

---

# UNHEALTHY ATTITUDES

The treatment of LGBT people within  
health and social care services

---



---

# UNHEALTHY ATTITUDES

The treatment of LGBT people within  
health and social care services

---

Written by Catherine Somerville  
Survey by YouGov Plc.

# INTRODUCTION

**Health and social care services have a duty to treat people fairly and equally. However, this report highlights some major gaps in the knowledge and training of staff relating to lesbian, gay, bisexual and trans (LGBT) people, which is resulting in unfair treatment of both LGBT patients and colleagues.**

In the last five years alone, 24 per cent of patient-facing staff have heard colleagues make negative remarks about lesbian, gay and bisexual people, and one in five have heard negative comments made about trans people. Lesbian, gay and bisexual staff echoed this, with a quarter revealing they had personally experienced bullying from colleagues over the last five years.

Shockingly, one in ten health and social care staff across Britain have witnessed colleagues express the dangerous belief that someone can be 'cured' of being lesbian, gay or bisexual.

Health and social care organisations have a responsibility, under the Public Sector Equality Duty, to eliminate discrimination towards and advance equality for LGBT people. However, this research finds that only 59 per cent of all health and social care staff think their employer is taking effective steps to prevent and respond to discrimination and poor treatment of lesbian, gay and bisexual people. This decreases to just 48 per cent for trans people.

*Unhealthy Attitudes* demonstrates that the one-size-fits-all approach to equality and diversity that has dominated public healthcare provision in recent years has created gaps in the way LGBT staff are supported and LGBT patients are cared for. These gaps have left health and social care staff unequipped to challenge prejudice, with staff often lacking any equality and diversity training as well as the confidence to understand and meet the needs of LGBT patients and service users.

Achieving equality for LGBT patients and staff in health and social care will require the sector to think differently about how services are provided and managed. Fortunately, getting it right doesn't need to have a huge impact on budgets. In fact, many interventions cost next to nothing and our recommendations provide a range of practical solutions for health and social care providers to follow. Trans peoples' healthcare needs sometimes require more specific care, so some of the excellent trans support organisations have also been signposted in this report.

Stonewall exists to support organisations to achieve real change for LGBT people and create inclusive, inspiring and equal environments. We already work with a number of healthcare providers, NHS Trusts and social care organisations across Britain to help them make this happen, but would like to share our knowledge, tools and interventions to make sure it happens everywhere. By working together we can make sure that everyone, everywhere, is accepted without exception.



Ruth Hunt  
Chief Executive

# THE STUDY

---

Stonewall commissioned YouGov Plc. to carry out an in-depth survey looking into LGBT issues in health and social care settings. We asked a representative sample of 3,001 health and social care staff about their experiences of issues relating to lesbian, gay, bisexual and trans healthcare and employment. Respondents came from a range of professional backgrounds, including doctors, nurses, counsellors, carers and senior managers.

---

Of those staff, we asked those in **patient facing roles**, including receptionists and porters, who account for more than 2,500 respondents, about their experiences working with LGBT patients and service users.

Among respondents in patient-facing roles we asked **those most relevant practitioners with direct responsibilities for patient care**, such as nurses, mental health workers and doctors, further questions about their knowledge and experiences of caring for LGBT patients and service users. This group accounted for more than 1,800 of the survey respondents.

The report highlights that whilst the majority of health and social care staff want to deliver the best possible service to LGBT people, LGBT bullying and discrimination are often left unchallenged, and there is too little understanding of LGBT health concerns across vital health and social care services. It also found that LGBT staff face discrimination and abusive behaviour from both colleagues and patients.

This report reflects the attitudes towards and treatment of LGBT people within health and social care services as a whole, and therefore does not address specific concerns around the treatment of trans people in gender identity clinics and mental health services. For further information on these issues please see the 'Further Resources' section at the end of this report.

# CONTENTS

---

<b>KEY FINDINGS</b>	<b>6</b>
<b>1. BULLYING AND DISCRIMINATION IN HEALTH AND SOCIAL CARE</b>	<b>8</b>
<b>2. FAILURE TO SUPPORT LGBT PATIENTS</b>	<b>14</b>
<b>3. AFRAID TO SPEAK UP</b>	<b>20</b>
<b>4. UNEQUIPPED TO CHALLENGE PREJUDICE</b>	<b>23</b>
<b>5. SUPPORT FOR LGBT EQUALITY</b>	<b>30</b>
<b>RECOMMENDATIONS</b>	<b>34</b>
<b>METHODOLOGY</b>	<b>36</b>
<b>FURTHER RESOURCES</b>	<b>37</b>

---

# KEY FINDINGS

## 1. BULLYING AND DISCRIMINATION IN HEALTH AND SOCIAL CARE

Legal protections have been in place for over a decade but LGBT staff and patients continue to experience discrimination, abuse and bullying.

- ▶ **A quarter** (24 per cent) of patient-facing staff have heard their colleagues make negative remarks about lesbian, gay or bisexual people, or use discriminatory language like 'poof' or 'dyke', whilst at work in the last five years. **One in five** (20 per cent) have heard similar disparaging remarks about trans people.
- ▶ **One in twenty** (five per cent) patient-facing staff have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.
- ▶ **A quarter** (26 per cent) of lesbian, gay and bisexual staff say they have personally experienced bullying or poor treatment from colleagues in the last five years as a result of their sexual orientation.
- ▶ **Almost one in ten** (nine per cent) health and social care staff are aware of colleagues experiencing discrimination or poor treatment because they are trans. **One in fourteen** (seven per cent) say they would not feel 'comfortable' working alongside a trans colleague.

I was told I should be hanging from a tree by a nurse from Nigeria with strong religious beliefs. People refused to drink from a mug I had used in case I had AIDS.

Chris, Nurse, North West

## 2. FAILURE TO SUPPORT LGBT PATIENTS

There is a lack of confidence among health and social care staff, including those most relevant health and social care practitioners with direct responsibility for patient care, in their ability to understand and meet the needs of LGBT patients and service users.

- ▶ Almost **six in ten** (57 per cent) health and social care practitioners with direct responsibilities for patient care, such as social workers, nurses and mental health workers, say they don't consider sexual orientation to be relevant to one's health needs.
- ▶ **One in ten** (ten per cent) say they are not confident in their ability to understand and meet the specific needs of lesbian, gay or bisexual patients and service users. **A quarter** (24 per cent) are not confident in their ability to respond to the specific care needs of trans patients and service users.
- ▶ **One in ten** (ten per cent) have witnessed staff within their workplace expressing the belief that someone can be 'cured' of being lesbian, gay or bisexual.

The needs of others that are not the norm in my opinion should not be forced upon others that choose to be what we have up to now considered mainstream 'normal'. As human beings, we are biologically programmed to function in a certain manner and deviations are not to be considered mainstream society.

Donald, Doctor, South East

### 3. AFRAID TO SPEAK UP

Many health and social care staff say they don't feel able to challenge discriminatory language and behaviour from their colleagues or patients.

- ▶ **One in six** (16 per cent) patient-facing staff say they would not feel confident challenging colleagues who make negative remarks about lesbian, gay or bisexual people or use discriminatory language such as 'poof' and 'dyke' towards patients or service users.
- ▶ **One in six** (16 per cent) would not feel confident challenging such remarks from patients.

### 4. UNEQUIPPED TO CHALLENGE PREJUDICE

**A quarter** (25 per cent) of staff have never received any equality and diversity training, and those who have often report that the training did not include important issues in caring for LGBT patients and service users.

- ▶ **Almost three in four** (72 per cent) patient-facing staff have not received any training on the health needs of LGBT people, the rights of same-sex partners and parents or the use of language and practices that are inclusive of the LGBT community.
- ▶ Trans issues often remain unaddressed in training, with only **a quarter** of those trained reporting that the legal rights of trans staff (27 per cent) and trans service users (23 per cent) were included.
- ▶ **One in four** (25 per cent) of all health and social care staff say their employer has never provided them with any equality and diversity training.

### 5. SUPPORT FOR LGBT EQUALITY

Health and social care staff believe that health and social care services could and should be doing more for LGBT equality.

- ▶ **A third** (33 per cent) say that the NHS and social care services should be doing more to meet the needs of lesbian, gay and bisexual service users.
- ▶ Just **three in five** (59 per cent) of all health and social care staff agree that their employer takes effective steps to prevent and respond to discrimination or poor treatment as a result of a person's sexual orientation, and **just under half** (48 per cent) on the basis of a person's trans identity.

This is almost a daily occurrence. Yesterday I was told by a patient: 'I don't want you working with me because you work with queers, I bet it's because you take it up the arse as well, you're a f\*\*\*\*\* pervert, and I might f\*\*\*\*\* catch something'. A colleague of mine was assaulted two days ago by a patient because he's gay. The organisation won't do anything.

**Paul, Nurse, Yorkshire and the Humber**

I have heard negative comments, referring to individuals as 'it' or 'she males', also comments about the appearances of trans people.

**Fiona, Social Worker, North West**

# BULLYING AND DISCRIMINATION IN HEALTH AND SOCIAL CARE

## KEY FINDINGS

Legal protections have been in place for over a decade but LGBT staff and patients continue to experience discrimination, abuse and bullying.

- ▶ **A quarter** (24 per cent) of patient-facing staff have heard their colleagues make negative remarks about lesbian, gay or bisexual people, or use discriminatory language like 'poof' or 'dyke', whilst at work in the last five years. **One in five** (20 per cent) have heard similar disparaging remarks about trans people.
- ▶ **One in twenty** (five per cent) patient-facing staff have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.
- ▶ **A quarter** (26 per cent) of lesbian, gay and bisexual staff say they have personally experienced bullying or poor treatment from colleagues in the last five years as a result of their sexual orientation.
- ▶ **Almost one in ten** (nine per cent) health and social care staff are aware of colleagues experiencing discrimination or poor treatment because they are trans. **One in fourteen** (seven per cent) say they would not feel 'comfortable' working alongside a trans colleague.

Many health and social care staff report hearing homophobic, biphobic and transphobic language from their colleagues and some have even witnessed staff providing patients with poorer treatment because of their sexual orientation.

## CULTURE OF BULLYING AND HARASSMENT AT WORK

Poofter, homo, gayboy... it's not unusual.

**Ella, Care Worker, West Midlands**

**A quarter** (24 per cent) of patient-facing staff have heard their colleagues make negative remarks about lesbian, gay or bisexual people, or use discriminatory language like 'poof', 'dyke' or 'queer', whilst at work in the last five years. **One in seven** (14 per cent) have heard such remarks in the last year alone.

A colleague who is gay made a remark about his partner and another colleague said 'Oh my god seriously are you gay, gross'. The irony of this was that the remark was made during equality and diversity training.

**Sarah, Support Worker, South West**

On several occasions I heard staff referring to same-sex parents as 'queer', 'unnatural' and 'obscene'. This was made worse by the way it was said and the 'evil' in the words.

**Geeta, Nurse, South West**



I have heard colleagues telling others to make sure they always wear gloves as a gay service user probably has AIDS.

**Emma, Support Worker, East of England**

**One in five** (20 per cent) patient-facing staff have heard their colleagues make negative remarks about people who are trans or use discriminatory language such as 'tranny' and 'she-male' in the last five years, and **one in ten** (ten per cent) have witnessed such language in the last year alone. Other respondents also made derisory comments themselves:

Trans people – messed up.

**Craig, Administrator, East of England**

Somebody's sex is determined by his chromosomes, XX = female, XY = male, and this cannot be changed. Being transgender I think is mainly a mental condition.

**Henry, Doctor, East of England**

I have heard negative comments, referring to individuals as 'it' or 'she males', also comments about the appearances of trans people.

**Fiona, Social Worker, North West**

**One in twenty** (five per cent) of all patient-facing staff have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.

Service users have reported not being allowed fertility treatment because of their sexuality. A lot of trans service users do not get the appropriate treatment from NHS services because of lack of knowledge, distance to travel to the nearest Gender Identity Clinic and the fact that Cognitive Behavioural Therapy is recommended but is not appropriate.

**Sanjay, Administrator, East of England**

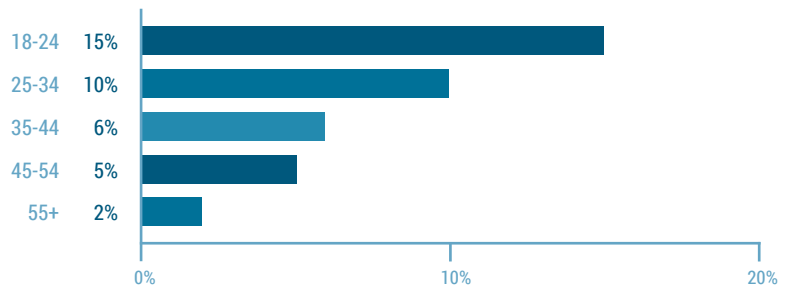
I worked with a service user whose friend was born male but identified as female. The friend's social worker always referred to the friend as 'he' and would emphasise at meetings that she was 'actually male' if she was referred to as 'she'. This was very upsetting for the young person and showed a lack of consideration of the service user's identity.

**Maxine, Social Worker, West Midlands**

Younger respondents are more aware of discrimination or poorer treatment towards lesbian, gay and bisexual patients and service users. Amongst 18 to 24 year olds, **one in six** (15 per cent) have witnessed such discrimination. Men were also twice as likely to witness discrimination as women (eight per cent compared to four per cent). Lesbian, gay and bisexual staff are also significantly more likely to be aware of such discrimination; **one in five** (21 per cent) have witnessed this.

Furthermore, seven per cent, or **one in fourteen** patient-facing staff, have witnessed bullying, abuse or harassment at work towards a patient or service user because of their sexual orientation over the same period.

## PATIENT-FACING STAFF WHO HAVE WITNESSED THEIR COLLEAGUES DISCRIMINATE AGAINST PATIENTS AND SERVICE USERS BECAUSE THEY ARE LESBIAN, GAY OR BISEXUAL



## DISCRIMINATION AT WORK

LGBT health and social care staff face discrimination, bullying and harassment from colleagues, patients and services users.

### Discrimination from colleagues

**A quarter** (26 per cent) of lesbian, gay and bisexual health and social care staff say they have personally experienced bullying or poorer treatment from colleagues in the last five years as a result of their sexual orientation. This included hearing abusive comments from colleagues:

I was told I should be hanging from a tree by a nurse from Nigeria with strong religious beliefs. People refused to drink from a mug I had used in case I had AIDS.

**Chris, Nurse, North West**

Had a volunteer worker who was a lesbian. She was outed by another member of staff to a group of young people who attacked her on the way home.

**Kim, Youth worker, London**

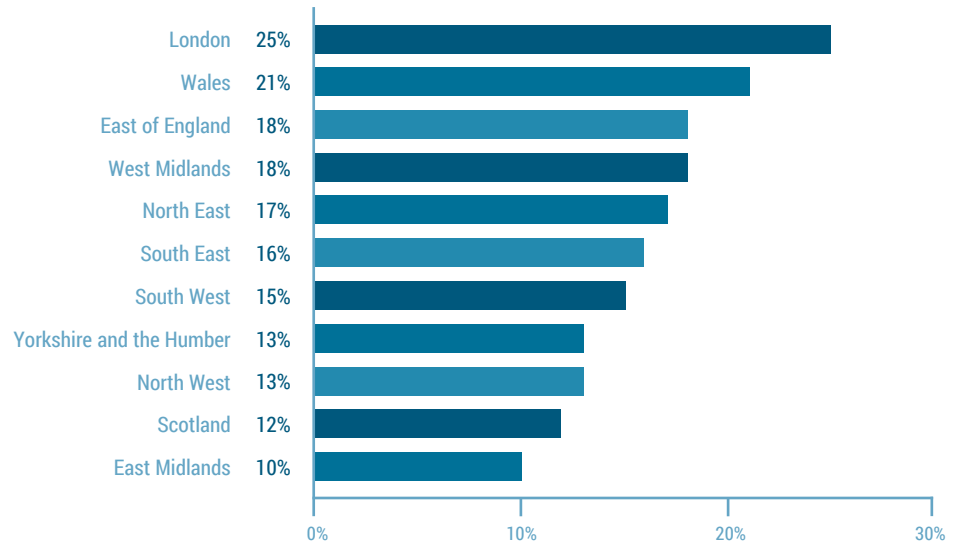
A consultant... was very friendly and very good with me until somebody told him I was gay... then he turned nasty, rude, and joked like 'he can run the pink team' or whilst entering an office room where I was together with other female colleagues, he said 'ohhh all female sitting here'. More important, I was placed on a lower level in the social ladder within the unit. If I was trying to say something (professional, work related things) when he was there, he would turn and say shouting 'we are talking'... All this has affected my career.

**Michael, Nurse, London**

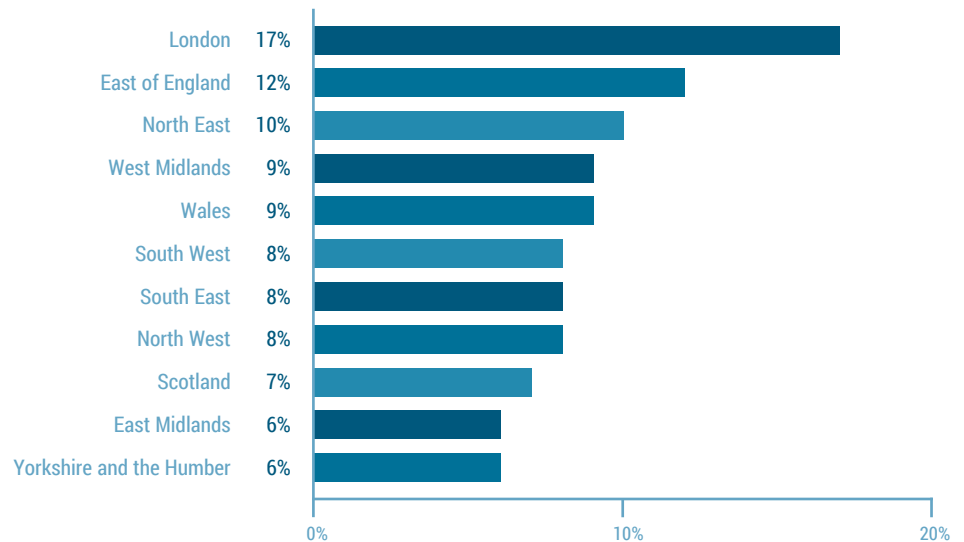
**One in six** (16 per cent) of all health and social care staff say that their lesbian, gay and bisexual colleagues experience discrimination or poorer treatment because of their sexual orientation at work. **Almost one in ten** (nine per cent) are aware of trans colleagues experiencing discrimination or poorer treatment because they are trans.

**One in fourteen** (seven per cent) health and social care staff say they would not feel 'comfortable' working alongside a trans colleague.

### STAFF WHO SAY THEIR COLLEAGUES EXPERIENCE DISCRIMINATION BECAUSE THEY ARE LESBIAN, GAY OR BISEXUAL



### STAFF WHO SAY THEIR COLLEAGUES EXPERIENCE DISCRIMINATION BECAUSE THEY ARE TRANS



Some staff reported witnessing discriminatory behaviour from colleagues, including a **'lesbian female's leave requests were not given as high a priority by a male rota coordinator as other peoples'** (Jennifer, Doctor, South West) and comments such as **'because she was a lesbian she should have no problems lifting a patient on her own'** (Eli, Nurse, East of England).

Furthermore, **one in fourteen** (seven per cent) health and social care staff have witnessed bullying, abuse or harassment at work towards other colleagues in the last five years, because they are, or are thought to be, lesbian, gay or bisexual. Younger staff (aged 18-24) are more likely to be aware of this, with 14 per cent having witnessed this type of bullying, abuse and harassment at work.

Pressure on a bi worker to 'conform' to the lesbian lifestyle of another worker took the form of bullying and was dealt with satisfactorily by two managers, myself being one of them.

**Jamie, Practice Manager, London**

One person left our umbrella organisation because of the way they were treated.

**Cadence, Community Engagement, East Midlands**

I worked with a trans woman who was described as 'it' by a colleague, who also criticised her taking time off for stress, which I heard was caused by others in her department harassing her for being trans.

**Becca, Care worker, East Midlands**

## Discrimination from patients

Many health and social care staff work in an environment where they also face hearing homophobic, biphobic and transphobic abuse from patients and service users.

**A quarter** (26 per cent) of lesbian, gay and bisexual patient-facing staff have personally been the target of bullying or poor treatment due to their sexual orientation from patients or service users at work in the last five years, and **one in seven** (14 per cent) have experienced this in the last year.

It was bullying because of my sexual orientation when I worked for the local authority. I was sworn at, spat on, abused physically and verbally, which is the reason why I left a job with security and a fantastic final salary pension to work for less money.

**Gabby, Advice Worker, North West**

More than **two in five** (44 per cent) of all patient-facing staff have heard patients and service users make negative remarks about lesbian, gay or bisexual people, including staff or other patients, or use discriminatory language such as 'poof' and 'dyke' in the last five years. **A third** (32 per cent) of patient-facing staff have witnessed such remarks in the last year alone.

Someone told me another employee was a 'dirty fudge packer' once.

**Jian, Off-shore medic, South East**

Patient called a gay colleague a 'turd tickler'.

**Priya, Doctor, Yorkshire and Humber**

Respondents within the social care sector are somewhat more likely than those in the healthcare sector to have heard patients and service users make these type of negative remarks in the last five years (48 per cent compared with 42 per cent).

**One in five** (20 per cent) patient-facing staff have also heard patients and service users make negative remarks about people who are trans in the last five years. **One in ten** (11 per cent) have witnessed such remarks in the last year.

A transgender nurse is often referred to as 'he-she-it' by other staff and service users alike. Some service users have complained about being cared for by this nurse based on her being trans and not based on the quality of care.

**Elsa, Nurse, South East**

NHS does not stand up for its staff, only its patients. It's ok for patients to call staff any names under the sun.

**Maria, NHS Admin, South West**

## RECOMMENDATIONS

- ▶ Health and social care organisations should develop highly visible campaigns that tackle homophobic, biphobic and transphobic bullying and encourage reporting. Sector and organisation leaders should support this activity through all channels available to them and implementation should form part of appraisal processes for all managers. The Stonewall NoBystanders campaign can help with this.
- ▶ Health and social care organisations should make sure their bullying and harassment policies communicate a zero-tolerance approach to bullying and abuse on the grounds of sexual orientation and gender identity. Policies should include examples of homophobic, biphobic and transphobic bullying and harassment as well as easy and anonymous routes to reporting through HR, network groups, hotlines or dedicated points of contact.
- ▶ Health and social care organisations should update patient complaints procedures and communicate to all staff that homophobic, biphobic and transphobic complaints will be taken seriously.
- ▶ Organisations should consider joining Stonewall's Diversity Champions Programme and entering the Workplace Equality Index to support them to develop and measure inclusive and supportive working environments.

## STONEWALL RESOURCES



[www.nobystanders.org.uk](http://www.nobystanders.org.uk)



Diversity Champions Programme

# FAILURE TO SUPPORT LGBT PATIENTS

## KEY FINDINGS

There is a lack of confidence among health and social care staff, including those most relevant health and social care practitioners with direct responsibility for patient care, in their ability to understand and meet the needs of LGBT patients and service users.

- ▶ Almost **six in ten** (57 per cent) health and social care practitioners with direct responsibilities for patient care, such as social workers, nurses and mental health workers, say they don't consider sexual orientation to be relevant to one's health needs.
- ▶ **One in ten** (ten per cent) say they are not confident in their ability to understand and meet the specific needs of lesbian, gay or bisexual patients and service users. **A quarter** (24 per cent) are not confident in their ability to respond to the specific care needs of trans patients and service users.
- ▶ **One in ten** (ten per cent) have witnessed staff within their workplace expressing the belief that someone can be 'cured' of being lesbian, gay or bisexual.

Health and social care staff are worryingly ill-equipped to support LGBT patients and service users, with many lacking an understanding of LGBT health needs and some even promoting dangerous, so called 'gay-cure' therapies.

The needs of others that are not the norm in my opinion should not be forced upon others that choose to be what we have up to now considered mainstream 'normal'. As human beings, we are biologically programmed to function in a certain manner and deviations are not to be considered mainstream society.

**Donald, Doctor, South East**

## FAILURE TO UNDERSTAND LGBT HEALTH NEEDS

I think that health care professionals sometimes need to be more aware and more sensitive of people's sexuality, mainly in social terms. They need to be more accepting of same-sex partnerships and their rights as next of kin.

**Ruth, Nurse, London**

We're talking about a whole person, so everything concerning the person is relevant.

**Ling, Nurse, South West**

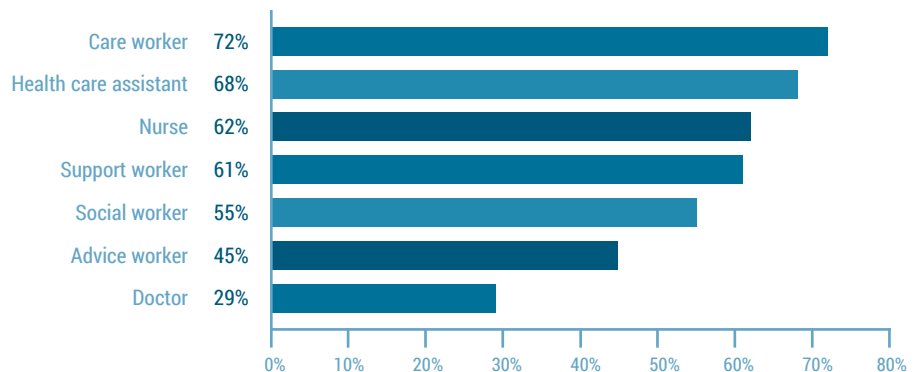
Extensive research has shown the relevance of sexual orientation to both physical and mental health, including, for example, higher levels of depression and anxiety among lesbian, gay and bisexual people than in the population in general.

Previous Stonewall research has revealed that lesbian, gay and bisexual people have experienced health and social care staff making assumptions about their sexual health and practices (see Further Resources). Partners have been excluded from consultations and LGBT people have experienced inappropriate comments and behaviour from staff.

Despite this, many health and social care staff still fail to see the relevance of patient and service users' sexual orientation to their healthcare. This is true even amongst health and social care practitioners with direct responsibility for patient care, **almost six in ten** (57 per cent) of whom don't consider sexual orientation to be relevant to one's health needs.

Given the high prevalence of mental health conditions, self-harm and suicide amongst LGBT people, it is particularly concerning that **half** (51 per cent) of mental health workers, counsellors, psychologists and psychotherapists say they do not consider sexual orientation to be relevant to one's health needs.

#### PRACTITIONERS WHO SAY THEY DO NOT CONSIDER SEXUAL ORIENTATION TO BE RELEVANT TO ONE'S HEALTH NEEDS



Many respondents emphasised that they treat all patients the same, regardless of sexual orientation.

Whilst on some occasions this may be considered to be well-meant, it goes against the NHS's principle of person-centred care. This advocates the value of treating patients and service users as a 'whole person', where different aspects of their identity, their families and loved ones, and their individual priorities and goals are all considered relevant in providing the best possible treatment and support.

LGBT should be treated **EXACTLY** the same as other patients, their sexuality is a matter for them, not me as a service provider.

**Hamid, Nurse, South East**

We treat everyone equally at my place of work, it doesn't matter what sexual orientation they are. This is not relevant to their health needs that I cover.

**Ellie, Health Visitor, East of England**

Conversely, of those who did say that sexual orientation is relevant to a patient or service user's care, when asked why, most focussed only on sexual health needs and negative stereotypes about gay men.

If someone is gay they would need to be checked for HIV and AIDS.  
**Gillian, Nurse, South West**

Many practitioners with direct responsibilities for patient care lack confidence in their ability to understand and meet the specific needs of lesbian, gay and bisexual patients and service users, and they are even less likely to be confident in meeting the specific care needs of trans patients and service users.

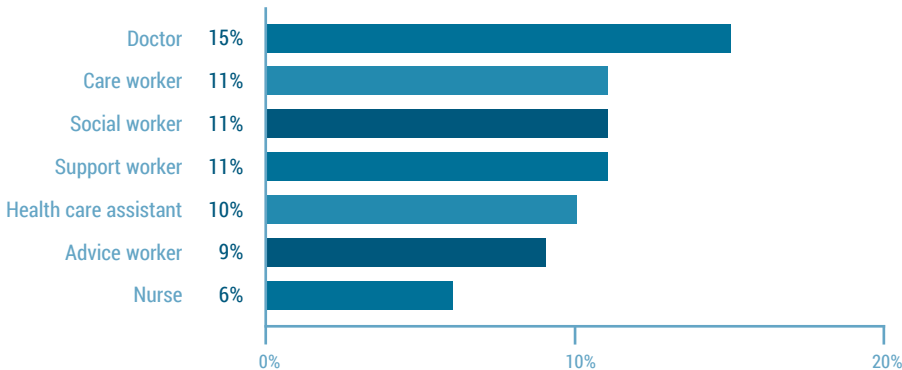
**One in ten** (ten per cent) are not confident in their ability to understand and meet the specific needs of lesbian, gay or bisexual patients and service users, whilst **a quarter** (24 per cent) are not confident in their ability to respond to the specific care needs of trans patients and service users.

People toying with whether the person should be treated by female or male staff led to delay in providing services.  
**Ellen, Administrator, Scotland**

There always seems to be a lack of understanding from the people responsible for bed management in our hospital. Times when we have looked after transgender people, they have never been asked where they would prefer to be looked after, whether they feel more comfortable in a male bay, a female bay or a side room, that decision is made for them.  
**Lydia, Nurse, North West**

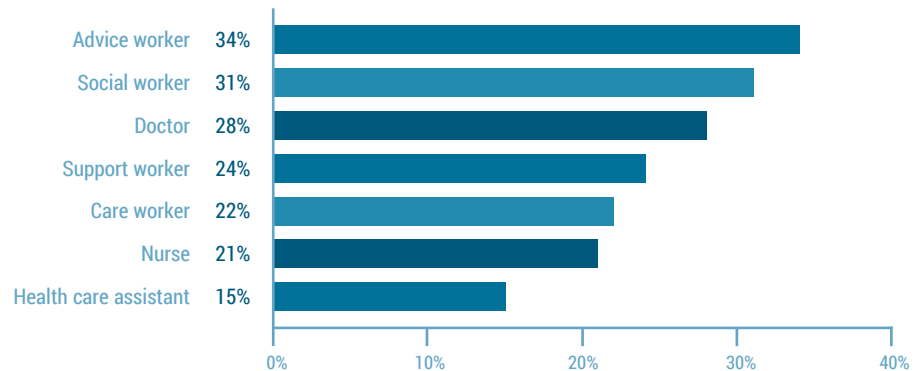
Doctors are more than twice as likely as nurses to say they are 'not confident' in their ability to understand and meet the specific care needs of LGBT patients and service users (15 per cent compared to six per cent of nurses).

**PRACTITIONERS WHO SAY THEY ARE NOT CONFIDENT IN THEIR ABILITY TO MEET THE SPECIFIC NEEDS OF LESBIAN, GAY AND BISEXUAL PATIENTS AND SERVICE USERS**





## PRACTITIONERS WHO SAY THEY ARE NOT CONFIDENT THAT THEY COULD RESPOND TO THE SPECIFIC CARE NEEDS OF TRANS PATIENTS AND SERVICE USERS



## PROMOTING 'GAY-CURE' THERAPIES

**One in ten** (ten per cent) health and social care practitioners with direct responsibilities for patient care have witnessed staff in their workplace express the belief that someone can be 'cured' of being lesbian, gay or bisexual. This is despite the fact that the practice of conversion therapy has been condemned by every major counselling and psychotherapy body in the UK, as well as NHS England and the British Medical Association.

A leaflet was put up on a work noticeboard that promoted gay aversion therapy. I brought this to the attention of my manager, who put the leaflet on her desk. It was taken from her desk and re-pinned on the noticeboard. I feel that [the two openly gay people in the team] were given responsibility for a response to the issue on behalf of the team and it was kept secret from others, which I felt compounded the oppression of the situation and was unnecessarily upsetting for my gay colleagues and myself. Gossip abounded and I overheard defensive, negative and oppressive remarks which were not dealt with effectively by management, who seemed to want to pretend it had not happened.

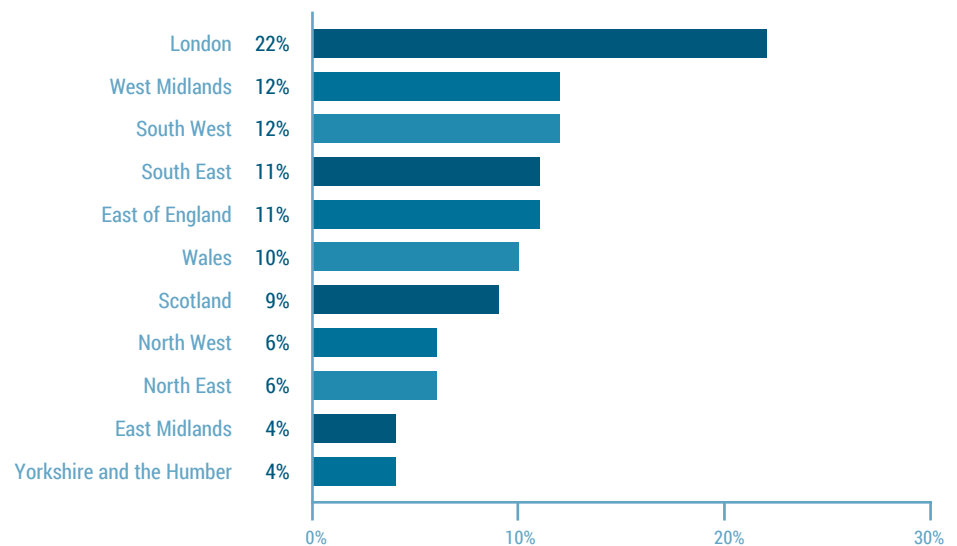
**Jane, Psychotherapist, West Midlands**

People are not born homosexual or lesbian, it's their CHOICE! The word of God, the Holy Bible states clearly this is SIN! (Old & New Testament). So does the Jewish Torah & the Islamic Qur'an!

Ben, Support Worker, Wales

Those practitioners working in London were twice as likely as staff across Great Britain as a whole to have witnessed this belief being expressed with more than **one in five** (22 per cent) encountering this from their colleagues.

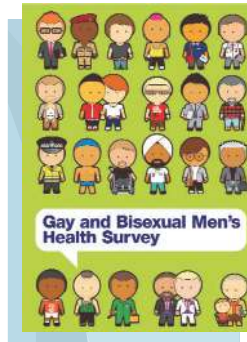
**PRACTITIONERS WITH DIRECT RESPONSIBILITIES FOR PATIENT CARE WHO HAVE HEARD THEIR COLLEAGUES EXPRESSING THE BELIEF THAT SOMEONE CAN BE 'CURED' OF BEING LESBIAN, GAY OR BISEXUAL**



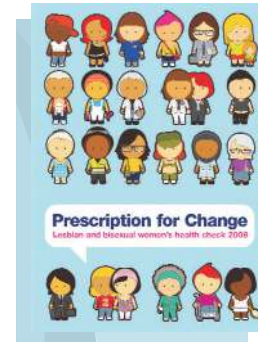
## RECOMMENDATIONS

- ▶ Training providers, medical and nursing schools, Royal Colleges, the General Medical Council, Nursing and Midwifery Council and other bodies involved in the training of health and social care staff should review their training and curricula to make sure LGBT health inequalities are included as part of compulsory and on-going training.
- ▶ Medical schools, universities, colleges and teaching hospitals should contact Stonewall to discuss the Curricula Programme to embed best practice in caring for LGBT patients and services users across their curricula.
- ▶ Health Education England, Local Education and Training Boards, NHS Wales Workforce, Education and Development Services, NHS Education for Scotland and social care education providers should make sure that education and training plans and strategies address LGBT health and LGBT equality and diversity.
- ▶ Health and social care organisations should make sure frontline staff are trained to understand the health needs of LGBT people, and provide them with equal treatment.
- ▶ Health and social care organisations should make sure that trans health needs, and providing trans people with equal treatment is covered in staff training and should seek support from organisations including those listed in the 'Further Resources' section of this report.
- ▶ Westminster, the Scottish Government and the Welsh Assembly should publicly condemn so called 'gay cure' therapy and consider further steps for action to make sure this practice is unavailable. Health and social care leaders should communicate a clear message to all providers, commissioners and staff that trying to 'cure' lesbian, gay, bisexual and trans people is both harmful and dangerous.

## STONEWALL RESOURCES



Gay and Bisexual Men's Health Survey



Prescription for Change



LGB People in Later Life – research and guide



10 Steps to LGBT Inclusive Communications

# AFRAID TO SPEAK UP

## KEY FINDINGS

Many health and social care staff say they don't feel able to challenge discriminatory language and behaviour from their colleagues or patients.

- ▶ **One in six** (16 per cent) patient-facing staff say they would not feel confident challenging colleagues who make negative remarks about lesbian, gay or bisexual people or use discriminatory language such as 'poof' and 'dyke' towards patients or service users.
- ▶ **One in six** (16 per cent) would not feel confident challenging such remarks from patients.

Despite the prevalence of discriminatory and abusive language and practice in health and social care settings, many don't have the confidence to challenge this behaviour, and even fewer will report it. Many lesbian, gay and bisexual staff also refrain from being open about their sexual orientation with managers and colleagues.

## STAFF NOT CHALLENGING BULLYING AND HARASSMENT

I would not feel it is my responsibility to do this.

**Audrey, Care Worker, South East**

It is awkward when you have to work with people on a daily basis – you don't want to rock the boat.

**Carys, Nurse, Wales**

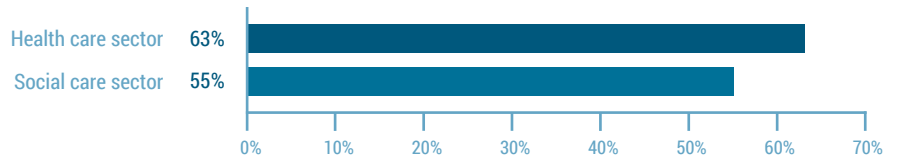
Health and social care staff can be uncertain about challenging discriminatory language from both their colleagues and patients.

Whilst **four in five** (78 per cent) of all health and social care staff say they would feel confident challenging their colleagues if they made negative remarks about lesbian, gay or bisexual people or use discriminatory language such as 'poof' and 'dyke' towards other colleagues, **one in six** (16 per cent) would not.

**One in six** (16 per cent) patient-facing staff say they would not feel confident challenging colleagues who make such remarks towards patients or service users. **One in six** also say they would not feel confident challenging patients or service users who make such remarks towards staff (16 per cent) or other patients or service users (16 per cent).

**Three in five** (60 per cent) who hear such remarks do not report them.

### STAFF WHO DO NOT REPORT DISCRIMINATORY LANGUAGE AGAINST LESBIAN, GAY AND BISEXUAL PEOPLE



Staff are not encouraged to challenge patients on their attitudes. It is ok to challenge colleagues, not the public.  
**Sally, Occupational hygienist, Scotland**

They make out it's just a joke, and laugh at political correctness.  
**Erika, Analyst, Scotland**

My workplace would not support me in this, they let aggressive and abusive behaviour by family members go by all the time.  
**Susan, Nurse, East of England**

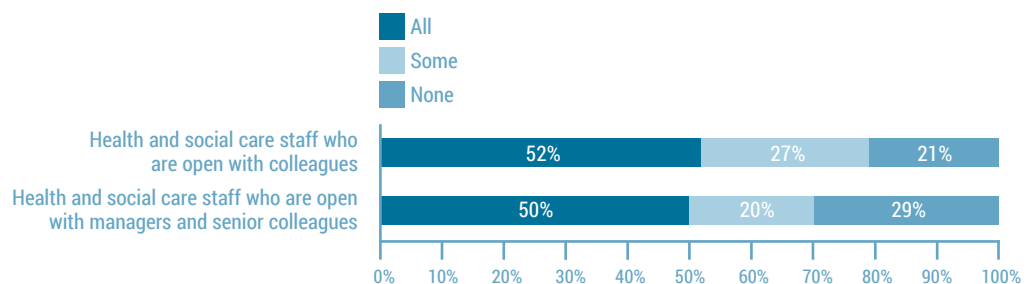
Patient satisfaction is seen as all-important so it's difficult to defend a staff member from verbal abuse when it means confronting a patient.  
**Jos, Nurse, London**

### BEING OUT AT WORK

Many lesbian, gay and bisexual staff feel uncomfortable being open about their sexual orientation with managers and colleagues. **Only half** of lesbian, gay and bisexual staff are open about their sexual orientation with all colleagues (52 per cent) and managers (50 per cent).

Being open about sexual orientation with both managers and other colleagues is somewhat more prominent within the healthcare sector with **three in five** being completely open about their sexual orientation to all colleagues, compared with around **two in five** in the social care sector (59 per cent compared with 42 per cent).

### LESBIAN, GAY AND BISEXUAL HEALTH AND SOCIAL CARE STAFF WHO ARE OPEN ABOUT THEIR SEXUAL ORIENTATION WITH COLLEAGUES AND MANAGERS



## RECOMMENDATIONS

- ▶ Organisations should communicate a clear message that abuse including from patients towards staff is unacceptable and provide guidance on how to respond to homophobic, biphobic and transphobic bullying.
- ▶ Organisations should make sure that LGBT staff are supported in the workplace through the creation of staff network groups and staff forums, as well as mentoring and reverse mentoring programmes.
- ▶ Where LGBT staff networks exist, they should be supported to contribute to workforce and service delivery outcomes of their organisation, and adequate support should be provided to help them do this.

## STONEWALL RESOURCES



[www.nobystanders.org.uk](http://www.nobystanders.org.uk)



Stonewall Leadership/Role Models/  
Allies Programme

# UNEQUIPPED TO CHALLENGE PREJUDICE

## KEY FINDINGS

A **quarter** (25 per cent) of staff have never received any equality and diversity training, and those who have often report that the training did not include important issues in caring for LGBT patients and service users.

- ▶ **Almost three in four** (72 per cent) patient-facing staff have not received any training on the health needs of LGBT people, the rights of same-sex partners and parents or the use of language and practices that are inclusive of the LGBT community.
- ▶ Trans issues often remain unaddressed in training, with only **a quarter** of those trained reporting that the legal rights of trans staff (27 per cent) and trans service users (23 per cent) were included.
- ▶ **One in four** (25 per cent) of all health and social care staff say their employer has never provided them with any equality and diversity training.

Equality and diversity training and monitoring are important tools to ensure that organisations and their staff are equipped to understand and meet the needs of all patients and service users. Many staff say, however, that they have received little or no equality and diversity training. Those who have, report key issues relevant to caring for LGBT patients are not included in training, and that they do not feel confident monitoring sexual orientation or gender identity.

## LACK OF TRAINING

It should be made a part of our mandatory education.  
Katie, Nurse, North West

Public bodies having a legal duty to advance equality of opportunity, eliminate discrimination, and foster good relations between people with different characteristics, but many health and social care staff have never received such training. Those who have say that critical issues regarding appropriate care for LGBT patients and service users remain unaddressed.

I had this training because I specifically sought it out – I don't think it's covered enough for most doctors.  
Sophia, Doctor, East Midlands

There is a shocking lack of importance placed on awareness of issues surrounding sexual orientation. Racial issues and those from ethnic minorities are seen as important; indeed information detailing these issues are required as part of the assessment process. However, sexual orientation is often ignored or sidelined as irrelevant to a community care assessment, which I feel results in a lack of knowledge about that person.

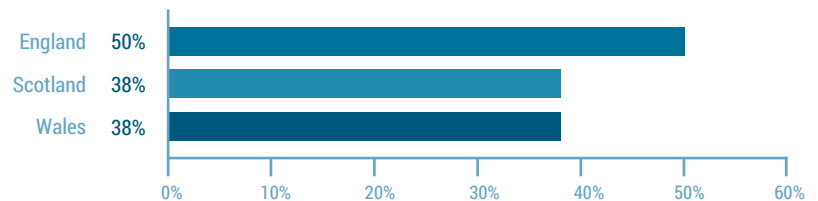
**Jim, Social Worker, North East**

**One in four** (25 per cent) of all health and social care staff say their employer has never provided them with any equality and diversity training. Amongst staff in privately funded services, this increases to **a third** (34 per cent).

**Half** (51 per cent) of respondents working in healthcare have received equality and diversity training in the last 12 months compared with **two in five** (41 per cent) in the social care sector.

More staff in England had received equality and diversity training in the last 12 months than in Scotland and Wales.

#### HEALTH AND SOCIAL CARE STAFF WHO HAVE RECEIVED EQUALITY AND DIVERSITY TRAINING IN THE LAST 12 MONTHS



Among those who have had training, the majority reported that it related to internal policy and staff bullying (see chart opposite). Fewer stated that their training covered the legal rights of lesbian, gay and bisexual staff and service users, with only **three in ten** (30 per cent) staff saying it covered legal protection for lesbian, gay and bisexual people accessing services.

It is very basic and does not cover how to work with people from a diverse range of backgrounds – only the policy.

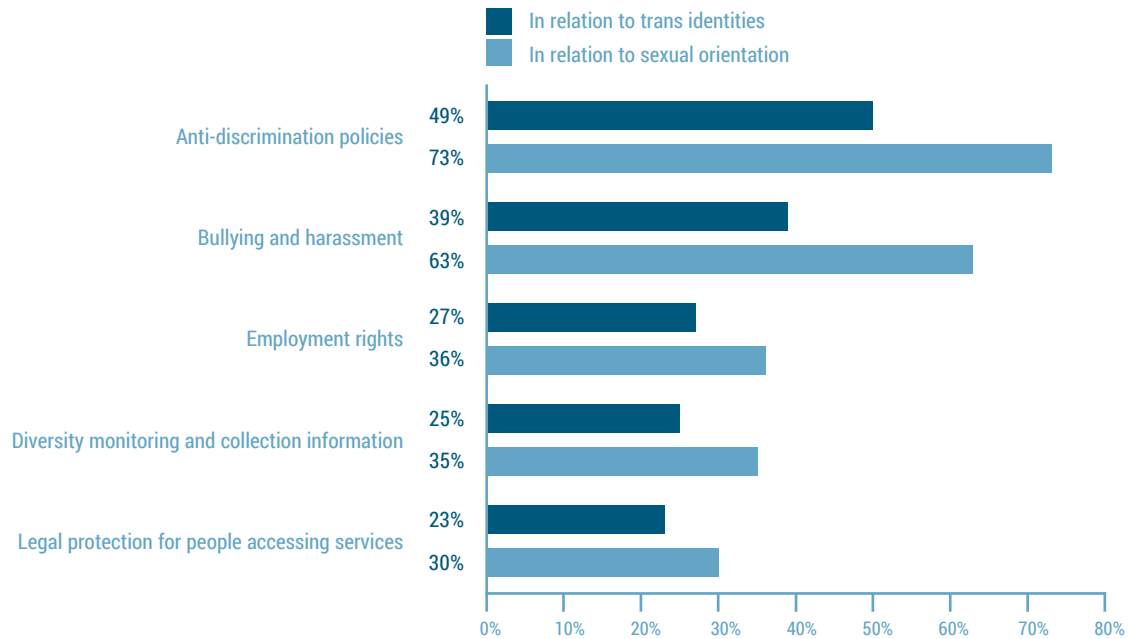
**Lisa, Voluntary Service Manager, London**

Training is invariably online and pretty rubbish to be honest.

**Doug, Nurse, Scotland**



## WHAT DID THE TRAINING COVER?



Trans issues were less likely to be included in training, with only **a quarter** reporting that the employment rights of trans staff (27 per cent) and legal protection for trans service users (23 per cent) were included. **A quarter** (25 per cent) say they were unable to remember what their training covered in relation to trans issues, and **one in six** (17 per cent) said that none of the above issues were included.

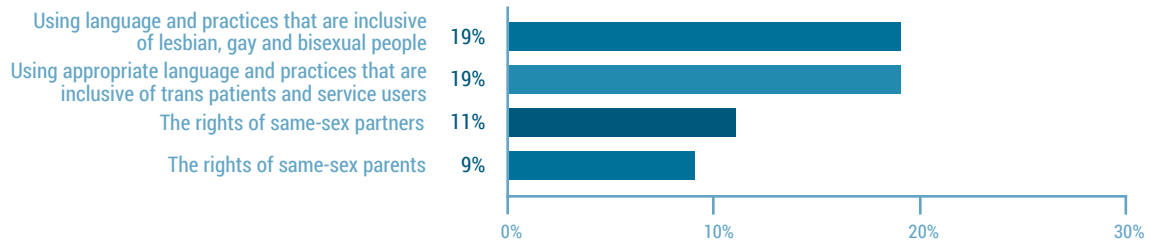
It would be helpful to have training on how to help staff respond to someone who returns as opposite gender. It's the soft skills required to support staff.

Anne, Practice Manager, South East

**Almost three in four** (72 per cent) patient-facing staff have not received training on the health needs of lesbian, gay and bisexual people, the rights of same-sex partners and parents or the use of language and practices that are inclusive of lesbian, gay and bisexual people.

Only **one in ten** have received training on the rights of same-sex partners (11 per cent) and parents (nine per cent), and only **one in five** (19 per cent) on the use of language and practices that are inclusive of lesbian, gay and bisexual people. Only **one in five** (19 per cent) of these staff said they received specific training on using appropriate language and inclusive practices for trans patients and service users.

## PATIENT-FACING STAFF WHO HAVE RECEIVED TRAINING IN SUPPORTING LGBT PATIENTS



I fail to see the need for this type of training.  
Elizabeth, Nurse, South West

Only **one in ten** (nine per cent) practitioners with direct responsibilities for patient care said they received training on the health needs of lesbian, gay and bisexual people. When asked what this covered, **more than half** (54 per cent) said the specific training only covered sexual health. Just **one in ten** (11 per cent) of these practitioners said they received training on the health needs of trans people.

There is, particularly in the NHS, a perception that a lot of equality and diversity training is political correctness... The reality is that staff will bring their views into the workplace and if challenged will on occasion state that they are expressing their democratic or moral opinions. There needs to be a upfront policy in all public services that while citizens are entitled to their opinions, statements and actions that are sexist, racist, anti-semitic, homophobic in the workplace will and should be challenged and this requires the full support of management.

Ian, Nurse, North West

Respondents working within the social care sector were somewhat more likely than those in the healthcare sector to have received specific training on the use of language and practices that are inclusive of lesbian, gay and bisexual people (25 per cent compared with 16 per cent), and were about as likely to have received training on this topic in relation to trans people (19 per cent compared to 21 per cent).

Respondents working within the healthcare sector, on the other hand, were somewhat more likely to have received specific training on the health needs of lesbian, gay and bisexual people (11 per cent compared to six per cent in the social care sector), and trans people (13 per cent compared to six per cent).

During diversity training one member of staff couldn't seem to get her head around the concept of treating trans women as women. She seemed to think something terrible would happen if they shared a bathroom with children or a ward with other women. The diversity trainer tried to put her right, but she didn't seem convinced.

Rob, NHS Admin, East Midlands

I don't think the training was very good, as the trainer kept giggling about trans people.

Alan, Clinical Scientist, West Midlands

I do not think attitudes have changed at all, people just attend the training so the employers can tick the appropriate boxes.

Jack, Dentist, East Midlands

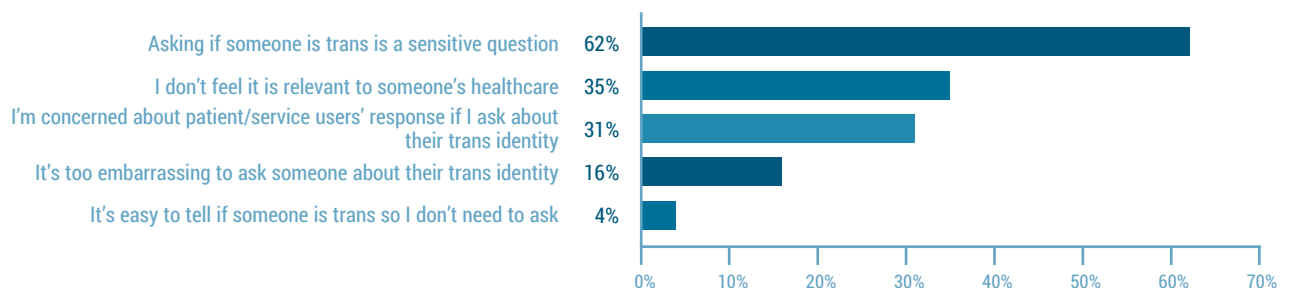
Some respondents described the training they had in derisory terms – suggesting that the training may not have been effective in challenging their negative attitudes. One member of staff described his training as being about **'looking after poofs'** and **'too much political correctness'** (Kevin, Care Worker, West Midlands). Others described the training as being **'at the expense of all white English straight people's rights'** (Keith, Health Care Assistant, East of England).

## EQUALITY AND DIVERSITY MONITORING

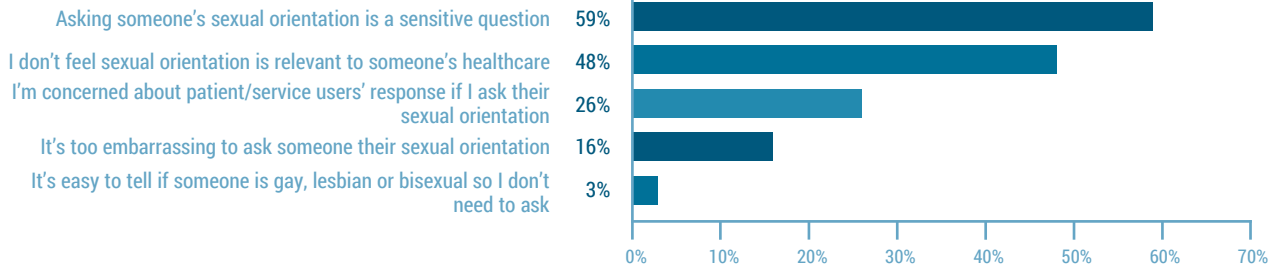
When done effectively, monitoring service users provides organisations with the opportunity to gain a more detailed understanding of their service users; ensure that the services they provide are meeting their needs; and helps identify any service delivery issues that may exist. Whilst it is understandable that service users are wary about providing personal information, many staff are also nervous about asking for this information in the first place, and fail to recognise its relevance to their service delivery. They are more comfortable, however, asking monitoring questions about other aspects of a person's identity.

**One in six** (16 per cent) practitioners with direct responsibilities for patient care, including nurses and social workers, admit they would feel uncomfortable asking patients and service users monitoring questions about their sexual orientation. Just under **one in five** (18 per cent) of these practitioners admit they would feel uncomfortable asking patients and service users monitoring questions about their gender reassignment or trans status, with many not wanting to ask because they felt it to be a sensitive question (see chart below).

### WHY WOULD YOU FEEL UNCOMFORTABLE ASKING A SERVICE USER MONITORING QUESTIONS ABOUT THEIR TRANS IDENTITY?



**WHY WOULD YOU FEEL UNCOMFORTABLE ASKING A SERVICE USER MONITORING QUESTIONS RELATING TO THEIR SEXUAL ORIENTATION?**



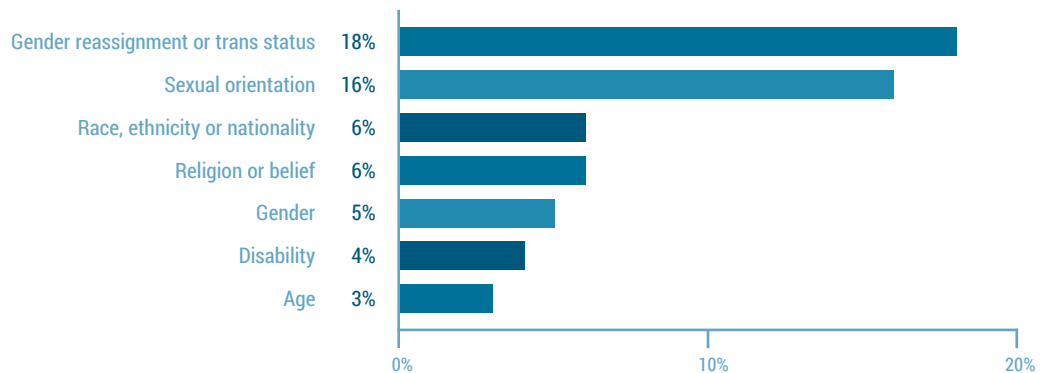
Some staff reported negative reactions from patients when asking monitoring questions, and others commented that they don't see the relevance of asking monitoring questions.

Derogatory remarks made by a patient when I asked them for their sexuality for data monitoring purposes.  
**Alice, Psychologist, London**

I think much too much time and money is spent on this – it really winds me up. I have to complete information about how many gay and lesbian and trans residents are in our nursing home, most are people in their 90s and 100s... they are at end of life.  
**Maggie, Senior Manager, West Midlands**

Comparatively, staff are significantly less likely to feel uncomfortable asking monitoring questions relating to other protected characteristics.

**STAFF WHO WOULD FEEL UNCOMFORTABLE ASKING MONITORING QUESTIONS ABOUT PROTECTED CHARACTERISTICS**



## RECOMMENDATIONS

- ▶ All health and social care organisations should implement mandatory LGBT-inclusive equality and diversity training for all staff that covers homophobic, biphobic and transphobic bullying and language, the diversity within the LGBT community as well as understanding the needs of LGBT patients and service users. Managers should ensure all staff complete this training on a regular basis.
- ▶ Health and social care sector leaders should implement routine sexual orientation (and where appropriate gender identity) monitoring of patients and service users alongside training, support and guidance for staff in order to improve confidence and understanding around the benefits of equality monitoring and enable them to track experience and health outcomes.

## STONEWALL RESOURCES



[www.nobystanders.org.uk](http://www.nobystanders.org.uk)



Diversity Champions Programme

# SUPPORT FOR LGBT EQUALITY

## KEY FINDINGS

Health and social care staff believe that health and social care services could and should be doing more for LGBT equality.

- ▶ **A third** (33 per cent) say that the NHS and social care services should be doing more to meet the needs of lesbian, gay and bisexual service users.
- ▶ Just **three in five** (59 per cent) of all health and social care staff agree that their employer takes effective steps to prevent and respond to discrimination or poor treatment as a result of a person's sexual orientation, and **just under half** (48 per cent) on the basis of a person's trans identity.

Many health and social care staff say their organisations should do more to meet the needs of LGBT patients and service users, with training, equality monitoring and the provision of relevant literature being areas where there is clear room for improvement. Many also noted a lack of visible LGBT role models in their workplaces, which can be an indicator that LGBT staff feel unable to be themselves at work.

## NEED FOR STRONGER LEADERSHIP

**A third** (33 per cent) of all health and social care staff agree that the NHS and social care services should be doing more to meet the needs of lesbian, gay and bisexual service users.

**Almost two thirds** of staff who have witnessed bullying or harassment towards a colleague (62 per cent) or patient (60 per cent) because of their sexual orientation said that the NHS and social care services should be doing more, as did **two thirds** (67 per cent) of lesbian, gay and bisexual staff.

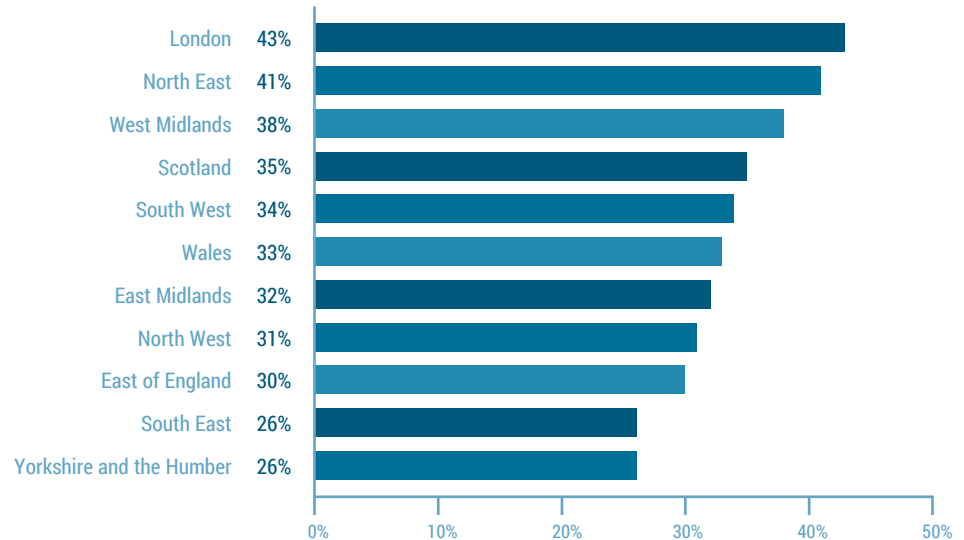
We need to tackle all differences between people and provide equality in dignity with which each patient is seen. We all have prejudices and we cannot legislate against them, we can only educate against them.

**Alistair, Optometrist, East of England**

People say they are open minded and OK with people being gay, but then you see them gossiping about the gay member of staff, or the man next door... We need to address this divide in culture and NOT to pretend everything is fine as if this country has one only culture and creed.

**Michael, Nurse, London**

## STAFF WHO BELIEVE THE NHS AND SOCIAL CARE SERVICES SHOULD BE DOING MORE TO MEET THE NEEDS OF LESBIAN, GAY AND BISEXUAL SERVICE USERS



Those working within the social care sector are also more likely than those in the healthcare sector to agree that more needs to be done (38 per cent compared with 31 per cent).

It is also clear that health and social care services are not doing enough to ensure that LGBT people are treated with dignity and respect across their services. Just **three in five** (59 per cent) respondents working in health and social care agree that their employer takes effective steps to prevent and respond to discrimination or poor treatment as a result of a person's sexual orientation, and **just under half** (48 per cent) as a result of a person's trans identity.

I believe abuse of this kind should come with serious outcomes such as gross misconduct or sacking and it should be made clear immediately any abuse will not be tolerated.

**Billy, Healthcare Assistant, South West**

The negative remarks came from a very senior member of staff whom no-one felt able to challenge.

**Rhydian, Social Care, Wales**

We have had trans service users for the last ten years that I have worked there and the company has been very slow to respond to their needs. Despite having been asked to make changes by practitioners in the way gender is recorded, for example.

**Catriona, Counsellor, Yorkshire and the Humber**

Just **three in five** (62 per cent) respondents agree that senior management sends out a strong message that bullying, harassment or abuse due to someone's sexual orientation is unacceptable.

Managers tend to say 'Oh, it's only banter'.

**Amira, Nurse, South West**

I work with a lot of gay, lesbian and trans nurses, and they are brilliant. I am proud to work with them and would definitely not accept any discriminatory behaviours towards them.

**Lucy, Nurse, London**

This is almost a daily occurrence. Yesterday I was told by a patient: 'I don't want you working with me because you work with queers, I bet it's because you take it up the arse as well, you're a f\*\*\*\*\* pervert, and I might f\*\*\*\*\* catch something'. A colleague of mine was assaulted two days ago by a patient because he's gay. The organisation won't do anything.

**Paul, Nurse, Yorkshire and the Humber**

A similar picture exists across other protected characteristics, with staff only slightly more likely to agree that effective steps are taken against discrimination on the basis of race, ethnicity or nationality (66 per cent) and disability (65 per cent).

## NEED FOR MORE INCLUSIVE INFORMATION

Having inclusive information readily accessible is a visible sign of an organisation's commitment to LGBT equality. Unsurprisingly, staff in organisations that display LGBT inclusive information are also more likely to have received training on LGBT health needs, and more likely to report bullying and discrimination when they see it.

Health and social care staff overwhelmingly say there is a lack of inclusive information available to LGBT patients.

**Seven in ten** (72 per cent) patient-facing staff have not seen any specific posters or literature displayed for patients or service users at their workplace that are specifically targeted towards or include lesbian, gay or bisexual people (for example, by using images of same-sex couples).

More than **eight in ten** (83 per cent) had not seen any specific posters or literature that are specifically targeted to include trans people.

I think we should have more literature aimed at homosexual couples in work but head office don't provide it to my knowledge.

**Dan, Pharmacy assistant, Scotland**

Those who had seen these types of posters or literature were also more likely to have received training on lesbian, gay and bisexual health needs (19 per cent, compared to nine per cent in general) and inclusive language and practices (37 per cent, compared to 19 per cent in general). Almost three times as many had also received training on the health needs of trans people (29 per cent, compared to 11 per cent in general).

Poster was not put up because they were not comfortable with advertising the issues of gays.

**Louise, NHS Admin, London**

Those who had seen LGBT inclusive posters and literature in their workplace were more likely than staff in general to say that they reported negative remarks about lesbian, gay and bisexual people or discriminatory language such as 'poof' and 'dyke' when they heard it (24 per cent did, compared to 16 per cent of staff in general). They were also more likely to agree that their senior management sends out strong messages about health inequalities faced by lesbian, gay and bisexual people and the importance of providing them with the best possible healthcare (62 per cent agreed, compared with 48 per cent of health and social care staff in general).

Respondents in Scotland were less likely than those in England to have LGBT inclusive literature and posters available to patients and service users (12 per cent have seen posters that are inclusive of lesbian, gay and bisexual people, and four per cent that are inclusive of trans people in Scotland, compared to 22 per cent and eight per cent in England respectively).

## NEED FOR MORE ROLE MODELS

Stonewall's work with major employers across the UK has highlighted that not only do LGBT staff perform better when they can be themselves at work, but this can also have a positive impact on their colleagues and can promote a greater organisational understanding of the diverse communities they serve.



**Almost a third** (31 per cent) of health and social care staff say they don't have any openly lesbian, gay or bisexual people at their workplace. Respondents working in Scotland are slightly more likely than those working in England and Wales to say they don't have openly lesbian, gay or bisexual people at their workplace (37 per cent compared with 31 per cent and 26 per cent respectively).

Only **one in ten** (ten per cent) respondents working in health and social care have openly trans people at their workplace; **almost three quarters** (73 per cent) say they do not. Only **four per cent** of respondents in Wales and only **five per cent** in Scotland say they have openly trans people at their workplace compared with **more than one in ten** (12 per cent) in England. Those within the healthcare sector are more likely to say they have openly trans people at work compared with those working in the social care sector (12 per cent compared with eight per cent).

I don't know how I would react to a trans person at work as I have never knowingly encountered one. I suspect I would be uncomfortable until I got to know them, thereafter it wouldn't matter a jot.

**Matt, Pharmacist, North West**

## STONEWALL RESOURCES



Some People are Trans/Gay/Bi posters



Stonewall Health posters

## RECOMMENDATIONS

- ▶ Leaders of health and social care organisations should take steps to highlight the positive work their organisations are doing to promote LGBT equality for both staff and patients and share best practice across the sector. Senior leaders should be involved in this work.
- ▶ The NHS Leadership Academy, NHS Education for Scotland and NHS Wales Workforce, Education and Development Services should include content in all programmes to support current and future leaders demonstrate leadership on tackling homophobic, biphobic and transphobic bullying.
- ▶ Health and social care organisations should encourage and celebrate LGBT role models at all levels within the organisation and encourage allies to speak up about the importance of LGBT equality in the workplace. Stonewall's Role Model and Allies programmes can help.
- ▶ The NHS Trust Development Authority, Monitor, the Care Quality Commission, Healthcare Improvement Scotland and Healthcare Inspectorate Wales should make sure that assessment processes include specific reference to LGBT leadership and inclusion.
- ▶ Health and social care providers should work towards making sure their boards are truly reflective of the diverse communities they serve, including LGBT people.
- ▶ All health and social care organisations must make sure that inclusive information and resources are readily available for patients and staff. Stonewall has a range of resources that can help.

# RECOMMENDATIONS

## ENDING LGBT BULLYING AND DISCRIMINATION

- ▶ Health and social care organisations should develop highly visible campaigns that tackle homophobic, biphobic and transphobic bullying and encourage reporting. Sector and organisation leaders should support this activity through all channels available to them and implementation should form part of appraisal processes for all managers. The Stonewall NoBystanders campaign can help with this.
- ▶ Health and social care organisations should make sure their bullying and harassment policies communicate a zero-tolerance approach to bullying and abuse on the grounds of sexual orientation and gender identity. Policies should include examples of homophobic, biphobic and transphobic bullying and harassment as well as easy and anonymous routes to reporting through HR, network groups, hotlines or dedicated points of contact.
- ▶ Health and social care organisations should update patient complaints procedures and communicate to all staff that homophobic, biphobic and transphobic complaints will be taken seriously.
- ▶ Organisations should consider joining Stonewall's Diversity Champions Programme and entering the Workplace Equality Index to support them to develop and measure inclusive and supportive working environments.

## IMPROVING TRAINING AND DEVELOPMENT

- ▶ All health and social care organisations should implement mandatory LGBT-inclusive equality and diversity training for all staff that covers homophobic, biphobic and transphobic bullying and language, the diversity within the LGBT community as well as understanding the needs of LGBT patients and service users. Managers should ensure all staff complete this training on a regular basis.
- ▶ Training providers, medical and nursing schools, Royal Colleges, the General Medical Council, Nursing and Midwifery Council and other bodies involved in the training of health and social care staff should review their training and curricula to make sure LGBT health inequalities are included as part of compulsory and on-going training.
- ▶ Medical schools, universities, colleges and teaching hospitals should contact Stonewall to discuss the Curricula Programme to embed best practice in caring for LGBT patients and services users across their curricula.
- ▶ Health Education England, Local Education and Training Boards, NHS Wales Workforce, Education and Development Services, NHS Education for Scotland and social care education providers should make sure that education and training plans and strategies address LGBT health and LGBT equality and diversity.
- ▶ Health and social care organisations should make sure frontline staff are trained to understand the health needs of LGBT people, and provide them with equal treatment.
- ▶ Health and social care organisations should make sure that trans health needs, and providing trans people with equal treatment is covered in staff training and should seek support from organisations including those listed in the 'Further Resources' section of this report.

## SUPPORTING LGBT STAFF IN THE WORKPLACE

- ▶ Organisations should communicate a clear message that abuse including from patients towards staff is unacceptable and provide guidance on how to respond to homophobic, biphobic and transphobic bullying.
- ▶ Organisations should make sure that LGBT staff are supported in the workplace through the creation of staff network groups and staff forums, as well as mentoring and reverse mentoring programmes.
- ▶ Where LGBT staff networks exist, they should be supported to contribute to workforce and service delivery outcomes of their organisation, and adequate support should be provided to help them do this.
- ▶ Health and social care organisations should encourage and celebrate LGBT role models at all levels within the organisation and encourage allies to speak up about the importance of LGBT equality in the workplace. Stonewall's Role Model and Allies programmes can help.

## IMPROVING LGBT PATIENT EXPERIENCE

- ▶ Westminster, the Scottish Government and the Welsh Assembly should publically condemn so called 'gay cure' therapy and consider further steps for action to make sure this practice is unavailable. Health and social care leaders should communicate a clear message to all providers, commissioners and staff that trying to 'cure' lesbian, gay, bisexual and trans people is both harmful and dangerous.
- ▶ Health and social care sector leaders should implement routine sexual orientation (and where appropriate gender identity) monitoring of patients and service users alongside training, support and guidance for staff in order to improve confidence and understanding around the benefits of equality monitoring and enable them to track experience and health outcomes.
- ▶ All health and social care organisations must make sure that inclusive information and resources are readily available for patients and staff. Stonewall has a range of resources that can help.

## LEADERSHIP SUPPORT FOR LGBT EQUALITY

- ▶ Leaders of health and social care organisations should take steps to highlight the positive work their organisations are doing to promote LGBT equality for both staff and patients and share best practice across the sector. Senior leaders should be involved in this work.
- ▶ The NHS Leadership Academy, NHS Education for Scotland and NHS Wales Workforce, Education and Development Services should include content in all programmes to support current and future leaders demonstrate leadership on tackling homophobic, biphobic and transphobic bullying.
- ▶ The NHS Trust Development Authority, Monitor, the Care Quality Commission, Healthcare Improvement Scotland and Healthcare Inspectorate Wales should make sure that assessment processes include specific reference to LGBT leadership and inclusion.
- ▶ Health and social care providers should work towards making sure their boards are truly reflective of the diverse communities they serve, including LGBT people.

# METHODOLOGY

All figures, unless otherwise stated, are from YouGov Plc. The total sample size was 3,001 health and social care staff from a wide range of professional backgrounds across Britain. The survey was conducted using an online interview administered to members of the YouGov Plc. panel of 350,000+ individuals who have agreed to take part in surveys. Fieldwork was undertaken between 18 September and 17 October 2014. 14 per cent of respondents were from Scotland, six per cent from Wales. The figures have been weighted and are representative of occupation.

A subsection of the total panel, consisting of all patient-facing staff, made up 90 per cent of the total sample size. A further subsection of **those most relevant practitioners with direct responsibilities for patient care**, made up 62 per cent of the total sample size.

The resulting data was analysed and presented by Stonewall Equality Ltd. Identities attributed to quotes have been anonymised and names have been changed.

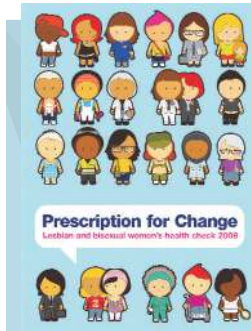
## Occupations included in subsection 'practitioners with direct responsibilities for patient care':

- ▶ Advice worker
- ▶ Care worker
- ▶ Counsellor
- ▶ Doctor
- ▶ Health care assistant
- ▶ Health visitor
- ▶ Mental health worker
- ▶ Midwife
- ▶ Nurse
- ▶ Occupational therapist
- ▶ Psychologist
- ▶ Psychotherapist
- ▶ Social worker
- ▶ Support worker
- ▶ Youth worker
- ▶ Other therapist

# FURTHER RESOURCES



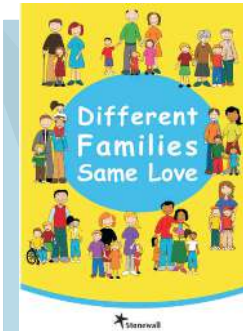
Gay and Bisexual Men's Health Survey



Prescription for Change



LGB People in Later Life – research and guide



Different Families Same Love



Different Families Same Care



Stonewall Health posters



Some People are Trans/Gay/Bi posters



10 Steps to LGBT Inclusive Communications



[www.nobystanders.org.uk](http://www.nobystanders.org.uk)



Diversity Champions Programme



Stonewall Leadership/Role Models/ Allies Programme

## TRANS RESOURCES

Gender Identity Research and Education Society (Gires): [www.gires.org.uk](http://www.gires.org.uk)

cliniQ: sexual health & wellbeing services for trans people, their partners and friends: [cliniq.org.uk](http://cliniq.org.uk)

Scottish Transgender Alliance: [www.scottishtrans.org](http://www.scottishtrans.org)

Gendered Intelligence: [genderedintelligence.co.uk](http://genderedintelligence.co.uk)

---

## Stonewall

Address:

Tower Building

York Road

London SE1 7NX

Info Line: **0800 050 20 20** (Mon-Fri 9:30am to 5:30pm)

For all information and resource requests and enquiries about Stonewall.

Office (admin): **020 7593 1850**

Email: [info@stonewall.org.uk](mailto:info@stonewall.org.uk)

 [@StonewallUK](https://twitter.com/StonewallUK)

---

## Stonewall Cymru

Address:

Transport House

1 Cathedral Road

Cardiff CF11 9SB

Wales

Info Line: **0800 050 20 20** (Mon-Fri 9:30am to 5:30pm)

For all information and resource requests and enquiries about Stonewall Cymru.

Office (admin): **02920 237 744**

Email: [cymru@stonewallcymru.org.uk](mailto:cymru@stonewallcymru.org.uk)

 [@StonewallCymru](https://twitter.com/StonewallCymru)

---

## Stonewall Scotland

Address:

Mansfield Traquair Centre


15 Mansfield Place

Edinburgh EH3 6BB

Scotland

Telephone: **0131 474 8019**

Email: [info@stonewallscotland.org.uk](mailto:info@stonewallscotland.org.uk)

 [@StonewallScot](https://twitter.com/StonewallScot)

---

Designed by [www.createpod.com](http://www.createpod.com)



---

# UNHEALTHY ATTITUDES

The treatment of LGBT people within  
health and social care services

---

A colleague who is gay made a remark about his partner and another colleague said 'Oh my god, seriously, are you gay? Gross'. The irony of this was that the remark was made during equality and diversity training.

**Sarah, Support Worker, South West**

We need to tackle all differences between people and provide equality in dignity with which each patient is seen. We all have prejudices and we cannot legislate against them, we can only educate against them.

**Alistair, Optometrist, East of England**



**Stonewall**  
Acceptance without exception