
UNHEALTHY ATTITUDES SCOTLAND

The treatment of LGBT people within health
and social care organisations in Scotland



UNHEALTHY ATTITUDES SCOTLAND

The treatment of LGBT people within health
and social care organisations in Scotland

Written by Sophie Bridger and Catherine Somerville
Survey by YouGov Plc.

INTRODUCTION

Health and social care organisations 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 in Scotland, which is resulting in unfair treatment of both LGBT patients and colleagues.

In the last five years alone, three in ten patient-facing staff in Scotland have heard colleagues make negative remarks about lesbian, gay and bisexual people, and nearly one in five have heard negative comments made about trans people.

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

Health and social care organisations in Scotland 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 58 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 45 per cent for trans people.

NHS Scotland advocates the value of person-centred care, where an understanding of the different aspects of a patient's identity, and their families and loved ones, are considered central to providing the best possible care. Unfortunately, *Unhealthy Attitudes* demonstrates that this is too often a long way from patients' lived experience of healthcare services, where a one-size-fits-all approach to healthcare provision leaves 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.

With the integration of health and social care organisations, healthcare provision in Scotland is undergoing significant change, providing a window of opportunity to ensure that these most vital services are getting it right for everyone. 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 organisations to follow. Trans peoples' healthcare needs sometimes require more specific care, and alongside the Scottish Transgender Alliance we look forward to working with healthcare organisations to ensure all trans people in Scotland have access to the services they need.

Stonewall Scotland 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 organisations, NHS Boards and Local Authorities across Scotland 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.



Colin Macfarlane
Director

THE STUDY

Stonewall Scotland 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 across Britain about their experiences of issues relating to lesbian, gay, bisexual and trans healthcare and employment; this report represents the findings from the 421 respondents in Scotland. 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 350 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 200 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 organisations. 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 organisations 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

KEY FINDINGS	6
1. BULLYING AND DISCRIMINATION IN HEALTH AND SOCIAL CARE	7
2. FAILURE TO SUPPORT LGBT PATIENTS	10
3. AFRAID TO SPEAK UP	12
4. UNEQUIPPED TO CHALLENGE PREJUDICE	14
5. SUPPORT FOR LGBT EQUALITY	17
RECOMMENDATIONS	19
METHODOLOGY	21
FURTHER RESOURCES	22

KEY FINDINGS

1. BULLYING AND DISCRIMINATION IN HEALTH AND SOCIAL CARE

LGBT people still experience homophobic, biphobic and transphobic language and behaviour in health and social care settings.

- ▶ **Three in ten** (29 per cent) health and social care staff in Scotland 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, whilst **one in five** (19 per cent) have heard their colleagues make negative remarks or use discriminatory language about people who are trans.
- ▶ **Nearly one in ten** (nine per cent) health and social care staff say they would not feel 'comfortable' working alongside a trans colleague.

2. FAILURE TO SUPPORT LGBT PATIENTS

- ▶ **Three in five** (61 per cent) health and social care practitioners with direct responsibility for patient care say they don't consider sexual orientation to be relevant to an individual's health needs.
- ▶ **Nearly one in ten** (nine 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.

3. AFRAID TO SPEAK UP

- ▶ **One in six** (16 per cent) health and social care staff would not feel confident challenging their colleagues if they made negative remarks about lesbian, gay or bisexual people or used discriminatory language such as 'poof' and 'dyke' towards other colleagues.
- ▶ **More than three in five** (62 per cent) health and social care staff who hear such remarks do not report them.

4. UNEQUIPPED TO CHALLENGE PREJUDICE

- ▶ **Almost a third** (31 per cent) of health and social care staff in Scotland say their employer has never provided them with any equality and diversity training.
- ▶ **Fewer than one in ten** patient facing staff received any training on the health needs of lesbian, gay and bisexual people (seven per cent) or the health needs of trans people (eight per cent).

5. SUPPORT FOR LGBT EQUALITY

- ▶ **Just three in five** (59 per cent) health and social care staff agree that senior management sends out a strong message that bullying, harassment or abuse due to someone's sexual orientation is unacceptable.
- ▶ **Fewer than half** (45 per cent) said their management took steps to prevent discrimination against trans people.

BULLYING AND DISCRIMINATION IN HEALTH AND SOCIAL CARE

KEY FINDINGS

LGBT people still experience homophobic, biphobic and transphobic language and behaviour in health and social care settings.

- ▶ **Three in ten** (29 per cent) health and social care staff in Scotland 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, whilst **one in five** (19 per cent) have heard their colleagues make negative remarks or use discriminatory language about people who are trans.
- ▶ **Nearly one in ten** (nine per cent) health and social care staff say they would not feel 'comfortable' working alongside a trans colleague.

Many health and social care staff in Scotland 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

Three in ten (29 per cent) health and social care staff in Scotland 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 six** (17 per cent) have heard such remarks in the last year alone.

I have heard many remarks being made about people (mainly service users) in the past. This has never been challenged or reported ... and it seems to be accepted by most staff who are afraid to challenge people about it.

Waheed, Administrator

A colleague remarked that it was abnormal to be gay.

Iain, Paramedic

Nearly one in five (19 per cent) health and social care 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 **nearly one in ten** (nine per cent) have witnessed such language in the last year alone.

I was working with a transgender client and my colleague said that 'he-she' should make up their mind.

Katie, Mental health worker

In addition to experiencing homophobic, biphobic and transphobic language in health and social care organisations, some LGBT people also experience discrimination and bullying. **One in fourteen** (seven 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. **One in fourteen** (seven per cent) also say they have witnessed bullying, abuse or harassment at work towards a patient or service user because of their sexual orientation over the same period.

I heard a staff member call a client a 'poof'.

Will, Project manager

DISCRIMINATION FROM COLLEAGUES

Some LGBT staff face bullying and discrimination from their colleagues at work. **More than one in ten** (12 per cent) health and social care staff in Scotland say that their lesbian, gay and bisexual colleagues experience discrimination or poorer treatment at work because of their sexual orientation.

A gay colleague was treated very badly, and was left with all the domestic work to do (something care workers do when they perceive someone to be 'weaker').

Hannah, Support worker

One in twelve (eight per cent) 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.

A colleague received nasty text messages from someone else in the workplace which were homophobic in nature. Management barely investigated.

Lisa, Occupational therapist

Some staff even commented that they feel uncomfortable working with lesbian, gay and bisexual people.

I think it is very uncomfortable to use the same changing room with your lesbian colleagues.

Michelle, Nurse

Trans staff also experience discrimination from their colleagues. **Nearly one in ten** (nine per cent) health and social care staff in Scotland say they would not feel 'comfortable' working alongside a trans colleague, whilst **one in fourteen** (seven per cent) are aware of colleagues experiencing discrimination or poorer treatment because they are trans.

DISCRIMINATION FROM PATIENTS

LGBT people can face harassment and abuse from patients as well as staff. **Nearly half** (46 per cent) of all patient-facing staff in Scotland 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. **More than a third** (36 per cent) of these staff have witnessed such remarks in the last year alone.

Casual comments such as 'poof' or 'lezzies' are thrown in by older service users, or by less enlightened colleagues.

Andy, Chaplain

I am aware that when negative things are said they are often only between younger people at work and that although they are saying it they aren't consciously aware that it could be offensive to anyone in earshot not just between themselves.

Marie, Medical science

One in five (19 per cent) patient-facing staff in Scotland have also heard patients and service users make negative remarks about people who are trans in the last five years, with **one in fourteen** (seven per cent) witnessing such remarks in the last year alone. This included experiences such as **'trans people being the butt of jokes'** (Ben, Nurse) and hearing people **'referring to trans people as trannies'** (Karen, Therapist).

An intoxicated patient was being verbally abusive toward a transgender patient in an A&E department. A colleague phoned the police and the intoxicated patient was arrested.

Julia, Nurse

RECOMMENDATIONS

- ▶ Health and social care organisations should develop highly visible campaigns that tackle homophobic, biphobic and transphobic bullying and encourage reporting. This should be supported by senior leadership across health boards and local authorities and implementation should form part of appraisal processes for all managers. Stonewall Scotland's 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.
- ▶ Health and social care 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.

FAILURE TO SUPPORT LGBT PATIENTS

KEY FINDINGS

- ▶ **Three in five** (61 per cent) health and social care practitioners with direct responsibility for patient care say they don't consider sexual orientation to be relevant to an individual's health needs.
- ▶ **Nearly one in ten** (nine 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.

As a nurse I believe in holistic care taking into account peoples physical, psychological, emotional and spiritual needs and in some cases sexual orientation may play a part in this.

Julia, Nurse

FAILURE TO UNDERSTAND LGBT HEALTH NEEDS

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 Scotland 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, **three in five** (61 per cent) health and social care practitioners with direct responsibility for patient care say they don't consider sexual orientation to be relevant to an individual's health needs.

I wasn't aware that homosexual people had different care needs than everyone else. Surely the same illnesses affect them as everyone else? I think suggesting they have different health care needs is discrimination.

Eilidh, Nurse

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

Conversely, when respondents understood that LGBT people may have specific health needs, many focused on negative stereotypes of LGBT people, such as **'homosexual men are a higher risk for AIDS'** (Jacqui, Care Worker) or inaccurate assumptions, such as **'lesbian women may not need smears'** (Louise, Doctor).

One in eight (12 per cent) practitioners with direct responsibility for patient care are not confident in their ability to understand and meet the specific needs of lesbian, gay or bisexual patients and service users, whilst **more than one in five** (22 per cent) are not confident in their ability to respond to the specific care needs of trans patients and service users.

Gender issues are very relevant in health care, there is still too much confusion and embarrassment.

Lorraine, Nurse

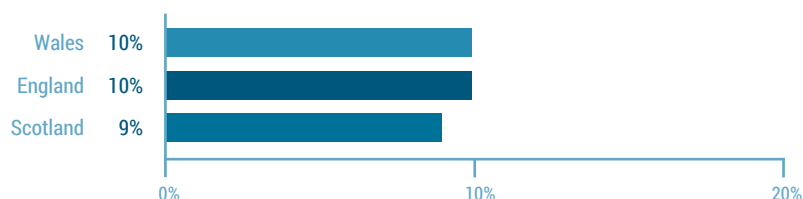
If admitted, it can be difficult to place trans patients as our hospital is based on male or female wards. Normally the bed manager will do their best to allocate these patients a side room, however with regular overcrowding due to high patient numbers, this is not always an available option.

Beth, Receptionist

PROMOTING 'GAY-CURE' THERAPIES

Nearly one in ten (nine 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 consistent with the rest of Britain (ten per cent in England and Wales).

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 Scotland to discuss the Curricula Programme to embed best practice in caring for LGBT patients and services users across their curricula.
- ▶ 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. Where training has been carried out online this should be followed up through the appraisal process and further face-to-face training should be available.
- ▶ 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.
- ▶ The Scottish Government 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 staff that trying to 'cure' lesbian, gay, bisexual and trans people is both harmful and dangerous.

AFRAID TO SPEAK UP

KEY FINDINGS

- ▶ **One in six** (16 per cent) health and social care staff would not feel confident challenging their colleagues if they made negative remarks about lesbian, gay or bisexual people or used discriminatory language such as 'poof' and 'dyke' towards other colleagues.
- ▶ **More than three in five** (62 per cent) health and social care staff who hear such remarks do not report them.

Whilst **four in five** (78 per cent) of all health and social care staff in Scotland say would feel confident challenging their colleagues if they made negative remarks about lesbian, gay or bisexual people or used discriminatory language such as 'poof' and 'dyke' towards other colleagues, **one in six** (16 per cent) would not. **One in eight** (12 per cent) also say they would not feel confident challenging colleagues who make such remarks towards patients or service users.

It is commonplace at my work to hear rude remarks being made about service users in my workplace. Due to culture of bullying no one is ever challenged about this.

Waheed, Administrator

Colleagues... would use derogatory terms towards gay and transsexual people. It occurred regularly and I was alienated at work for having stated that I disagreed with these statements.

Sally, Administrator

One in eight patient-facing health and social care staff also say they would not feel confident challenging patients or service users who use discriminatory language, either towards staff (12 per cent) or other patients or service users (13 per cent).

Staff are not encouraged to challenge patients on their attitudes. It is ok to challenge colleagues, not the public.

Jenny, Occupational hygienist

There has been a huge emphasis in NHS Scotland on the prevention of discrimination both against staff and patients. The main problem now is discrimination against staff by patients, which is more difficult to address as frontline staff invariably place the needs of the patients above their own.

Gary, Health service manager

Although many health and social care staff state they would be confident to challenge discriminatory language, in practice many do not report it.

More than three in five respondents (62 per cent) who hear such remarks do not report them. Many say that they are not confident of support from their employers:

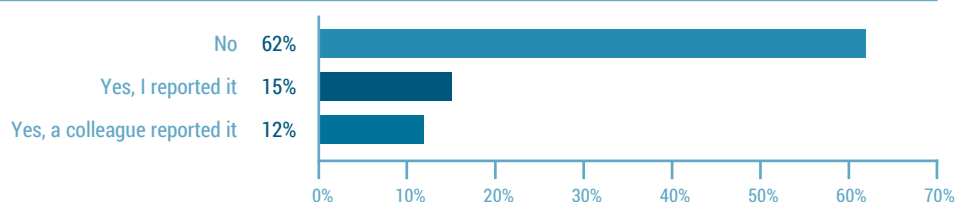
No back up from management. You would be singled out and bullied.

Jo, Midwife

I am not confident that if my challenge was itself challenged, for example by a service user, that my management or employer would support me.

Jenna, Scientist

DID YOU REPORT DISCRIMINATORY LANGUAGE THE LAST TIME YOU HEARD IT?



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, and the support available to staff.
- ▶ 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.

UNEQUIPPED TO CHALLENGE PREJUDICE

KEY FINDINGS

- ▶ **Almost a third** (31 per cent) of health and social care staff in Scotland say their employer has never provided them with any equality and diversity training.
- ▶ **Fewer than one in ten** patient facing staff received any training on the health needs of lesbian, gay and bisexual people (seven per cent) or the health needs of trans people (eight per cent).

Trans issues were less likely to be included in training, with **less than three in ten** (28 per cent) reporting that they received training on the employment rights of trans staff and **only a quarter** (25 per cent) reporting that legal protection for trans service users was included. **A quarter** (26 per cent) say they were unable to remember what their training covered in relation to trans issues, and **one in six** (15 per cent) said that none of the above issues were included.

Training is invariably online and pretty rubbish to be honest.

Doug, Nurse

LACK OF TRAINING

Almost a third (31 per cent) of all health and social care staff in Scotland say their employer has never provided them with any equality and diversity training, compared to **a quarter** (25 per cent) of health and social care staff across the whole of the UK.

Having worked for the former Strathclyde Police in which you need to complete a week long diversity course before training starts, I was shocked and dismayed about the lack of quality diversity training by my NHS employer.

Rob, Ambulance technician

Fewer than one in ten patient facing staff received any training on the health needs of lesbian, gay and bisexual people (seven per cent) or the health needs of trans people (eight per cent).

As an individual I feel I do not fundamentally understand transgender experiences.

Malcolm, Psychotherapist

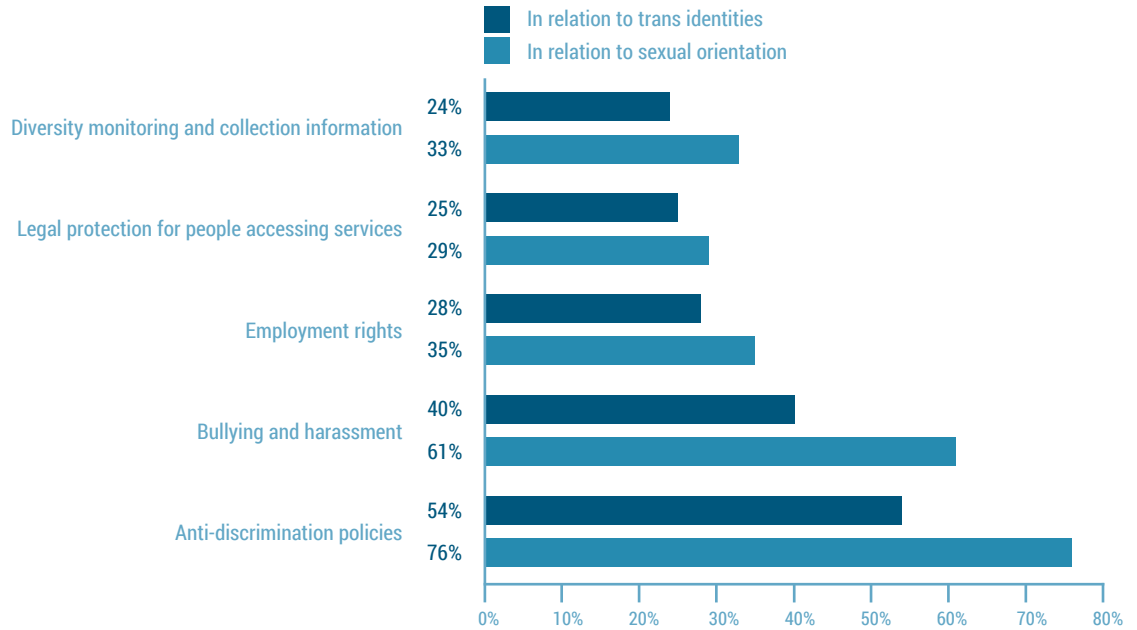
I think we need to have more training to deal with any issues we come across at work.

Priya, Care worker

Among those who have had training, the majority reported that it related to internal policy and staff bullying (see graph opposite for figures). **Just three in ten** (29 per cent) staff said it covered legal protection for lesbian, gay and bisexual people accessing services.

More than three quarters (77 per cent) of patient-facing staff in Scotland said their training did not include 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.

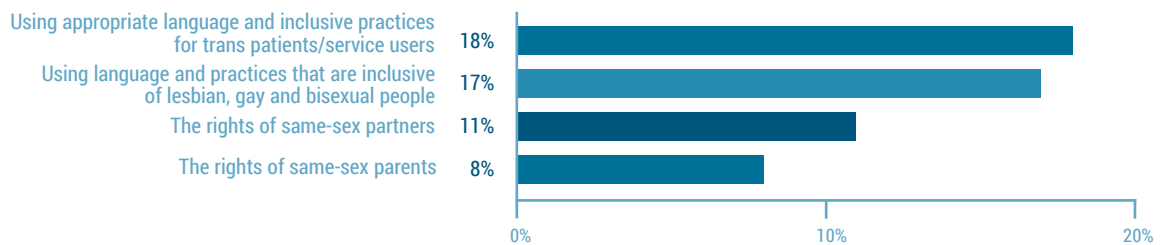
WHAT DID THE TRAINING COVER?



Fewer than one in five (18 per cent) health and social care staff in Scotland with direct responsibilities for patient care said they received specific training on using appropriate language and inclusive practices for trans patients and service users.

Only one in ten patient facing staff have received training on the rights of same-sex partners (11 per cent) and parents (eight per cent).

STAFF WHO HAVE HAD SPECIFIC TRAINING IN SUPPORTING LGBT PATIENTS

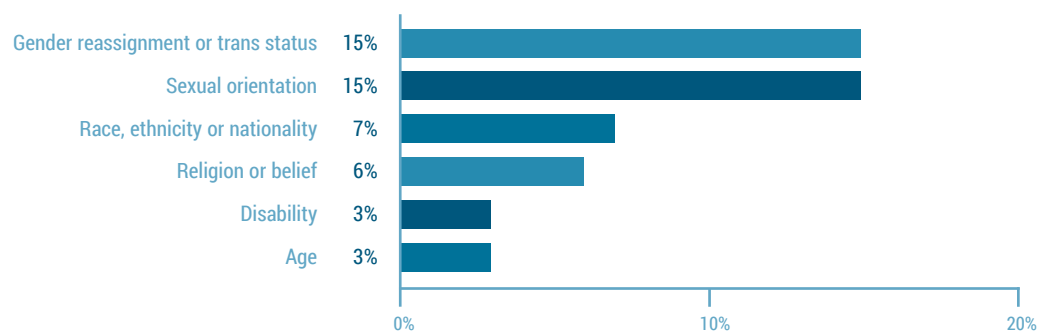


EQUALITY AND DIVERSITY MONITORING

One in six (15 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, their gender reassignment or trans status.

Comparatively, staff are significantly less likely to feel uncomfortable asking monitoring questions relating to other protected characteristics, with **only three per cent** of practitioners feeling uncomfortable asking monitoring questions around age or disability.

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.

SUPPORT FOR LGBT EQUALITY

KEY FINDINGS

- ▶ **Just three in five** (59 per cent) health and social care staff agree that senior management sends out a strong message that bullying, harassment or abuse due to someone's sexual orientation is unacceptable.
- ▶ **Fewer than half** (45 per cent) said their management took steps to prevent discrimination against trans people.

NEED FOR STRONGER LEADERSHIP

Just three in five (59 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. A similar picture exists across other protected characteristics, with staff only slightly more likely to agree that effective steps are taken in relation to race, ethnicity or nationality (63 per cent) or disability (67 per cent). Staff were significantly less likely, however, to say that effective steps are taken to prevent and respond to discrimination against trans people (45 per cent).

More than a third (35 per cent) agree that the NHS and social care services should be doing more to meet the needs of lesbian, gay and bisexual service users.

I think that some employers are good at developing equality and diversity policies and statements, but are poor at implementation.

Brian, Nurse

I think things are getting better, but we still have a long way to go. The way I see it, people are people.

Caitlin, Social worker

NEED FOR MORE INCLUSIVE INFORMATION

Four in five (79 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). **Nearly nine in ten** (86 per cent) respondents have 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

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

More than a third (37 per cent) of health and social care staff in Scotland say they don't have any openly lesbian, gay or bisexual people at their workplace. This is higher than in England and Wales, where 31 per cent and 26 per cent of respondents respectively said they didn't have openly lesbian, gay or bisexual people at their workplace. **Only one in twenty** (five per cent) of respondents say they have openly trans people at their workplace compared with **more than one in ten** (12 per cent) in England.

I am not aware of any lesbian, gay, bisexual or trans colleagues in my workplace, even though quite a lot of people work there. I wonder if this is because people do not feel able to come out at work.

Jenna, Scientist

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.
- ▶ NHS Education for Scotland should include content in all programmes to support current and future leaders to 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 Scotland's Role Model and Allies programmes can help.
- ▶ Healthcare Improvement Scotland should make sure that assessment processes include specific reference to LGBT leadership and inclusion.
- ▶ Health and social care organisations 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. This should be supported by senior leadership across health boards and local authorities and implementation should form part of appraisal processes for all managers. The Stonewall Scotland's 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.
- ▶ Health and social care 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.
- ▶ 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. Where training has been carried out online this should be followed up through the appraisal process and further face-to-face training should be available.
- ▶ 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 Scotland to discuss the Curricula Programme to embed best practice in caring for LGBT patients and services users across their curricula.
- ▶ 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 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, and the support available to staff.
- ▶ 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 Scotland's Role Model and Allies programmes can help.

IMPROVING LGBT PATIENT EXPERIENCE

- ▶ The Scottish Government 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 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.
- ▶ NHS Education for Scotland should include content in all programmes to support current and future leaders to demonstrate leadership on tackling homophobic, biphobic and transphobic bullying.
- ▶ Healthcare Improvement Scotland should make sure that assessment processes include specific reference to LGBT leadership and inclusion.
- ▶ Health and social care organisations 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 from across Great Britain was 3,001 health and social care staff from a wide range of professional backgrounds. 421 of these respondents were from Scotland. 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. The figures have been weighted and are representative of occupation.

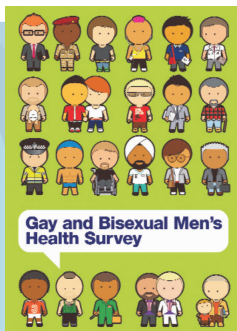
A subsection of the Scottish respondents, consisting of all patient facing staff, made up 84 per cent of the Scottish sample. A further subsection of **those most relevant practitioners with direct responsibilities for patient care** made up 50 per cent of the total sample size.

The resulting data was analysed and presented by Stonewall Equality Ltd. Identities attributed to quotes have been anonymised and names have been changed. All quotes are from respondents in Scotland.

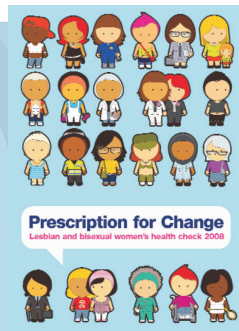
Occupations included in subsection 'practitioners with direct responsibilities for patient care':

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

FURTHER RESOURCES



Gay and Bisexual Men's Health Survey



Prescription for Change



LGB People in Later Life – research and guide



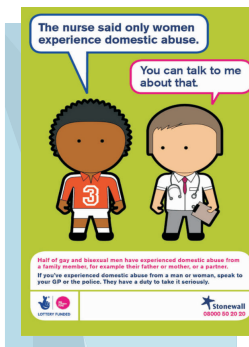
Your Services Your Say



Different Families Same Love



Different Families Same Care



Stonewall Health posters



10 Steps to LGBT Inclusive Communications



Some People are Trans/Gay/Bi posters



www.nobystanders.org.uk



Diversity Champions Programme



Stonewall Leadership/Role Models/Allies Programme

TRANS RESOURCES

Scottish Transgender Alliance: www.scottishtrans.org.uk

LGBT Youth Scotland: www.lgbtyouth.org.uk

Gendered Intelligence: www.genderedintelligence.co.uk

Stonewall Scotland

Address:

Mansfield Traquair Centre

15 Mansfield Place

Edinburgh EH3 6BB

Scotland

Website: **www.stonewallscotland.org.uk**

Telephone: **0131 474 8019**

Email: **info@stonewallscotland.org.uk**

 **@StonewallScot**

UNHEALTHY ATTITUDES SCOTLAND

The treatment of LGBT people within health
and social care organisations in Scotland

I was working with a transgender client and my
colleague said that 'he-she' should make up their mind.

Katie, Mental health worker

I think things are getting better, but we still have a
long way to go. The way I see it, people are people.

Caitlin, Social worker



Stonewall
Scotland