriate to place him on a women's ward. If unsure of what ward would be best for an individual's respect and dignity, they should be consulted on the options available.

"A man in one of the workshops told his experience of telling his GP that he wanted to get treatment to live as a man. The first thing the GP did was asked if he was attracted to women, even although it was not relevant. The workshop participant said, "I'm not sexually attracted to women, but I said I was because I was worried my GP would not refer me for treatment if I said no".

Man, Edinburgh Research Workshop

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Further Information and Contacts

Authoritative advice and guidance on funding treatment and health care services for the treatment of 'Gender Identity Disorder' and 'Transsexualism' is currently being developed by the UK Parliamentary Forum on Transsexualism. These guidelines can be accessed at www.gires.org.uk

Plans are currently underway in Scotland to improve services for those undergoing gender alignment treatments through the development of a Managed Clinical Network.

For information on legal and campaigning issues and links to support for transgender people see www.pfc.org.uk

The Scottish Transgender Alliance (STA) has representation from transgender support groups and organisations working with transgender people in Scotland who have come together with the aim of improving the lives of transgender people in Scotland. Contact scottishtransgenderalliance@yahoo.co.uk

For a definition of Intersex please refer to the Glossary section. Further information is available from the UK Intersex Association, www.ukia.co.uk, an education, advocacy, campaigning and support organisation which works on behalf of intersex people.

Taking it Forward - Checklist

- All staff should ensure that they use appropriate language when talking to transgender people and be aware of and direct them to appropriate services.
- All NHS services, should make themselves aware of the nearest specialist transgender service
- All NHS employees should be aware that many people who have transitioned do not identify as transgender at all, but as men and women
- When working with transgender people and unsure of how to address them or where to place them, ask the service user

Opportunities for Further Action

- Equality and diversity training for staff should include awareness of transgender issues and should challenge attitudes that undermine people's gender identity
- A remit to challenge derogatory language and attitudes that undermine someone's gender identity should be written in to managers' and team leaders' job descriptions

Glossary

The NHS Inclusion Project strives to use 'plain English' throughout our work, both spoken and written, but we are mindful that some expressions often deployed in the equalities environment are not necessarily in common usage.

Some of these definitions are open to debate within and outwith the LGBT community, reflecting the fluidity of sexual and gender identities and the importance marginalized or excluded groups attach to the process of self-definition and redefinition

Bisexual

A person who is sexually and emotionally attracted to people of both sexes.

Civil Partnership

A legal union between two partners of a same-sex relationship carried out by a district registrar (from December 2005). Civil partnership affords pension rights and some similar legal rights and responsibilities that married opposite sex couples enjoy, including being recognised legally as 'nearest relative'.

Coming Out

An accepted phrase that describes LGB people's experience of disclosing their sexual orientation. In this report 'coming out' is also used to describe the process through which transgender people come to recognise and publicly acknowledge their gender identity. As the coming out process is never over for LGBT people, this is an ongoing, sometimes daily, decision and can cause the person significant stress.

Cross-strand

Relating to more than one minority or community group.

Gay

A person who is sexually and emotionally attracted primarily to people of the same sex. The term is more commonly applied to men who self-identify as same sex attracted, rather than men who have sex with men but do not self-identify as gay. While many women identify as gay, the term lesbian is more commonly used to describe same sex attracted women.

Gender Identity

A person's sense of identity defined in relation to the categories of male and female. In this report, the term is primarily used to describe people whose gender identity does not match their biological sex at birth. However, it is important to note that not everybody identifies exclusively with one sex or the other. Some may identify as both male and female.

Heterosexual

A person who is sexually and emotionally attracted primarily to people of the opposite sex.

Heterosexism

The belief that heterosexuality is naturally superior to homosexuality or bisexuality. This belief justifies the imposition of values and beliefs that reinforces heterosexism in society.

Homophobia

An irrational fear and dislike of lesbian, gay and bisexual people, which can lead to hatred resulting in verbal and physical attacks and abuse.

Homosexual

A person whose primary sexual attraction is toward people of the same sex. This term is primarily used as a formal classification and is a term lesbians, gay men or bisexuals rarely use to define themselves. Historically this term has been used to medicalise or criminalise lesbian and gay people, and many experience it as a stigmatising term. Best practice is to avoid it.

Internalised Homophobia

For many people, regardless of sexual orientation, homophobia can be internal and not always recognised by the individual. However, internalised homophobia, negative feelings about being gay, lesbian or bisexual, can and does cause adverse effects for lesbian, gay and bisexual people. It can affect the way people see themselves and the way others (heterosexual society) treat them. Internalised homophobia often leads to denial of one's true sexual orientation in situations that are threatening or require the individual to "come out".

Intersex

A person who is born with chromosomal anomalies or ambiguous genitalia. Intersex people are usually assigned a male or female gender as babies by staff, often undergoing surgical procedures. Sometimes the person's gender identity matches the gender they were assigned, but some intersex people develop gender identity problems because they have been assigned the wrong gender. Some intersex people do not define as male or female but as intersex.

Lesbian

A woman who is sexually and emotionally attracted primarily to other women. This term often refers to women who are same sex attracted rather than women who have sex with other women but do not self-identify as lesbian.

Multiple Identity

Coming from more than one defined community, e.g. being black and gay, or lesbian and an older person, or Muslim and bisexual.

Organisational or Institutional Homophobia, Transphobia & Heterosexism

This is systematic discrimination of LGBT people by government, business, employers, public services and other organisations. This includes issues such as invitations to a company event for an employee and their husband or wife, which explicitly excludes same sex relationships. Demanding someone's birth certificate as proof of identification when a driving licence is acceptable. This exclusion is not necessarily deliberate but means that institutions have not considered same sex partners as an option. In schools this can emerge in sex and relationships education sessions which tend to focus on heterosexuality as the accepted norm for all students.

Out

Openly lesbian, gay or bisexual.

Sexual Identity

Part of a person's sense of identity defined in relation to the categories of sexual orientation, usually only using the four main terms, lesbian, gay, bisexual and heterosexual. Someone's sexual identity may not necessarily match their sexual behaviour, for example a married man who also has sex with men may identify as heterosexual.

Sexual Orientation

This is a term which refers to the gender(s) of people a person is attracted to.

Societal or Cultural Homophobia, Transphobia & Heterosexism

This relates to the general assumption of heterosexuality and gender norms in society. This means that social and cultural norms promote discrimination against LGBT people. Homosexuality is always considered as 'different' to be welcomed, tolerated, or despised. The media, film, TV, books, holiday brochures, insurance companies, religious institutions, schools and other aspects of society back this up.

Transgender

Transgender is an inclusive, umbrella term used to describe the diversity of gender identity and expression. The term can be used to describe all people who do not conform to common ideas of gender roles, including transsexuals.

Transphobia

An irrational fear and dislike of Transgender people, which can lead to hatred resulting in verbal and physical attacks and abuse.

Transsexual

Transsexual is a term used to describe people who are born into the wrong physical sex - this includes pre-operative, post-operative and non-operative people.

Transvestite

A person who dresses in clothes associated with their opposite gender, as defined by socially accepted gender dress codes, but the person still identifies with their biological sex. There are both female-to-male (FTM) and male-to-female (MTF) transvestites.

Useful Resources

NHS Inclusion Project

11 Dixon Street
Glasgow
G1 4AL
0141 204 0746
www.lgbthealthscotland.org.uk

Relevant Publications:

Towards a Healthier LGBT Scotland (2003)
LGBT Stocktake Exercise (2004)

Scottish Executive Health Department

www.show.scot.nhs.uk/sehd/index.asp

Relevant Publications:

Our National Health: a plan for action, a plan for change (2000)
Fair for All (2001)
Patient Focus and Public Involvement (2001)
Partnership for Care (2003)

Scotland's Health on the Web

www.show.scot.nhs.uk

Diversity Task Force

www.scotland.gov.uk/Topics/Health/NHS-Scotland/DiversityTF

Stonewall Scotland

11 Dixon Street
Glasgow
G1 4AL
0141 204 0746
www.stonewall.org.uk

Relevant Publications:

The Employment Equality (Sexual Orientation) Regulations, Guidelines for Employers (2004)

Gay and Lesbian Association of Doctors and Dentists

www.gladd.org.uk

Press for Change

Information on transgender issues
www.pfc.org.uk

Equality Network

Undertakes LGBT campaigning and consultation work in Scotland
www.equality-network.org

LGBT Youth Scotland

Provides a range of services and opportunities for LGBT young people
www.lgbtyouth.org.uk

Commission for Racial Equality

www.cre.gov.uk/scotland

Disability Rights Commission

www.drc-gb.org/scotland/index.asp

Equal Opportunities Commission

www.eoc.org.uk/EOCeng/dynpages/EOCScotland.asp

National Resource Centre for Ethnic Minority Health

Under special projects on www.phis.org.uk

Healthcare Chaplaincy and Spirituality Care Unit for Scotland

www.chaplains.co.uk

Age Concern Scotland

www.ageconcernscotland.org.uk

Men's Health Forum Scotland

www.mhfs.org.uk

References

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- 7 Kandirikirira N (2005), *Glasgow Demonstration Project Evaluation*, NHS Inclusion Project
- 8 Her Majesty's Stationery Office (HMSO) (2003), *Employment Equality (Sexual Orientation) Regulations 2003*
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- 10 Her Majesty's Stationery Office (HMSO) (2003), *Mental Health (Care and Treatment) (Scotland) Act 2003*
- 11 Beyond Barriers (2003), *First Out*
www.beyondbarriers.org.uk/docs/First_Out_PDF_Report.pdf
- 12 Johnson L and Pringle A, (2004), *LGBT Stocktake Exercise*, NHS Inclusion Project
- 13 Awareness raising training based on Hannah A and Stewart S (2002), *Challenging Homophobia*, Family Planning Association (fpa)
- 14 Unison (2004), *Not Just a Friend*
- 15 Her Majesty's Stationery Office (HMSO) (2004), *Civil Partnership Act 2004*
- 16 Scottish Executive Health Department (SEHD) (2004), *Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services*
- 17 Beyond Barriers (2004), *Beyond Barriers Final Evaluation*
[available from Stonewall Scotland]
- 18 Kandirikirira N (2005), *LGBT Research Guidance*, NHS Inclusion Project
- 19 Further detailed information is available from ISD Scotland and guidance is available from www.show.scot.nhs.uk/confidentiality
- 20 Stonewall (2004) *Employment Equality (Sexual Orientation) Regulations, Guidelines for Employers*
- 21 See <http://www.show.scot.nhs.uk/shb/Jobs/Equalops2004.pdf>
- 22 McManus S (2003), *Sexual Orientation Research Phase 1*, Scottish Executive and McLean C and O'Connor W (2003), *Sexual Orientation Research Phase 2*, Scottish Executive
- 23 Shona Simon, Vice President Employment Tribunals, Scotland (SDLA Conference, 10/12/04)
- 24 Her Majesty's Stationery Office (HMSO) (2004), *Gender Recognition Act 2004*

Checklist

Straight Talking

- Have a zero-tolerance policy to discriminatory language across all equality and diversity strands and communicate this to staff and service users
- Ensure all staff have an understanding of and use language that is inclusive of same-sex relationships
- During induction training, ensure staff are made aware of policy on discriminatory language
- Posters with positive images of same-sex couples, alongside similar material depicting opposite-sex couples, should be displayed in all areas e.g. waiting areas, hospital wards

Training

- Staff induction should ensure employees are aware of organisational policies and ethos in relation to LGBT and broader equality issues
- All managers should be aware of the *Employment Equality (Sexual Orientation) Regulations 2003* and other areas of equality legislation
- LGBT issues should be mainstreamed into all staff training alongside other equality strands

Service User and Staff Journeys

- Staff should use the service user journey and staff journey model to enhance their areas of service provision for LGBT people
- Consult with 'out' co-workers and engage local LGBT organisations to assist in identifying areas for positive change

Assessing the Impact

- All new policies or service re-design should be equality impact assessed
- Make contact with any local organisations for people who are LGBT and discuss their involvement in future planning
- Identify sources of information specific to LGBT health and wellbeing issues that will support the equality impact assessment process

Engaging LGBT Individuals and Organisations

- Make initial contacts with managers / leaders of LGBT organisations in the area, including social venues.
- Contact local LGBT specific forums set up by the local council(s), police and other statutory bodies

- Advertise in local general press explicitly for consultation with LGBT service users
- Ensure that all community engagement is representative of the true diversity of your local LGBT population

Monitoring Practice

- Section on sexual orientation included on monitoring forms
- Section on transgender status included on monitoring forms
- Section on gender revised to include self-definition area on monitoring forms
- Civil partnerships (and a broader range of relationships if required) should be included in marital status sections of monitoring forms

Good Research Practice

- When considering research with LGBT people, engage local groups or organisations to consider ethical approaches
- Identify how you will feedback results
- Use *Getting it Right – LGBT Research Guidance* and the Scottish Executive Research guidelines

Human Resources

- Understand the law and the specific issues by reading the full guidelines²⁰
- Ensure all job descriptions have a diversity statement explicitly stating LGBT equality and diversity
- Display anti-homophobia posters available from the Diversity Task Force
- Ensure all interviewers are equality and diversity trained

Transgender Good Practice

- All staff should ensure that they use appropriate language when talking to transgender people and be aware of and direct them to appropriate services.
- All NHS services, should make themselves aware of the nearest specialist transgender service
- All NHS employees should be aware that many people who have transitioned do not identify as transgender at all, but as men and women
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