

Sexual orientation

A practical guide for the NHS



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Foreword



This guide is part of a suite of guidance which seeks to equip NHS staff at all levels – whether as employers or employees, or as service providers, commissioners or planners – to understand the needs of all people.

There is increasing evidence of the health inequalities experienced by patients and service users as a result of their sexual orientation and how this can be addressed through better access and targeted intervention. Increasing protection under the law highlights the rights of lesbian, gay and bisexual people to receive equal treatment in the same way as everyone else.

Other existing public sector equality duties, ongoing reform towards personalised services and World Class Commissioning present a real opportunity for NHS organisations to reconsider the design of services to take full account of the equalities agenda. By developing expertise and implementing the lessons learnt, we can embed equality at the heart of all functions and structures and contribute to a better understanding of our staff and more informed, personalised patient care.

As an employer and a provider of healthcare services, the NHS should not only comply with the law but should also aspire to be an exemplar of good practice and seek to ensure that its services and employment practices respond to the needs of the whole of our society. This means that it is essential that we strive to take account of everyone's needs, in the design and delivery of all our services – including people from the lesbian, gay and bisexual community. It is also essential that we strengthen our role as an inclusive employer by removing barriers that might prevent us from attracting, recruiting, developing and retaining people with the best skills and aptitude to make their careers in the NHS.

This guidance should create new work programmes and activities that will enable NHS organisations to be more inclusive workplaces, reduce health inequalities experienced by lesbian, gay and bisexual people and help us achieve the priorities set out in the NHS Operating Framework 2008/9.

A handwritten signature in black ink that reads "Surinder Sharma". The signature is fluid and cursive, with a large initial 'S'.

Surinder Sharma

National Director for Equality and Human Rights, Department of Health

Executive summary

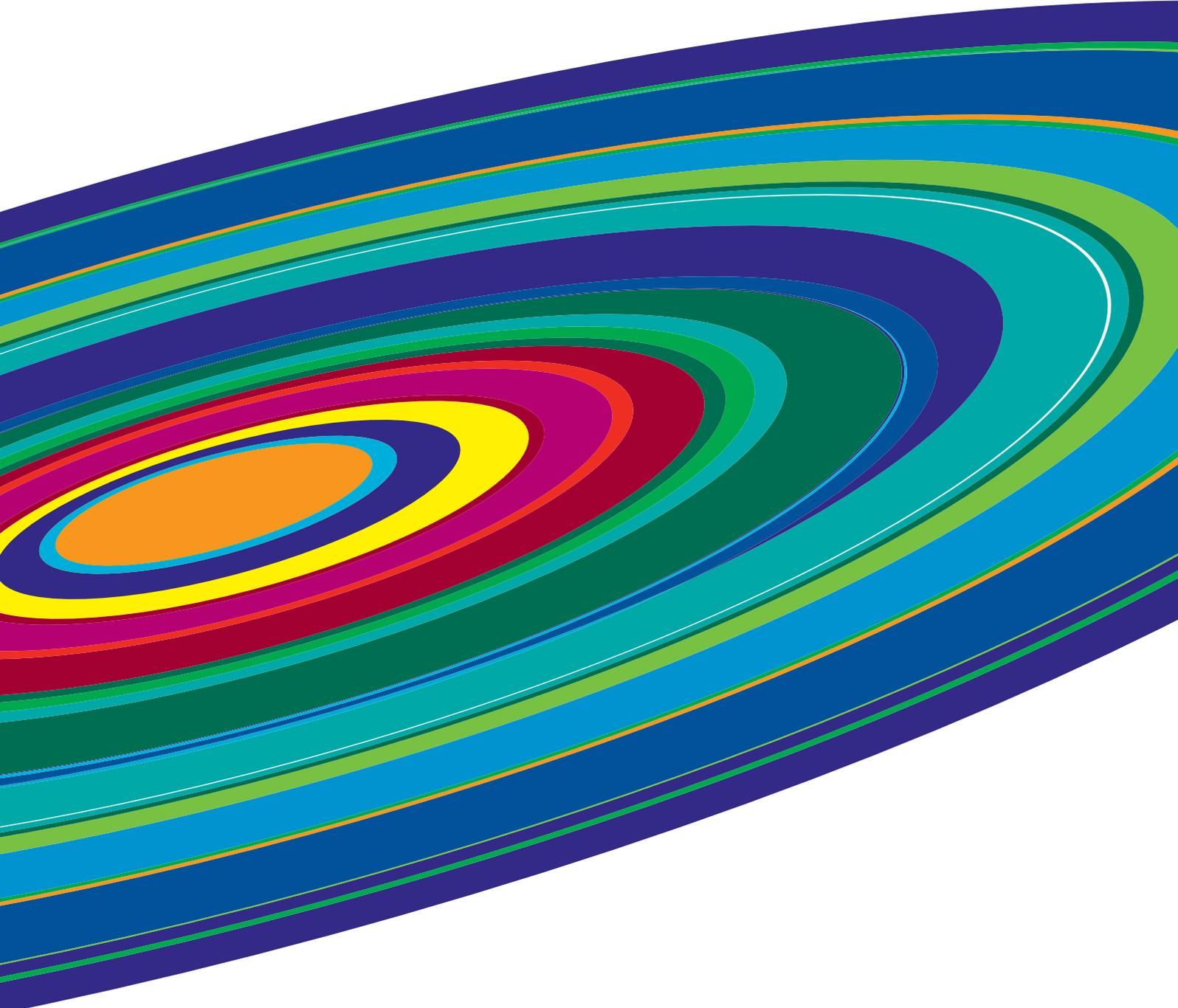
This guidance document, produced by the Department of Health (DH), gives practical advice to NHS organisations to help them comply with recent equality legislation, understand the role of sexual orientation in the context of healthcare, and integrate this knowledge into single equality schemes (SES). Other guides in this series cover disability, gender, religion or belief, and trans people. Age Concern are producing a companion guide to age equality. The Race for Health programme provides extensive guidance and support for the NHS on issues of race.

Many NHS organisations will already be working towards developing an SES. A single equality approach helps to bring together parallel strands of key systems, for example equality impact assessment, data collection etc, needed to respond to the specific duties of the different equality laws. This helps to utilise expertise and scarce resources more effectively. It also contributes to a better understanding of staff and workforce issues and encourages a personalised approach to patient care, treating patients as individuals. A combined approach will help to minimise the number of requests for information and ensure that key personnel, for example public health analysts, service managers, administrative and frontline staff, are encouraged to work together to ensure a co-ordinated approach to achieving equality of outcomes.

However, in developing an SES, it is important to understand that there are significant differences between the legal requirements for the different equality strands that must be understood in order that they are complied with. This guidance is designed to assist NHS organisations to implement and comply with the requirements of legislation on sexual orientation enacted recently, and also provides general practical guidance around the issues that fall out of that for the NHS.

The guidance will provide a workbook and a one-stop shop for information about the legislation and its impact. It will take readers through the steps necessary for equality impact assessment and planning for the integration of issues of sexual orientation during the development of overall equality schemes. Many of the processes, such as equality impact assessment and consultation, are similar to those described for the other equality strands, but the guidance will highlight any areas that need special attention for sexual orientation and will also provide a handy reference for cohesive and collaborative working.

Section One: Context



Part One – Legal requirements and policy implications

This part begins by setting out some definitions. It then summarises the legislation which gives rights to equal treatment regardless of sexual orientation, and provides practical illustrations of how the legal framework impacts on health and social care providers and commissioners.

What is 'sexual orientation'?

Sexual orientation refers to the general attraction a person feels towards one sex or another (or both). Most people are familiar with the terms 'heterosexual' or 'straight', where people are attracted to the opposite sex. Other people are attracted to people who are the same sex as them (lesbian or gay) or people of both sexes (bisexual).

Women who have a sexual orientation towards other women are often referred to as **lesbian**, while men who have a sexual orientation towards other men are referred to as **gay** (although gay can also be used as a generic term for both lesbian and gay sexuality). Those people who have a sexual orientation towards both their own and the opposite sex are usually referred to as **bisexual**. These three groups make up what is sometimes referred to as the **LGB** – lesbian, gay and bisexual – community.

Generally speaking, the worlds **homosexual** and **homosexuality** are outdated. These words used to describe the 'medical illness' of being gay and therefore when being gay

was decriminalised, people stopped using these words.

Some men may be in opposite-sex relationships but engage in sexual activity with people of the same sex. Healthcare providers should not assume that men in this situation are gay, but should instead discuss behaviour. Healthcare providers should also consider the impact that any disclosure may have on partners and therefore take steps to be discreet. Men in these circumstances may not respond to preventive healthcare messages in the same way as openly gay men. This has long-term implications relating to sexually transmitted infections and other communicable diseases.

Homophobia is defined as hostility or prejudice based on a person's status (actual or perceived) as a lesbian woman or a gay man, or someone who is attracted to someone of the same sex even if they do not call themselves LGB. It can lead to discrimination, bullying, harassment and, at its worst, violent hate crime against LGB people or those who are thought to be LGB.

There are two issues to note, which will be referred to again elsewhere in this guidance. First, most lesbians, gay men and bisexuals would consider that their sexual orientation is only one aspect of who they are. In addition, they will have a gender, an ethnic and cultural identity, possibly a disability, a religious or non-religious belief, and of course they will have an age – in other words, they will have 'multiple identities'. Each of these other aspects may have an impact on how they are seen by people from different groups, whether at work or when using the health service. It can also affect the services that they need and the way these need to be provided. This guide will discuss in later sections what consideration needs to be

given to issues of multiple identities, which will support any trust's work towards a single equality scheme.

The second issue to note at this stage is that sometimes reference is made to **LGBT** equality, where the 'T' stands for **trans people**. There are a small but significant number of people born each year whose gender identity does not match the appearance and/or anatomy with which they were born. A trans person is a person who adopts the opposite gender to the one assigned at birth. It is a term which embraces different expressions of gender identity – including transvestite, transsexual and the different points a trans person goes through when they undergo a medical procedure to acquire their new gender identity. The process is known as 'gender reassignment'. The term also includes people living in their new gender.

Sometimes, issues of sexual orientation and gender identity have been aligned as if they were very similar. It is true that individuals from both groups have been treated unfairly in the past because of a lack of understanding about their identities, and similar prejudices may apply to both. At one time, both groups may have been thought of as challenging established sexual behaviour, and were treated similarly because of this.

LGB and trans people have undoubtedly benefited from sometimes campaigning together for greater equality. However, sexual orientation and gender identity are different issues. They raise different questions of how to promote equality and eliminate discrimination. Different legal frameworks apply to LGB people and to trans people; trans people have generally been included in sex discrimination legislation, or have specific laws relating to them under the Gender Equality Duty, which are separate from the

laws which seek to achieve greater equality on the grounds of sexual orientation. It is for these reasons that the NHS has commissioned separate guidance on trans employment and healthcare (*Trans: A practical guide for the NHS*). However, trans people, like everyone else, have a sexual orientation, and might be heterosexual, lesbian, gay or bisexual.

Towards LGB equality

Recently, a number of legal measures have required people to be treated equally regardless of sexual orientation.

- In 2001, the age of consent was equalised at 16 for all
- In 2003, the Employment Equality (Sexual Orientation) Regulations made it unlawful to discriminate against a person in employment and training on the grounds of sexual orientation
- Since November 2004, the Civil Partnership Act has given same-sex partners clear legal rights, similar to those previously only available to married couples
- Since April 2007, the Equality Act (Sexual Orientation Regulations) 2007 has prohibited discrimination on grounds of sexual orientation in the provision of goods, facilities and services.

Equality at work

The Employment Equality (Sexual Orientation) Regulations 2003 make it unlawful to discriminate in employment or training on grounds of sexual orientation. The Regulations apply to all aspects of employment and training, including recruitment, promotion, terms and conditions

(including pay) and dismissals (including selection for redundancy). In essence, the Regulations mean that it is unlawful to discriminate at work against people who are lesbian or gay, heterosexual, or bisexual. They cover not only how people 'are', but how they are seen by others. This means that if someone thinks a person is gay (even if they are not), and discriminates against them, that person is protected by employment law. It is up to employers to regulate the conduct of their employees towards one another while on duty, whether at work or out of the office on behalf of work, provided that the way they do this is reasonable and even-handed.

Organisations may be held responsible for the actions of their staff as well as their staff being individually responsible. If a person believes they have been discriminated against at work on the grounds of sexual orientation, they can bring a claim for financial compensation for loss of earnings and injury to feelings and, in some cases, reinstatement to their former job, at an Employment Tribunal.

The Regulations define four types of discrimination: **direct**, **indirect**, **harassment** and **victimisation**.

Direct discrimination is where one person is treated less favourably than another person is treated, has been treated, or would be treated in a comparable situation, on grounds of sexual orientation. For example, it is unlawful to decide not to employ someone, to dismiss them, refuse to promote them, deny them training, give them adverse terms and conditions, or deny them benefits available to others of a different sexual orientation because they are or are thought to be lesbian, gay or bisexual. 'Thought to be' is included because direct discrimination

also covers discrimination on the grounds of perceived sexual orientation, whether the perception is correct or not. In this case, applicants will not need to establish that they are gay to bring a complaint. If someone has assumed them to be gay and discriminated against them as a consequence, that is enough. The wording also covers discrimination by association, so discriminating against someone because of the sexual orientation of their friends is not allowed.

Indirect discrimination is where an organisation has employment rules, selection criteria, policies and other practices in place which put people of a particular sexual orientation, including the person who complains, at a particular disadvantage when compared with others. Indirect discrimination can be unlawful whether it is intentional or not. However, in contrast to direct discrimination, indirect discrimination is not unlawful if it can be shown to be justified as a proportionate means of achieving a real business need.

Harassment is defined as unwanted conduct which takes place with the purpose or effect of violating the dignity of a person and of creating an intimidating, hostile, degrading or humiliating environment. The test for whether a person's conduct will be seen to have these effects is whether "having regard to all the circumstances, including in particular the perception of [the complainant], it should reasonably be considered as having that effect." Unwitting harassment is included. The fact that many lesbians, gay men and bisexual people still conceal their sexual orientation,¹ often for fear of prejudice, renders them particularly vulnerable to unwitting harassment. People can often make anti-gay remarks on the mistaken assumption that everyone present is

¹ Data derived from Stonewall Diversity Champion member staff satisfaction surveys indicate that half of LGB people are not out in the workplace.

heterosexual, but it is clear that lack of intention to offend is no defence. If the conduct has the purpose or effect of violating a person's dignity, or creating an intimidating environment, and it is reasonable for the complainant to take offence, then it is harassment. Ignorance is no excuse.

Victimisation is defined as treating someone less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment, or have given evidence or intend to give evidence relating to a complaint about discrimination or harassment.

Civil partnerships: The Regulations were amended when civil partnerships were established in 2004. Employers must treat staff who are in a civil partnership equally to those who are married, in a wide range of areas. Employers should therefore ensure that any benefits provided to married people extend to those in a civil partnership. The Regulations allow for certain benefits, such as survivor benefits in pension schemes, to be conferred on civil partners and spouses to the exclusion of others without such a status. The effect is that an individual who is neither in a civil partnership nor a marriage, whether gay or heterosexual, cannot claim that such a practice amounts to unlawful discrimination under the Regulations. However, the Regulations make it unlawful for an employer to provide employment-related benefits to unmarried opposite-sex partners but deny them to same-sex partners not in a civil partnership.

HERTFORDSHIRE PARTNERSHIP NHS FOUNDATION TRUST

Hertfordshire Partnership NHS Trust has reviewed all its policies, practices and procedures in line with their equality impact assessment processes. The Trust has ensured that all policies reflect recent legislative changes to protect lesbian and gay people, including providing bereavement leave, adoption leave or maternity/paternity leave for staff who are married, in civil partnerships or with unmarried partners of the same or opposite sex.

www.hertspartsft.nhs.uk/about-us/trust-papers/human_resources_policy_and_procedures

There are two main exemptions where discrimination on grounds of sexual orientation may be permitted, both involving occupational requirements. These are:

- where sexual orientation is "a genuine and determining occupational requirement", and
- in the case of "employment for purposes of an organised religion".

In general, where either exemption applies, it permits discrimination in refusing to appoint, promote or transfer people of a particular sexual orientation to a particular position, or in dismissing them from that position because of their sexual orientation. However, if people are already employed (whether the employer realises their sexual orientation or not) then unless and until they are dismissed, the exemptions do not allow them to be employed on less favourable terms than others: for example, paid less, harassed or victimised.

In relation to the first exception, an employer is allowed to discriminate if “having regard to the nature of the employment or the context in which it is carried out... being of a particular sexual orientation is a genuine and determining occupational requirement”. It must also be “proportionate” to apply that requirement. This is similar to provisions in sex discrimination law which allow employers to advertise for a worker of a specific sex, for example a female housing worker to work with homeless women, although it remains to be seen in what circumstances an employer can say that sexual orientation, whether lesbian, gay, bisexual or straight, is an essential ingredient of doing a particular job. It is possible that NHS organisations could argue that staff who work in sexual health clinics for men who have sex with men would have to be gay men, or an LGB drop-in centre have gay volunteers, but this has yet to be tested.

The other exemption allows employers who are part of an ‘organised religion’ to apply a requirement relating to sexual orientation “so as to comply with the doctrines of the religion”, or “to avoid conflicting with the strongly held religious convictions of a significant number of the religion’s followers”. This exemption requires a very high standard to apply and is very narrow in its scope, so, for example, a religious organisation providing a service such as social care could not discriminate on grounds of sexual orientation when recruiting care staff.

The other parts of this guidance are designed to help you to make sure that you are treating your employees fairly and in accordance with these Regulations, whatever their sexual orientation.

Legal recognition for same-sex relationships

The Civil Partnership Act 2004 means that same-sex couples can now register a civil partnership to gain legal recognition of their relationship, entitling them to similar rights and responsibilities to those of a married couple in a wide range of legal matters. As well as providing important rights, civil partnership also allows people to demonstrate their commitment to each other.

Civil partners are treated equally to married couples across a wide range of areas. These include:

- tax, including inheritance tax
- most state and occupational pension benefits
- income related benefits, tax credits and child support
- employment benefits.

The essential point for employers and those who deliver services is simple: treat staff and patients or service users who are civil partners in exactly the same manner as you treat staff or patients who are married. In relation to the health and social care sector, civil partners are the legal next of kin to any service user. Failure to treat a civil partner as next of kin is likely to be discriminatory. This guidance will help NHS organisations to apply this principle as an employer and in the services they deliver.

“The department would not hold a collection for me (as with weddings), individually sign the congratulations card or put a congratulations message on the white board. Certain people would blank me if I spoke about my honeymoon... I was told I was a nice person but they did not agree with what I was doing... Those who did congratulate me said it in private... the two line managers that support my lifestyle did not openly support me, that is, they said nothing.”

Nancy (Community specialist podiatrist)
South East, *Being the gay one*,
Stonewall (2007)

Equal access to goods, facilities and services

The Equality Act (Sexual Orientation Regulations) 2007 makes it unlawful to discriminate on grounds of sexual orientation in the provision of goods, facilities and services and the exercise of public functions. They cover both the private and public sectors, including healthcare, and a wide range of other areas. The Regulations make two key kinds of discrimination unlawful: direct discrimination and indirect discrimination. Victimisation is also covered – so it is unlawful to treat someone less favourably because they have complained or have brought proceedings or intend to do so.

As with employment law, direct discrimination takes place when a person, on grounds of sexual orientation (or perceived sexual orientation), treats another person less favourably than he treats or would treat others. Direct discrimination also covers discrimination on grounds of perceived sexual

orientation, whether the perception is, in reality, correct or not. The General Medical Council (GMC) suggests that failure to examine or respond to a patient properly, for example, not offering a smear test to a lesbian, or refusing to accept someone as a patient because of their sexual orientation, could be considered direct discrimination.²

Indirect discrimination occurs where a provision, criterion or practice which is applied equally, puts a person of a particular sexual orientation at a disadvantage as compared to some or all persons who are not of that orientation and which cannot be reasonably justified by reference to matters other than that person's sexual orientation. Indirect discrimination is more complex than, and often not as obvious as, direct discrimination.

Just as the 2003 Employment Regulations ensure that gay, bisexual and straight employees are treated equally, these laws extend that protection to service users. Similar laws already protect service users from discrimination on grounds of their race, gender and disability, and laws that came into force at the same time as the Sexual Orientation Regulations protect customers and service users from discrimination on the grounds of religion or belief or lack of religion or belief.

The Regulations give protection against discrimination to everyone, whether they are lesbians, gay men, heterosexuals or bisexuals. The laws apply if discrimination occurs on grounds of the sexual orientation of the person being less favourably treated or on the grounds of the sexual orientation of any other person.

² *Protecting patients: your rights as lesbian, gay and bisexual people*, General Medical Council and Stonewall leaflet (2007) www.gmc-uk.org/news/articles/stonewall_flier.pdf

There are a small number of exemptions to discrimination under the Regulations. Certain restrictions imposed by religious organisations are excepted where this is necessary to comply with the doctrine of the organisation, or to avoid conflicting with the strongly held religious convictions of a significant number of a religion's followers. This will protect practices that arise from basic doctrines of faith, such as religious celebrations, but not where a religious organisation is operating on a commercial basis or providing services to the community on behalf of and under contract with a public authority. At that point, the rights of lesbian, gay and bisexual people not to be discriminated against in accessing those services come to the fore. So again, a healthcare provider established by a religious organisation is unlikely to lawfully be able to refuse to make its services available to gay, lesbian or bisexual people. Having decided to serve the public, the organisation cannot choose which sections of the public they will and will not serve.

The Regulations also include an exception which allows education, training and welfare services to be provided in such a way as to meet the special needs of persons on the basis of their sexual orientation. One example where this could apply is the addressing of the low take-up of mainstream sexual health services among lesbians, gay men or bisexual people.

CHARING CROSS HOSPITAL – THE ORANGE CLINIC

The West London Centre for Sexual Health (Chelsea and Westminster Hospital NHS Foundation Trust) recognised that lesbian and bisexual women were less likely to take up opportunities for sexual health screening and cervical screening because general healthcare providers sometimes do not understand lesbian health needs. The Centre therefore set up the weekly Orange Clinic which provides a unique health service to women who have sex with women. Located in the West London Centre for Sexual Health, the clinic is promoted through magazines and internet spaces aimed at lesbians and bisexual women. The Clinic offers services that include screening for sexually transmitted infections, hepatitis B vaccinations, cervical smear taking and sexual health education and promotion. The clinic also provides safer sex advice, free condoms, dental dams and gloves.

www.chelwest.nhs.uk/hiv-sexual-health/west-london-centre-sexual-health.html

There is special provision in the Regulations for persons operating a blood service, such as the National Blood Service (NBS). Such services are allowed to reasonably exclude donations by persons where this is based on an assessment of risk to the public based on clinical, epidemiological and other data obtained from a reliable source. This exception could cover the refusal of donations from gay men, where this meets the legislative criteria such as being tied to close and regular monitoring of blood samples from people donating blood in the UK. The current policy of the NBS is that they

do not accept blood donations from men who have sex with men (or from women who have sex with men who have had sex with men in the past).³

Harassment in the provision of goods, facilities and services is not specifically covered by the Regulations, but in many cases, harassment – usually defined as unwanted conduct that has the purpose or effect of violating a person’s dignity or creating an intimidating, hostile, degrading or humiliating environment for them – on the grounds of sexual orientation could amount to less favourable treatment on the grounds of sexual orientation. The patient or service user could therefore have a claim under the Regulations.

Where a person believes they have been discriminated against in the provision of goods, facilities and services, they can bring a claim in the County Court for financial damages, and/or for a declaration or injunction, to make the service provider do something or stop doing something. Generally, service users who have experienced discrimination from NHS organisations are encouraged to follow the complaints procedures of that organisation, and only go to County Court if the matter has not been resolved. It is hoped that the goods, facilities and services regulations will lead to an improvement in the delivery of services, rather than an increase in litigious cases.⁴

Resolving issues

Some people consider that their religion or belief prohibits same-sex relationships, and employers and service deliverers can be concerned about whether it is possible to be fair to everyone in a situation where the two issues may appear to be in conflict.

It is true that some religions or beliefs prohibit same-sex relationships. However, while one person’s religious convictions should be respected, a lesbian, gay or bisexual person has an equal right to respect and should not be discriminated against. It is in fact unlawful to do so under the 2007 Regulations. All staff involved in healthcare provision should take steps to inform themselves (and educators and managers should ensure that this happens) of the requirement that patients or service users be treated fairly regardless of sexual orientation, and of what this means, for example, not making assumptions about what services are or are not appropriate, and not refusing to provide treatment except in circumstances covered by the Regulations.

The GMC sets out the principles of good practice in its core guidance to doctors, *Good Medical Practice*.⁵ It tells doctors:

“You must not unfairly discriminate against [patients] by allowing your personal views...about sexual orientation... to affect adversely your professional relationship with them or the treatment you provide or arrange.”

3 In addition, exemptions or transitional arrangements which are less relevant here apply to:

- insurance companies who can use actuarial data about sexual orientation in order to assess premiums, although this was due to be reviewed during 2008;
- religious adoption agencies who had until the end of 2008 to adapt their practices in order to comply with the new legislation;
- charities who can focus on a particular group if they were established to benefit specific people on the basis of sexual orientation;
- private members’ clubs where sexual orientation is specifically linked to the club’s purpose (if it is not, the club must treat everyone equally and allow equal access).

4 Your rights as an LGB patient www.stonewall.org.uk/information_bank/health_matters/2334.asp

5 General Medical Council *Good Medical Practice* (2006) www.gmc-uk.org/guidance/good_medical_practice/index.asp

“...You must not express to your patients your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress.”

This guidance applies to doctors' personal beliefs about sexual orientation; it sets a good standard for all staff involved in providing healthcare.

It may be that the situation can be resolved without offence to either party by speaking to the person who is refusing to carry out duties and reminding them of NHS equality policies which apply to everyone, and of the fact that discrimination on grounds of sexual orientation is also unlawful. It would also be sound practice to speak to local trade union representatives and/or religious staff networks on these issues and agree a joint policy on how to proceed in such situations, to ensure consistency in dealing with them before they arise. Homophobic behaviour should not be tolerated under any circumstances.

Worksheet 6 sets out ways of managing resistance to sexual orientation equality from other staff, whether or not this is related to religious or other beliefs.

The BRITISH MEDICAL ASSOCIATION (BMA)

In June 2005, the BMA developed guidelines on sexual orientation. These guidelines explore equality and diversity strategies for doctors in the workplace, and provide information about service delivery. The development of these guidelines demonstrates a commitment by the BMA to create a practice that is safe and non-discriminatory. This guidance is intended to provide doctors, managers, human resource managers and other healthcare related staff with essential information for preventing discrimination based on sexual orientation.

The guidelines provide some practical steps to help create an inclusive workplace and service for LGB people. Some of the initiatives that are recommended in the guidelines include creating awareness of the current legislative protection for gay people within the medical profession, providing confidential counselling services for gay colleagues and regularly reviewing the medical curricula to reflect equality and diversity for LGB people.

[www.bma.org.uk/
employmentandcontracts/equality_
diversity/sexual_orientation/index.jsp](http://www.bma.org.uk/employmentandcontracts/equality_diversity/sexual_orientation/index.jsp)

Part Two – How the legal requirements are the same as other equality strands, and how they differ

This part considers how sexual orientation equality sits within a single equality scheme (SES), and how existing equality work by NHS bodies can be extended or adapted to cover sexual orientation.

Similarities and differences

Broadly, the requirement not to discriminate on the grounds of sexual orientation in employment and training gives the same protection as that provided in employment for gender including trans status, race or ethnicity, disability, religion or belief, and age. Concepts of direct and indirect discrimination, harassment, victimisation and discrimination by association are similar – though not identical – across all the different equality areas. Some differences exist: for example, there may be specific exemptions in each area.

In addition, disability discrimination law is based on the concept not just of less favourable treatment but also of requiring employers to make ‘reasonable adjustments’ for disabled applicants, employees and trainees. A reasonable adjustment is an adaptation that enables a disabled person to

apply for or take up a job or access training and that it is reasonable to expect the employer to make, in terms of cost and difficulty, having regard, for example, to its size and budget. A failure to make a reasonable adjustment is in itself discriminatory.

A second important difference between the different areas of equality is that protection from age discrimination in employment is qualified; employers are allowed to justify conduct that is, on the face of it, overtly or directly discriminatory. Neither of these approaches applies to sexual orientation: there is no wider concept of reasonable adjustments or failure to make them. In addition, direct discrimination on the grounds of sexual orientation cannot be justified. This makes the test for direct sexual orientation discrimination relatively straightforward: has a person been treated less favourably than someone of a different sexual orientation? In the case of indirect discrimination, you have to ask: was a policy or practice applied which had a disproportionate impact on people of a particular sexual orientation? If so, could this be justified?

The protection from discrimination on the grounds of sexual orientation in providing goods, facilities and services is again very similar to that applying to gender including trans status, race or ethnicity, disability and religion or belief. There is no protection at present from age discrimination in relation to delivery of services or provision of goods/facilities. Service providers are, like employers, required to make reasonable adjustments for disabled service users, but not for other groups.

Perhaps the most significant difference between sexual orientation and the grounds of race and ethnicity, gender, and disability is

that there is not, as yet, public or positive duty relating to sexual orientation. However, it is expected that organisations will integrate actions to address issues on sexual orientation into their SESs and action plan. An SES enables NHS organisations to demonstrate that they have taken the necessary steps to prevent discrimination on the grounds of sexual orientation, both in employment and service delivery, by including sexual orientation in their monitoring practices and equality impact assessments (EqIAs), together with the other equality strands of race, disability, gender, religion or belief and age. The drawing up of a **specific** sexual orientation equality scheme, however, with requirements for consultation or involvement of employees and service users from particular communities, is not a legal duty.

This guidance is designed to give you practical ideas and examples. What it aims to help you achieve is a consistently positive approach to equality for LGB staff, patients and service users, focused on actions and outcomes appropriate to your core business determined in consultation with LGB staff and stakeholders, allowing you to check through monitoring that you are succeeding, but not overburdening you with bureaucracy. It is hoped that this will contribute to a productive workplace where staff are able to be themselves, alongside services that reflect the needs of a diverse community. Preventing discrimination is more cost effective and more inclusive than simply responding to incidents of discrimination as and when they arise, and can help take account of the multiple factors of identity mentioned earlier.

QUEEN MARY'S SIDCUP NHS TRUST

The Queen Mary's Sidcup NHS Trust has developed a single equality scheme (SES). This scheme includes similar and equal protection for race, gender, disability, religion or belief, age and sexual orientation. In order to roll out the SES, the Trust has ensured that the induction programme for doctors considers all equality strands, including sexual orientation. The Trust has also included action points in its Equality Action Plan and intends to develop mentoring opportunities for lesbian and gay staff. The mentoring programme is an extension of existing mentoring schemes that exist for women and for black and minority ethnic staff.

The Trust has also revised the content of its 'Healthy Diversity fact file' to include information about sexual orientation and caring for LGBT patients.

www.qms.nhs.uk/publications/Equality%20and%20Diversity.aspx

Building on existing work: opportunities and challenges

Monitoring: Owing to existing equality schemes for race, disability and gender, organisations should already be collecting data on the ethnicity of their employees, as well as data relating to gender (including trans staff) and disability. Ideally, you will want to do the same for sexual orientation in consultation with health service unions and LGB staff associations. Monitoring staff enables employers to examine the make-up of their staff. It highlights differences between groups, such as minority groups or staff from particular teams or grades, in terms of productivity,

satisfaction and progression. It can also help an organisation identify, tackle and prevent discrimination against LGB staff, which can undermine productivity and cohesion.

The same is true of patients and service users: NHS organisations may not necessarily want to monitor service users on the grounds of sexual orientation, but there are key steps that can be taken to encourage disclosure where this is relevant. This helps healthcare workers to deliver more effective and informed care. Being able to track different service use and user satisfaction by, for example, both sexual orientation and ethnicity or by sexual orientation and age, can help you to better understand the needs of these groups and how they may differ from the mainstream, therefore tailoring services more appropriately and ensuring fair treatment.

Past discrimination may lead individuals to be reluctant to say that they are lesbian, gay or bisexual: for example, if there has been gossip at work, or a poorer service after disclosure or failure to respect confidentiality by a service provider. Research shows that approximately half of lesbian and gay staff conceal their sexual orientation from their employers and co-workers.⁶

This makes it more difficult to collect data and monitor the effectiveness of policies relating to sexual orientation. Lack of information should therefore not be taken to mean that there are no or very few LGB people in your workplace or using your services. Suggestions on how to build confidence, increase disclosure and monitor staff are covered in Worksheets 7 and 9 in this guide.

Employee and service user involvement and consultation: Because of existing equality schemes, NHS organisations should already be involving and consulting their local communities on delivery of services, so some mechanisms, such as patient forums, may already be in place. It is possible these can be used to consult on sexual orientation issues, although again this needs to be handled with sensitivity and to ensure confidentiality is maintained. It is unlikely to be productive if forums have not yet fully engaged local LGB people and organisations. An alternative approach may be to work with established LGB organisations in the local area, as a starting point.

Staff opinions can be sought via network groups where they already exist, or via trade unions and confidential staff surveys. In the absence of (or in addition to) these it might be useful to set up a staff network.

In order to get a truly representative range of opinions, NHS organisations should consider breaking down the consultation process where possible in order to gather the views of lesbians, gay men and bisexuals from different ethnic groups, of different ages, who are disabled, or who hold different religious or non-religious beliefs. Further ideas on setting up staff networks and how to involve and consult staff and service users can be found later on in the guide and in Worksheet 8.

Assessing policies: It is considered sound business and clinical planning practice to conduct equality impact assessments on employment and service delivery policies and practices which cover sexual orientation. It is helpful if all staff are confident they will be treated fairly and that the impact of policies upon them has been considered. This sends a positive message to staff that their employers

6 Feedback from Stonewall Diversity Champion members Staff Satisfaction Surveys.

wish to support a harmonious work environment.

In addition, awareness of the impact of a particular approach on LGB patients and potential service users is an important step in ensuring the effective delivery of personalised or individualised services; sexual orientation may be an important factor in what services an individual needs to be able to access and the way they need to access them.

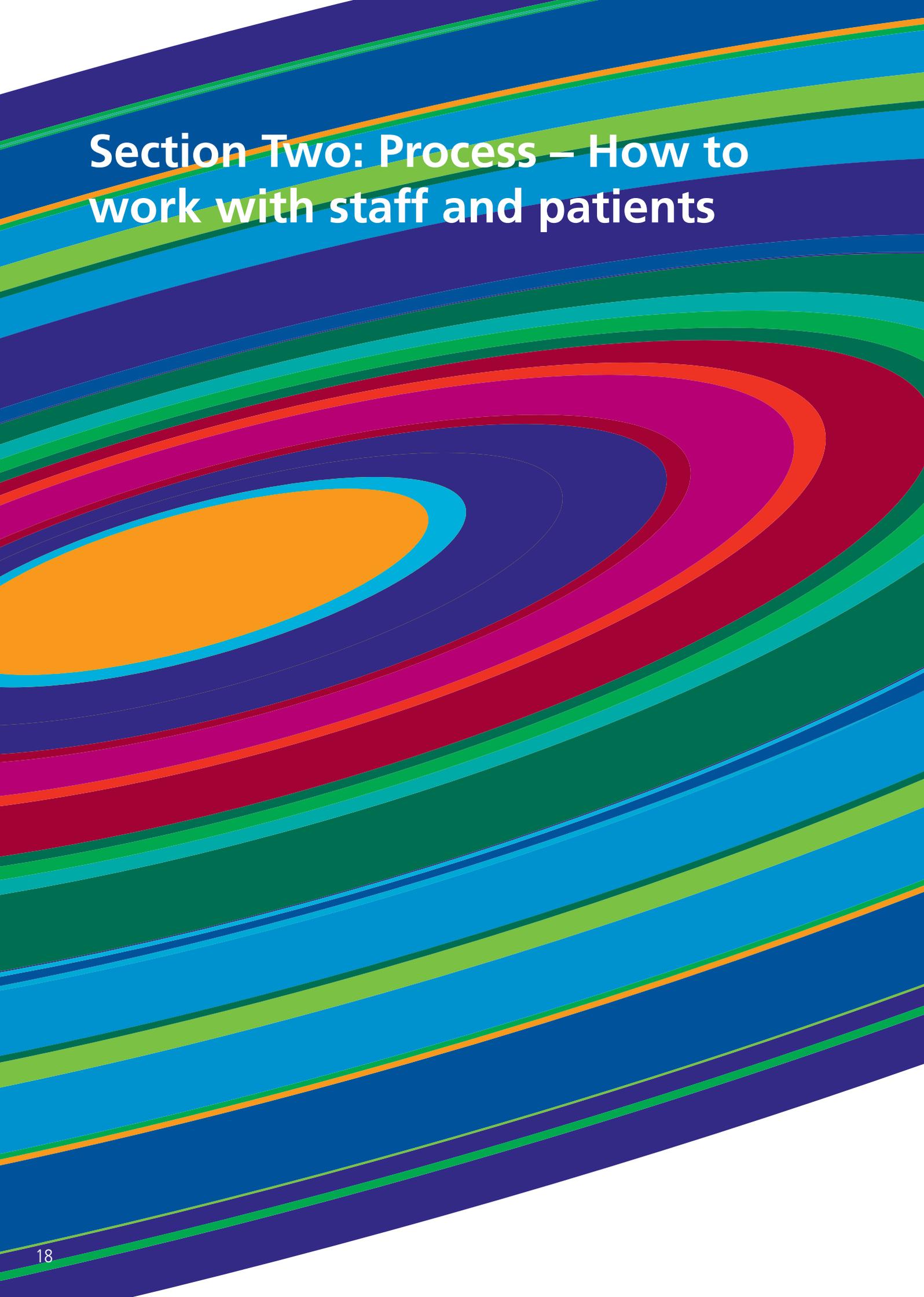
Therefore when developing new policies, sexual orientation should be included in existing impact assessment procedures used for race, disability, gender and other characteristics if it is practical to do so. Further information and suggestions for how to put this into practice are in Section 2, Part Two (page 24) for staff and Section 2, Part Five (page 44) for patients.

Action Planning: Objectives, outcomes and timescales that arise out of equality schemes should be clearly indicated to make it easier to track progress. See Worksheets 1 and 2 for Action Planning Frameworks for lesbian, gay and bisexual staff and patients. Worksheets 3, 4 and 5 are checklists for organisational policy and practice and may also be used as slides for training or other presentations.

ROYAL COLLEGE OF NURSING

The Royal College of Nursing has designed a programme that enables them to assess equality on the grounds of sexual orientation. Diversity Impact Assessments are an integral aspect of any project. All members of staff within the College must demonstrate how sexual orientation equality has been considered when developing any policy. This process encourages all members of staff to involve a wide selection of members when developing policy.

www.rcn.org.uk/support/diversity/diversity_strategies



Section Two: Process – How to work with staff and patients

Part One – Understanding the needs of lesbian, gay and bisexual staff

This part looks at the evidence that exists about the needs of LGB people in the workforce, and barriers to inclusion. There are often significant gaps in managers' knowledge about the issues that affect LGB staff, so a number of examples are provided.

Recruitment

People are a vital resource for high-performing organisations. Recruiting and retaining the best people from the widest possible field is key to building competitive advantage. Staff selection is an obvious area where unfair discrimination can occur, and has long been an issue for those concerned with race, gender and disability equality. Many organisations should already have a policy and set of procedures, plus training, in place to support those involved in recruitment and selection. These can be adapted to ensure they address the challenges LGB people often face in advancing their careers.

However, there is much more to the recruitment and selection process than appointing an individual to a job. With each job advertisement, the organisation is potentially communicating with a huge audience. How enquirers, applicants and candidates are treated can potentially give rise to a network of discussion about the organisation that can extend further than

most advertising campaigns, possibly encouraging applications from high-calibre candidates who may not have otherwise applied. The entire process is therefore a unique opportunity for an organisation to send out a message about what it values both in its staff and in its wider community.

However, recruiters may have stereotyped notions of what LGB people are good at or not so good at, and these can affect recruitment and selection decisions. Some may believe LGB people will not fit in. Others, and this is illegal, simply do not want to appoint people they know or think are LGB. Excellent potential applicants may not apply for jobs in organisations they, rightly or wrongly, believe to be intolerant of LGB people.

GUY'S AND ST. THOMAS' NHS FOUNDATION TRUST

In 2003, Guy's and St. Thomas' NHS Foundation ran a recruitment drive known as the 'We Need a Hand' campaign. The campaign, which was the first of its kind in the NHS, was intended to attract candidates that reflected the diverse population within the boroughs of Lambeth and Southwark. This included black and minority ethnic candidates, disabled candidates, and lesbian, gay and bisexual candidates. The recruitment campaign included adverts in newspapers and magazines, radio adverts and posters at bus stops and underground stations. As a result of the campaign more than 300 people applied for jobs with both hospitals. The recruitment process has proved to be very successful for both hospitals.

www.guysandstthomas.nhs.uk/working/sectionhome.aspx

A key feature of the guidance that accompanies the race, gender and disability equality legislation is that selection criteria should be fair, related to the job, and applied consistently. However, the criteria are only as fair as the managers who apply them. Providing training in issues relating to sexual orientation as well as in the other equality areas for those involved in designing the selection process, shortlisting, interviewing and decision-making is crucial to recruiting fairly.

Workplace bullying and harassment

Anti-gay harassment is demotivating and unlawful. It can take the form of being ignored or excluded; physical or verbal abuse; 'outed' as gay; or made the subject of jokes and remarks. Extreme cases involve violence, forced resignation or unfair dismissal. A generally hostile environment can be a form of harassment, even where actions and comments are not apparently aimed at individuals.⁷

"In my final placement I decided to tell my mentor and one or two of the staff [that I was gay] and in general I was treated well, but I began to feel uncomfortable with some of the comments being made by certain staff members, and it became obvious that they disliked me. Some of the comments were not directed at me, but said loud enough for me to hear, such as 'homosexuality is all wrong', and jokes about 'feeling queer' and 'Nowt so queer as folk' etc. It was also intimated that I was not trustworthy with the care of female patients."

Paulina (Staff nurse) South West, *Being the gay one*, Stonewall (2007)

It is assumed that harassment on the grounds of sexual orientation is under-reported. A recent survey indicated that almost one in five LGB people have been harassed at work.⁸ This means that the true scale of the problem is unknown. As more and more employers tackle the issue, however, evidence is emerging that anti-gay harassment is all too common. LGB people who are from minority ethnic backgrounds or disabled may have experience of different kinds of harassment, and there is some indication that lesbians face a disproportionate amount of sexual harassment at work.

It is thought that people are frightened to complain because they believe their complaints will not be taken seriously or they will end up taking the blame. An added complication for many LGB staff is that making a complaint would force them to come out as gay or bisexual, possibly leading to further harassment. Since most LGB

7 *Being the gay one: Experiences of lesbian, gay and bisexual people in the health and social care sector*, Stonewall (2007) www.stonewall.org.uk/healthcare

8 *Serves You Right*, Stonewall (2008) www.stonewall.org.uk/servesyouright

employees are not completely out about their sexual orientation at work, they might be particularly vulnerable to harassment – homophobic comments made in the course of conversation but without the intention of causing direct offence. Such comments are often made in the belief that everyone in the immediate audience will be sympathetic to them.

Terms and conditions of employment

Benefits and working conditions are important motivators for employees. Yet some LGB people still do not always enjoy terms and conditions of employment equal to those of their heterosexual colleagues. For example, some people with a same-sex partner may not receive the same workplace benefits – these include pensions, leave arrangements, health insurance, travel concessions for employees and their partners, and relocation allowances. Employers are now obliged to treat gay or lesbian staff who are in a civil partnership in the same way as married people. To be sure that you don't fall foul of the law, it is advisable to offer exactly the same terms and conditions to both heterosexual and gay staff.

Leave for bereavement or family emergencies is designed to help employees balance their work and home commitments so that they can be more effective in the long term. A policy that excludes leave for same-sex partners can cause personal distress and lead to discrimination claims.

Managing performance fairly

Managing people properly, openly and with respect is increasingly being linked with high performance in businesses. Yet there is evidence that LGB people are not always treated fairly at work, for example by being passed over for promotion, disciplined unfairly or even dismissed for no good reason.⁹ This is now illegal.

Organisations have many different ways of managing performance, from informal chats to systems of appraisal involving stakeholders, customers and peers as well as managers. Most NHS organisations will be following a formal procedure for objective setting, appraisal and performance management. However, people sometimes have stereotyped notions of what they feel LGB people are good or not so good at, and therefore which jobs or assignments are suitable for them. Both lesbians and gay men are wrongly considered by some, by virtue of their sexual orientation alone, to be unsuitable to work with children. In addition, LGB people can be subject to unspoken assumptions that they cannot be trusted to represent the organisation to the public. LGB people report feeling that they are often thought of as not being team players. This can arise because they are unable to be entirely open about their personal or social lives at work. In addition, managers can fail to spot homophobia and its effects on LGB people's performance. They may not notice that they are disregarded by colleagues or badly treated by patients, let alone that there are issues away from work, such as harassment by neighbours or being excluded by their families.

⁹ *Research summaries: Sexual orientation and religion or belief discrimination in the workplace*, ACAS (2007) www.acas.org.uk/media/pdf/d/j/SORB_summaries_1.pdf

Discrimination on the grounds of sexual orientation can also happen to heterosexual people. For example, if the majority of a team are gay, and the heterosexual members of the team are in the minority, they might find they are treated differently. This is equally unlawful.

Establishing employee networks

Employee networks – forums for staff who share one or more aspects of their identity – are becoming more popular. Increasingly, they are funded and promoted by employers, rather than operating informally, as employers appreciate the benefits they can bring to the whole organisation. Networks for women and minority ethnic staff have proved successful across the public, private and voluntary sectors, and often provide useful lessons on how best to establish a network for LGB employees, as do existing LGB networks in other similar workplaces or organisations.

Establishing employee networks can demonstrate commitment to diversity in the workplace. It tells staff that the organisation values all its people, and recognises the need to bring together staff who may feel isolated or vulnerable. Networks can provide a safer and more supportive working environment. In addition they can give the employer a valuable mechanism for consulting LGB employees about employment practices and customer service, and also ways to engage with LGB clients and potential recruits. However, LGB employees may wish to participate in a network without being outed as gay as a result. They need to be confident that joining or contacting a network is safe.

Worksheet 8 provides detailed practical information on setting up a staff network.

CAMDEN AND ISLINGTON MENTAL HEALTH AND SOCIAL CARE TRUST

In 2006, Camden and Islington Mental Health and Social Care Trust supported lesbian, gay and bisexual staff to set up an LGB network. The network group has provided the opportunity for lesbian and gay staff to liaise directly, and regularly, with the management of the Trust. As a result issues that affect lesbian and gay staff and service users are considered when designing policy and practice within the Trust.

Members meet regularly and produce monthly newsletters. The newsletters are distributed across the Trust, and have therefore been used to promote lesbian and gay issues to members of staff not in the network. As a result, there has been an increased awareness of issues that might effect improvement in the delivery of care to lesbian, gay and bisexual people.

www.islington.nhs.uk/valuing-diversity.htm

Monitoring

Some of the issues around monitoring have been set out earlier. Sexual orientation monitoring will only work if senior staff support the initiative and if a clear business case for collecting the data is communicated to staff. Sexual orientation monitoring is not appropriate for an organisation which has not previously engaged with LGB staff or developed initiatives to eradicate homophobia from the workplace. Consultation with key stakeholders should take place before monitoring is introduced. LGB staff, where known, and an established network group can play a vital role in

communicating new monitoring procedures to the wider organisation, and build trust and confidence in the process among LGB employees, so setting up a network group can be a good first step.

There are different degrees of monitoring. It can be useful to start with anonymous monitoring in staff attitude surveys and monitoring at recruitment and promotion to build familiarity with sexual orientation monitoring, before introducing it as part of the formal HR recording process for all staff. Monitoring of diversity takes time to bed down in an organisation. It may take several years before monitoring information on sexual orientation gives something close to a reliable picture.¹⁰

Forms should avoid the implication that heterosexuality is the expected norm and that being lesbian, gay or bisexual is unusual, and they should use commonly understood language. Research¹¹ by Stonewall suggests that the question is best phrased in the following way:

What is your sexual orientation?

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual/straight
- Other
- Prefer not to say

It is important, however, to ensure that listings used can be aligned to NHS Jobs and the Electronic Staff Records (ESR).

Being transgender is not a matter of sexuality but one of gender identity. Guidance on the 2001 National Census stated that trans people could tick the gender they felt described them, irrespective of the sex on their birth certificate. It may therefore be more inclusive to use the word 'gender' rather than 'sex' on forms.¹²

Worksheet 9 provides detailed practical guidance on how to approach monitoring.

¹⁰ *Monitoring: How to monitor sexual orientation in the workplace*, Stonewall (2006) www.stonewall.org.uk/workplace

¹¹ *Ibid.*

¹² Further information on trans equality monitoring can be found here: www.pfc.org.uk/node/1408

Part Two – Assessing and implementing policies, practices and procedures for staff

Undertaking a full equality impact assessment enables NHS organisations to ensure that they prevent discrimination. This section sets out how best to do this. Many of these suggested approaches are simply examples of good practice in managing staff. Ensuring these are in place, consistently managed and applied should help you to get the best out of your staff.

Ensuring fair recruitment

Actions to consider in order to ensure fair recruitment and to let LGB people know they are welcome to apply:

- Find out if the make-up of the organisation's staff reflects the communities it serves. Consider how it would help the organisation if it did.
- Think about how and where vacancies are advertised. Have the recruitment sections of media specifically targeting LGB people been used, such as www.stonewall.org.uk/proudemployers or the Pink Paper?
- Look at the language used. Is it unwittingly discouraging LGB people from applying? Recruitment advertising and literature are part of your image-building work. They should include any LGB initiatives you have taken, such as extending benefits to same-sex partners and establishing employee networks.
- An organisation's profile with LGB jobseekers can be raised through sponsorship of LGB community events (such as Pride festivals) or jobfairs, through promoting your services in the LGB media, and by using LGB-aware images¹³ or words in mainstream advertising.
- Equality and diversity policy should always be included in the information sent out to applicants and on websites so potential staff can find out what the policies are relating to sexual orientation.
- Have clear, inclusive recruitment policies and procedures. Recruitment and selection procedures should be adapted to accommodate the requirements of the 2003 legislation on sexual orientation. Where possible, take advice from LGB staff to ensure policies and procedures are inclusive and effective. For example, it may not be appropriate to ask a male candidate about his wife; this assumes the candidate is heterosexual.

¹³ The Department of Health holds an image bank of LGB people which is accessible by NHS organisations.

- Adding sexual orientation to the monitoring of staff in the recruitment process can send out a positive message to potential LGB staff, whereas omitting sexual orientation from a monitoring form can convey a negative message that your organisation does not consider workplace equality for LGB people. As with all monitoring data at the recruitment stage, it should be made clear what use will be made of data collected (and in particular that it will not be used negatively), that confidentiality should be assured, and that completion of the question should be voluntary. It is useful to note that NHS Jobs monitor sexual orientation and therefore if you advertise vacancies via this site, they will have data relating to applications and appointments.
- Make the recruitment process transparent: candidates who have encountered discrimination in the past will find it reassuring if you are open about your recruitment process. Keep a record of each stage of the recruitment process so that candidates and anyone else involved can see that the organisation has dealt fairly with all applicants. Be ready to deal promptly with any concerns from candidates about their treatment during the selection process.
- Train the decision-makers: interviewers and recruiters need to understand the selection criteria and apply them consistently. Ensure recruiters are not making unfounded assumptions based on stereotypes and prejudices about particular groups. They should also understand that prejudice may have limited a candidate's opportunities to develop in previous jobs.
- Aim to ensure that interview panels are made up of a diverse group of people. Consider using external interviewers or independent assessors with demonstrable knowledge of equality and diversity issues, including sexual orientation.
- Set up a system so that staff know what to do if they think a recruiter or interviewer has made a prejudiced remark, or a decision based on sexual orientation rather than a candidate's ability to do the job.

OXLEAS FOUNDATION TRUST

One of the key aims of the Oxleas NHS Foundation is to attract and retain the best talent in the modern healthcare service. In order to achieve this, the Trust's recruitment department follows the principles of the Equal Opportunities Policy. Interviews of candidates are based on merit and experience regardless of their gender, religion or belief, sexuality, age, marital status, colour, race or disability. The Trust demonstrates its commitment to lesbian, gay and bisexual staff by detailing on the careers page of its website the work it does with the Department of Health on issues relating to sexual orientation. By celebrating this work, the Trust demonstrates that it is proud of its commitment to equality. This sends a clear signal to potential lesbian, gay and bisexual staff.

www.oxleas.nhs.uk/careers.html

Tackling workplace bullying and harassment

Organisations that tackle harassment and bullying, including that specifically directed at LGB staff, increase the effectiveness and productivity of staff through reduced sick leave, improved retention and greater commitment. They also demonstrate leadership in dealing with challenging issues, and minimise the likelihood of damaging litigation and bad publicity.

It is helpful to explain to staff why harassing people because of their sexual orientation is unacceptable. Harassment policies can be produced or adapted to make them LGB inclusive. Specific references to harassment in induction programmes, providing clear definitions of harassment and examples of unacceptable behaviour, including anti-gay bullying and harassment, are all useful.

Managers should be supported to understand their duties in preventing and tackling bullying and harassment, including respecting confidentiality. Those in positions of responsibility should be clear that they cannot ignore or condone discrimination. To be credible, any initiative designed to prevent LGB bullying and harassment needs to be endorsed and validated by senior staff.

Systems should be put in place to make it easy for people to report a problem; bullies may be more senior than those they harass, so staff who feel that they have been harassed need several routes for making complaints, for example, through Human Resources, harassment advisers or the local trade union. Staff who complain about being bullied because they are gay may want to keep this information confidential.

As far as possible, informal resolution is preferable to engaging in formal grievance procedures, but an organisation must actively demonstrate that anti-gay discrimination, bullying and harassment will be taken seriously at this informal stage. Speedy and effective action may encourage a feeling of fairness among staff.

Complaints should be monitored and policies reviewed. Be prepared for an initial rise in complaints when you introduce a policy to include LGB people. It's helpful to identify who's going to investigate complaints and who's going to support the complainant. Managers are responsible for building a climate in which harassment and bullying are not tolerated and do not happen. They need to be trained in procedures for monitoring and reviewing incidents. By monitoring the nature of complaints and collecting the data you should be able to press for deeper cultural changes within your organisation.

Worksheet 6 contains practical suggestions for managing resistance among staff, of which bullying and harassment are the most extreme expressions; obviously, where you are aware of it, resistance should be tackled before it becomes unmanageable.

Making sure terms and conditions of employment are fair

A menu of benefits will acknowledge the different requirements of all employees. Many employers already recognise this as good practice when it comes to recruiting, retaining and motivating key staff. Policies should also be clear that they are available to all, including same-sex partners or nominees of the employee's choice:

- bereavement leave
- parental leave, adoptive parental leave and paternity leave for a lesbian whose partner has had a child and for LGB people who adopt children (including gay men)
- relocation allowances
- carer's leave
- travel and other benefits.

Communications should be inclusive: include same-sex employees in any oral or written examples you use to explain to staff the benefits of your reward package. People who are responsible for giving staff information about their terms and conditions need to tell enquirers the policies extend to same-sex partners or other nominees if applicable; to talk about partners or nominees rather than husbands, wives and spouses; and to understand the need for confidentiality in relation to nominated recipients of benefits and policies.

Managing performance fairly

A performance management process that addresses LGB discrimination will enable LGB staff and their managers to address the full range of issues that may affect their performance. A fair process will provide a model of good practice for addressing all aspects of discrimination and enable organisations to maximise the performance of all staff.

All the information given to employees should reinforce the message that decisions about recruitment, promotion, rewards and redundancy are based on merit and competence. Performance should be measured against sets of competencies to cover the skills and abilities different roles in the organisation require. This can then build a culture based on

how people perform rather than who they are and where they come from.

Understanding diversity and equal opportunities issues should be built into management development programmes. This will provide managers with the skills to use their discretion wisely and fairly. Equality and diversity is already one of the core competencies within the NHS Knowledge and Skills Framework.

"I have heard someone say if you go into some medical specialities that you may not want to make it widely known that you are gay because it may be a bit of a glass ceiling."

Barbara (Final-year medical student)
Greater London, *Being the gay one*,
Stonewall (2007)

Organisations should ensure that all employees know how the performance management system works. Managers especially need to be able to identify any bias in the way they themselves might make judgements about people. Training should explicitly include examples of the way homophobia can be disguised, common misconceptions that are applied to LGB people, particularly with reference to different types of work, and examples of the ways in which managers' discretion might disadvantage people from various groups, including LGB people.

Good performance management practices will include some form of monitoring or calibration of decisions (for example on performance marking) across the organisation, so that employers can review whether or not best practice procedures were followed, whether decisions were based on firm evidence, and whether penalties and rewards were proportionate to performance.

All these actions are characteristic of good performance management procedures more generally, and most NHS organisations will already operate within this type of framework. However, reference does need to be made to sexual orientation equality to ensure it is fully considered and not just assumed, and senior managers need to ensure that systems are adhered to.

Workforce monitoring and evaluation

Existing equality schemes and other NHS frameworks are central to ensuring any activity is successful. Monitoring and evaluation are the means of checking whether an organisation's diversity policy is being implemented effectively. They provide valuable management data, which can assist the organisation in making the right strategic and operational decisions to ensure it is employing and retaining a skilled and diverse workforce. Monitoring also sends out a strong signal to staff that an organisation takes the achievement of diversity goals seriously, and this is especially true for sexual orientation.

Monitoring and evaluation can show whether LGB employees are employed in numbers that reflect the local/national population; whether they apply for promotion at the same rate as all other employees; if they are recruited or selected for training in proportionate numbers; whether they are being harassed or bullied at work because of their sexuality; if they are concentrated in certain jobs, grades, sections or departments; and if they think the organisation's procedures and culture are supportive.

Organisations that monitor effectively can measure the success of specific initiatives, while sending a message that their LGB employees are valued.

However, monitoring is unlikely to be appropriate in an organisation that has not previously engaged with LGB staff or developed initiatives to eradicate homophobia from the workplace. These issues need to be addressed first.

Practical guidance on monitoring your workforce is in Worksheet 9 (page 71).

CAMDEN AND ISLINGTON MENTAL HEALTH AND SOCIAL CARE TRUST

As part of its monitoring process, the Trust collects diversity information, including sexual orientation, from all applicants who apply for posts via NHS Jobs. These data are published quarterly. The Trust also conducts an anonymous annual staff survey that includes questions about sexual orientation. The data collected have helped to determine the proportion of staff who are lesbian, gay or bisexual. The Trust also plans to cross-reference information collected on sexual orientation with other questions, such as bullying and harassment in the workplace, to establish the extent to which LGB people are disproportionately experiencing discrimination.

The Trust is currently in the process of asking its staff in post to provide additional information, including sexual orientation, to be held centrally in the Electronic Staff Records (ESR) system by the Human Resources office. The aim is to enable Human Resources to evaluate in more detail the employment experiences of lesbian and gay people, including promotion, retention and training opportunities.

www.islingtonpct.nhs.uk/Equalities/Equalities%20annual%20report%202007to08final.pdf

Part Three – Involving lesbian, gay and bisexual staff

This part of the guidance looks at the benefits of involving staff in policy developments, as well as practical information about how to do this.

LGB staff as a resource

Alongside the importance of treating all people fairly, one of the key reasons for wanting a diverse workforce is the different perspectives and experiences that a range of staff can bring to their work, to the benefit of the organisation that employs them. Drawing on the experience of LGB staff can add to an awareness across the organisation of the needs of LGB patients and service users, and of the obstacles they may encounter in accessing health and social care. This can be a deeper understanding than that gained through external consultation alone. If the culture in the workplace encourages and supports openness on sexual orientation, then LGB staff may be able to help all staff to have a better understanding of the issues.

“A patient explaining that she lived with another woman was described by a clerk as ‘disgusting’ in front of the podiatry manager – which he did not challenge.”

Nancy (Community Specialist Podiatrist)
North East, *Being the gay one*,
Stonewall (2007)

In addition, LGB staff could be involved in developing policies which relate to employment issues to ensure, for example, that policies take appropriate account of issues relating to sexual orientation and that language is appropriate. Organisations should build this consultation and involvement into the planning process for the policy or project, and allow time for it to be done properly. Ensure that staff at all levels are included in the consultation.

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST

The Brighton and Sussex University Hospitals NHS Trust supports and encourages its LGB staff to take part in the planning and delivery of services. This is done by including LGB staff members when addressing the issues that are of concern to gay people, for example accessing services and preventive health messages. The Trust has lesbian and gay representatives at all levels of the organisation where decisions are made.

How to involve staff in developing policy

Whether policies relate to employment issues or to service design and delivery, a number of steps can be taken to involve staff. It is important that involvement is an active and positive process; it should be clear that the organisation’s leadership is engaged with the process and interested in gathering views and responding to them by including the results of any consultation in the decision-making process.

The steps are:

- Asking all employees for their views, possibly via a staff newsletter or the intranet. This ensures that LGB staff who are not, for whatever reason, members of networks, or who are not out at work, still have an opportunity to express a view. It may be particularly important to gather their views. Also create the possibility of anonymous responses.
- Consulting existing LGB staff networks. If none exists, consider using this as an opportunity for creating one. Consider whether the senior figure involved with developing the policy should be invited to attend a meeting of the network where the proposals are explained and discussed.
- Involving trade unions. Many trade unions have done previous work on LGB equality which can be a valuable additional resource for you.
- For a major policy where a large number of staff or service users are affected, a specific event might be appropriate – see below for a recent approach adopted by the Ambulance Service Association.

Where an organisation has not previously engaged with LGB staff or developed initiatives to eradicate homophobia from the workplace, ensure responses can be returned anonymously.

It is important that involvement of staff is an ongoing and dynamic process. Staff should see what has happened to their views, using the same mechanisms as for the initial consultation. Making the draft policy available for comment, explaining any decision made and asking for feedback once the policy is in place can help staff to feel included in the process. It is also helpful to

use your staff survey to find out what staff think of the policy (particularly if it relates to employment).

THE AMBULANCE SERVICE ASSOCIATION

In December 2007, the Ambulance Service Association organised a seminar that addressed sexual orientation in the workplace. The conference attracted key speakers from a number of organisations working in the areas of health and sexual orientation. The objective of the seminar was to consider recent legislative changes for LGB people, and help ambulance trusts develop their policies, practices and procedures to support lesbian and gay staff and service users. The seminar also provided a forum for participants to share best practice and develop recommendations that would make the workplace more inclusive for gay people in the health sector. The presentations covered a number of issues which included case studies from Stonewall Diversity Champions, monitoring of sexual orientation in the workplace and experiences of LGB people in the health sector.

www.ambulance-service-association.co.uk

Part Four – Understanding the needs of lesbian, gay and bisexual patients

This section explores the issues and barriers experienced by LGB patients, and also looks at issues relating to multiple identity – issues affecting LGB people who are also from a black or minority ethnic (BME) background, or disabled, or for whom their age, or their religion or belief, is relevant to their health and social care needs.¹⁴

Unique health needs

It is sometimes assumed by healthcare professionals, policy makers and patients themselves that LGB people can be served by a singular approach to healthcare and that they do not have unique health needs as a consequence of their sexual orientation.

This, however, is not the case. Although research is limited, findings suggest that LGB people have very specific concerns that are not necessarily met by service providers and that they can experience both social and health inequalities. Discrimination and homophobia can have a significant impact on how they are treated by some healthcare providers. The fact that gay people are not portrayed in health sector contexts can also make lesbian, gay and bisexual people feel excluded.

In addition, experience of discrimination in other areas of their lives, such as home, school or work, means LGB people may be reluctant to disclose their sexual orientation to their GP, because they anticipate discrimination; this can mean that they then fail to receive appropriate healthcare.

Examples of inappropriate responses by healthcare professionals reported by LGB patients include:

- failing to examine or to respond to a patient properly, for example, being unwilling to offer a smear test to lesbians
- making assumptions that illnesses presented by gay men and men who have sex with men are linked with potential HIV infection
- telling other staff that a patient is gay, when the information does not inform their treatment
- not offering the services of the hospital chaplaincy because of assumptions that LGB people cannot be of faith
- refusing to accept someone as a patient because of their sexual orientation
- making offensive or discriminatory comments about their sexual orientation.

The health sector therefore needs to deliver targeted appropriate care to patients on the grounds of their sexual orientation. Doing so can lead to better services for a significant section of patients (6 per cent of the population), and in particular improved engagement between individuals, friends and family, and health professionals, which in

¹⁴ Full details about LGB health needs can be found at www.stonewall.org.uk/information_bank/health_matters/default.asp

turn can have a positive impact on the identification of issues at an earlier stage and improve preventive care.

As well as the positive impact that taking account of the specific needs of LGB people will have on the health of patients, it should also be remembered that it is unlawful under the Equality Act (Sexual Orientation) Regulations 2007 for healthcare services and those working in them to discriminate against anyone on the grounds of their sexual orientation.

It should always be the aim of healthcare staff to work with every patient to reach decisions about their care that are right for them. Everyone should be treated as an individual; assumptions and stereotypes should be avoided; and respect should be given to the patient's dignity and right to confidentiality. The same principles apply to LGB patients as they do to any other patient. LGB service users often have particular concerns about user control of sensitive information and this needs to be considered in the way information about sexual orientation is shared within teams and recorded.

Men and general health needs

There has been extensive research that examines the health needs of gay men, yet this research is predominately concerned with the sexual behaviour of gay men, and the prevention, treatment and social policy implications of HIV and AIDS.¹⁵ The majority of research concerned with other aspects of healthcare for gay men was conducted mainly in the early 1990s.

Gay men have health needs other than those that relate to sexual activity and HIV prevention. This emphasis on sexual health perpetuates the notion that gay health needs are concerned with what men 'do' rather than who they are. This also has an impact on people's perceptions of gay relationships. The narrow focus on sexual activity can sometimes demonstrate to young men, or men who are discovering their sexuality, that being gay is just about sex. This can have an impact on relationships, and on an overall sense of well-being.

Research indicates that gay men would prefer to disclose their sexual orientation to healthcare professionals but are reluctant to do so¹⁶ because they are anxious about discrimination. Research also suggests that some gay men are concerned about issues relating to mental health, sexual behaviour and safety, weight issues and eating disorders, a lack of role models, and relationships. Some are also concerned about smoking, drinking, drug and alcohol abuse.¹⁷

Women and general health needs

Not much is known about lesbian health needs, although a recent survey of 5,909 British lesbian and bisexual women has been published.¹⁸ There is however increased recognition by some researchers that lesbians do have unique healthcare concerns, and that they are generally underserved by the health sector.

Research suggests that lesbians do not respond to preventive healthcare messages, and do not seek intervention or support from the health sector. Lesbians also have specific health issues relating to fertility, pregnancy,

15 See in particular Sigma Research www.sigmaresearch.org.uk

16 *Consuming passions: Findings from the United Kingdom Gay Men's Sex Survey 2005*, Sigma Research (2007).

17 *Ibid.*

18 Full report, and summary information for each Strategic Health Authority, can be found at www.stonewall.org.uk/lesbianhealth

sexual health and mental health. Some are also concerned with weight issues, eating disorders, self-harm, relationships, smoking, drinking and drug use. Research also suggests that lesbians want to disclose their sexual orientation to their GP, but are reluctant to do so because they think that they might be discriminated against. This can lead to inappropriate delivery of services. For example, a woman may continue to take the contraceptive pill rather than indicate that she is a lesbian. Research suggests that lesbians are generally unhappy with the level of service they receive from the health sector.¹⁹

It is also important to note that lesbian identity does not necessarily reflect a lifetime of same-sex relationships. Some women who identify as lesbian do have sex with men, or have had sex with men in the past. A number of young lesbian and bisexual women have had their first sexual experiences with men and may experience linked health issues such as unwanted pregnancies and sexual health issues. Furthermore, previous sexual relationships with men have an impact on a lesbian's healthcare needs.

Alcohol use

There is limited research about alcohol use among LGB people, and research that does exist is sometimes conducted among a small number of people. This research does not necessarily depict general patterns of alcohol

misuse among the LGB community. There is also some concern that research has been conducted using samples identified from the lesbian and gay pubs and clubs (the 'scene') and therefore the participants are more likely to be drinking. There is, however, some evidence about alcohol use among the LGB community that can help practitioners deliver effective care to patients.²⁰

The limited provisions for LGB people within the local community have encouraged the development of the 'scene', which traditionally has centred on clubs and bars. A lack of visibility of gay people in general society, high levels of homophobia and the desire of many LGB people to meet other LGB people means that many LGB people want their own spaces. Popular culture demonstrates that LGB people congregate in bars and clubs, and therefore many feel that this is the natural place to go to meet other gay people. This is changing. In larger cities it is possible for gay people to meet others without necessarily going to bars and clubs. Yet there is still an emphasis on alcohol consumption and a culture that encourages excessive drinking.

LGB people are as likely to be affected by the trigger factors that prompt binge drinking as any other group. The difference, however, is that LGB people may not feel targeted by preventive health messages in this area, or feel able to disclose drinking habits and circumstances to a health practitioner.

19 Full research references on existing research into lesbian health can be found in:

Fish, J. and Anthony, D. (2005). UK National Lesbians and Health Care Survey. *Women and Health*, 41(3), 27–45.

Fish, J. (2003). Lesbians and Health Care: A National Survey of Lesbians' Health Behaviour and Experiences. PhD Abstract, *Medical Sociology News*, 29(1), 7–8.

DeBold, K. (2004). Heart Truth for Lesbians. Mautner Project for Lesbian Health.

Diamant, A.L. and Wold, C. (2003). Sexual orientation and variation in physical and mental health status among women. *Journal of Women's Health* (Larchmont), Jan–Feb, 12(1), 41–49.

20 Full research references on research into alcohol consumption can be found in:

Noret, N., Rivers, I. (2003). Drug and alcohol use among LGBTs in the city of Leeds. York St John College. *Social Inclusion & Diversity: Research into Practice*, Paper No. 2, p. 52.

Spencer (2003). Alcohol and Seniors: Alcohol dependence and misuse among older gay and lesbian people. *Aging in Canada*.

Stall, R., Paul, J.P., Greenwood, G. et al (2001). Alcohol use, drug use and alcohol-related problems among men who have sex with men: the Urban Men's Health Study. *Addiction*, 96(11), 1589–1601.

Preventive health messages and campaigns are generally only targeted at heterosexual people. The messages are potentially less likely to prompt awareness and therefore less effective in tackling alcohol consumption among LGB people.

Smoking

Research suggests that LGB people are more likely to smoke than heterosexual people, and lesbians and bisexual women are more likely to smoke (and are likely to smoke more) than heterosexual people or gay men.²¹ The exact reasons for this difference have yet to be identified, but it is likely that (like alcohol consumption) social pressures to smoke are likely to be prevalent among the LGB community. Gay women are also currently less likely to get pregnant (a trigger point for giving up smoking) and are more likely to continue to go out to pubs and clubs on a regular basis for more years than their heterosexual counterparts.

Like alcohol, one of the problems with smoking and stopping smoking is that the preventive healthcare messages are not targeted at LGB people. For example, stop smoking campaigns state that “smoking makes you unattractive to the opposite sex”. This does not communicate with LGB people. This means that LGB people are less likely to be receptive to these anti-smoking messages.

Drug use

Drug use (especially among gay men) is one of the more heavily researched areas of LGB health issues. This is in part due to the fact

that drug use is perceived to be a significant aspect of the LGB scene and community. It is also felt that drug use leads to high risk-taking behaviour, and increased likelihood of unsafe sex. This can increase the risk of being infected with HIV. There is very little research conducted into the experience of lesbians and bisexual women.

Research suggests that drug use among gay men is significantly higher than among heterosexual men. This, again, is because many aspects of the LGB community revolve around club and pub culture. It is also suggested that increased drug use is an established part of gay culture, and that it is difficult to avoid if you are a gay man who frequents the ‘scene’. Research also suggests that homophobia, leading to low self-esteem, has a significant impact on the likelihood of gay people to take drugs. Gay men are also less likely to start a family, and therefore continue to attend clubs and pubs for longer than their heterosexual counterparts.

Domestic violence and same-sex violence

There is a significant amount of research that examines domestic violence between men and women. However, increasing research demonstrates that partner abuse is as common and as severe among same-sex couples as among heterosexual couples.²² There is, however, a general lack of recognition that same-sex domestic violence can occur. For example, same-sex domestic violence is rarely acknowledged in the LGB community, by social-policy makers, lawyers or healthcare practitioners. This lack of

21 Full references to information relating to sexual orientation and smoking can be found in: Austin, S.B., Ziyadeh, N., Fisher, L.B. et al (2004). Sexual Orientation and Tobacco Use in a Cohort Study of US Adolescent Girls and Boys. *Archives of Pediatrics and Adolescent Medicine*, 158(4), 317–322.

D’Augelli, A.R. (2004). High tobacco use among lesbian, gay and bisexual youth: mounting evidence about a hidden population’s health risk behaviour. *Archives of Pediatrics and Adolescent Medicine*, 158(4), 309–310.

22 Donovan, C., Hester, M., Holmes, J. et al (2006). *Comparing Domestic Abuse in Same Sex and Heterosexual Relationships*. University of Sunderland and University of Bristol.

visibility makes it difficult for LGB people to report incidents of domestic violence or feel protected by structures that exist to protect people from domestic violence. Those who want to assist LGB people also struggle to find resources to help them do so, though it is encouraging that same-sex domestic violence has been recognised in law since 2003.

There has been limited research on domestic violence against LGB people from members of their family because of their sexuality. Some young LGB people and children are particularly vulnerable to violence by parents and other family members if they come out or if family members are suspicious of their sexual orientation. Young people who may be confused about their sexuality may not want to reveal that they have experienced violence from family members because of their sexuality.

Mental health

Although society is becoming less prejudiced and things are changing for the better, most lesbians, gay men and bisexual people have experienced a range of difficulties in their lives, which can contribute to mental health problems. Many LGB people have experienced at least some of the following:

- hostility and/or rejection from family, parents, and friends
- bullying and name calling at school
- rejection by some mainstream religious communities or social groups
- danger of violence in public places
- harassment from neighbours and other tenants

- casual homophobic comments on an everyday basis
- prejudice and embarrassed response from health professionals
- difficulty in accepting their sexual orientation – conflicts, denial, alcohol abuse, isolation
- trying to keep their sexual orientation a secret
- low self-esteem
- increased risk of self-harm and suicide attempts
- long-term effects of bullying, including post-traumatic stress disorder and depression.

There is evidence²³ that many LGB people feel that their mental health had been affected by homophobia. Yet many LGB people experience difficulty accessing mainstream mental health services, for example:

- judgemental attitudes from staff about LGB sexuality
- some staff may not be well informed or be unaware of specialist lesbian and gay services
- when decisions about treatment are needed, staff may discriminate against LGB partners in favour of birth family
- through issues of multi-discrimination, for example being treated less favourably as a result of their ethnic origin as well as their sexual orientation

23 *Diagnosis: Homophobic – The experiences of lesbians, gay men and bisexuals in mental health services – PACE (1998).*

- older people who experienced overt discrimination from the health service in the past, when homosexuality was classed as an illness and sexual acts between men were illegal, might be reluctant to seek help from mental health services.

Parenthood and families

Culture and society reflect a view and concept of family that revolves around the ideal of an opposite-sex couple. There is limited acknowledgement that same-sex couples, as well as gay people who are not in a relationship, may have children, or have caring responsibilities for others within their immediate family.

Two key legislative developments have made a difference. First, the Adoption and Children Act 2002 in England and Wales enables same-sex couples to be considered for adoption, and the Civil Partnership Act 2004 makes explicit reference to the responsibilities of a civil partner to their family. The Civil Partnership Act also grants next-of-kin rights to same-sex couples. These legislative developments, however, do not necessarily reflect general progress. For example, there is still a degree of invisibility at school, within the workplace and within government policy, and this has a significantly detrimental effect on lesbian and gay people and their families. When lesbian and gay families are acknowledged, it is often in a negative context. It is erroneously assumed that gay parenting has a negative impact on the upbringing of children, and does not constitute a 'real' family. This makes it difficult for same-sex couples to feel able to be open about their relationship and family status to healthcare practitioners, or to social care providers.

Maternity, pregnancy, and fertility

Maternity, pregnancy and fertility are areas in which LGB people will actively seek healthcare and are likely to be open about their sexual orientation. There are several ways in which lesbians can get pregnant. They may have sex with a man, or source sperm themselves from a known donor and self-inseminate. In the latter case the healthcare practitioner may not know that the woman has become pregnant as a consequence of self-insemination. Alternatively, a lesbian may go to a fertility clinic for treatment for intrauterine insemination (IUI).

It is generally acknowledged that the safest way for a lesbian to conceive is through IUI as opposed to via informal arrangements with a man. In order to receive IUI, a lesbian must secure a referral from her GP and then be accepted by a fertility clinic. A fertility clinic is bound by licence conditions set out in the Human Fertility and Embryology Act (1990). The Act provides that, before a woman is given treatment, the clinic must take full account of the welfare of any child that may be born from the treatment. The welfare of the child is stated to include taking account of the need of that child for a father.

The Act requires the Human Fertilisation and Embryology Authority to provide guidance on the account to be taken by the clinics of these requirements in its Code of Practice, stating that where the child will have no legal father, the centre should assess the prospective mother's ability to meet the child's/children's needs and the ability of other persons within the family or social circle willing to share responsibility for those needs.

The 1990 Act is currently being reviewed by Parliament, as part of the Human Fertilisation and Embryology Bill. The Government has

proposed to remove the reference to a child's need for a father from the Act and replace it with a reference to a child's need for supportive parenting. This is part of the Government's commitment to promote equality and to ensure that it is clear that female couples should be able to access assisted reproduction treatments in the same way as heterosexual couples.

Lesbians can experience discrimination during pregnancy and childbirth. For example, a non-biological birth mother may be excluded from discussions or decisions. Pregnancy provides an invaluable gateway into the health sector. Discrimination at this stage can perpetuate attitudes and assumptions about discrimination in the health sector and therefore discourages LGB people from seeking preventive healthcare or healthcare in general.

Men and cancer

Cancer can affect anyone, regardless of their sexual orientation. However, research²⁴ suggests that gay men can be at higher risks from some cancers because of their sexual orientation. Research also suggests that there is an increased risk of some cancers, such as lung cancer and cancer of the liver, because of lifestyle and social issues. Gay men are also at increased risk from testicular cancer because they do not respond to the same extent to preventive health messages or campaigns.

Limited research also suggests that gay men are more at risk from anal cancer and prostate cancer. All age groups of sexually active, HIV-negative men who have sex with

men have a high prevalence of anal cancer precursors, which may reflect their ongoing sexual exposure to human papillomavirus (HPV), and which may explain high rates of anal cancer.

Women and cancer

Lesbians' risk of breast cancer is a much-debated issue in health research because lesbians are believed to be at higher risk than heterosexual women. This belief is based upon particular risk factors for breast cancer which are said to be more prevalent in lesbians, such as poor diet. It has also been suggested that lesbians are at greater risk because they are less likely to become pregnant or may get pregnant later; they therefore do not stop producing oestrogen at any stage. It is thought that this might increase the risk of breast cancer but further research is needed.

It is also felt by some healthcare professionals that lesbians do not require cervical smear tests. This is because it is assumed that cervical cancer is caused by exposure of the cervix to sperm. However, research suggests that there are other causes of cervical cancer, including HPV, sexual behaviour (including having unprotected sex at a young age – which some lesbians may have done), smoking and diet. Some lesbians have had sex with men in the past, lesbians are more likely to smoke, and to smoke more than heterosexual women, and have a poor diet. Research therefore indicates that all women under the age of 65 with a cervix should receive cervical screening.

24 Evidence about cancer and gay men can be found in:

- Friedlander, M.A., Stier, E. and Lin, O. (2004). Anorectal cytology as a screening tool for anal squamous lesions: cytologic, anoscopic, and histologic correlation. *Cancer*, 102, 19–26.
- Ortholan, C., Francois E. and Gerard, J.P. (2003). Preneoplastic anal lesions and anal canal carcinoma. *Bull Cancer*, 90, 405–411.
- Bower, M. (2004). HIV associated anal cancer and anal intraepithelial neoplasia. Oral presentation, Wolfson Institute for Biomedical Research, University College London.

Men and sexual health needs

Extensive research exists that discusses and reports on the nature of sexual health among gay and bisexual men, and men who have sex with men. Like the rest of the population, men who have sex with men are at risk from sexually transmitted infections (STIs). In the UK, gay men remain the group at the greatest risk of becoming infected with HIV. They are also at higher risk from sexually transmitted infections.

Not all men who have sex with men identify as gay or bisexual. Many men who have sex with men are at risk of STIs, including HIV, but do not want to be identified as gay or bisexual by sexual health workers. This includes men who may be in relationships with women and see healthcare workers with their opposite-sex partner. Healthcare workers should be sensitive to this when taking histories, especially if they think a patient has had unsafe sex with a man. Men in this position may feel excluded from sexual health services targeted at gay and bisexual men.

Commercial male sex workers are at particular risk of exposing themselves to sexually transmitted infections and HIV. The health sector has improved targeted support to women sex workers, including fast track practices, and, increasingly, these services are being extended to male sex workers. Factoring their needs into existing services or introducing new ones should, therefore, be part of the planning process for healthcare commissioners.

Estimation of the current HIV incidence rate among men who have sex with men is difficult. The often long period of time between infection and diagnosis can make

predicting the incidence rate hard. Also, some of the new infections will have occurred abroad either in the course of travel or before moving, or returning, to the UK. However, the great majority of new infections in this risk group will have been acquired in the UK, and there are indications of rises in behaviours associated with increased risk among men who have sex with men in the UK. There is also some evidence to suggest that the increased availability of drug combination therapy has reduced people's anxieties about contracting HIV. The Terrence Higgins Trust²⁵ estimates that a third of people with HIV do not know that they have been infected. In 2007, 7,734 new HIV diagnoses were reported in the UK. Figures show that the current high rate of HIV transmission among gay men has persisted three years running, with over a third of new diagnoses (41 per cent – 3,170) in 2007 found in this group, the highest levels since records began.

On the basis of these figures gay men have been criticised for being promiscuous and taking unnecessary sexual risks. However, evidence suggests that some gay men have been very sensitive and responsive to safer sex promotion, and condoms are widely and properly used. The high rate of infection reflects a complex relationship between a lack of information in the early days of the epidemic, patterns of sexual activity, and the risk of infection and prevalence of the virus among gay men.

For young gay men there may be particular problems with trying to practise safer sex. Some young gay men may not feel secure about obtaining or using appropriate condoms for sex because if they are seen purchasing or in possession of them it might be interpreted as a disclosure of gay identity. They also rarely have the benefit of sex

25 www.tht.org.uk

education in school in which sexual behaviour between same-sex partners is discussed.²⁶ This can make it very hard for young gay men to feel comfortable about negotiating safer sex.

Women and sexual health needs

It is often assumed that women who have sex with other women cannot contract STIs. Sometimes it is thought that sex between women does not really constitute sex at all and therefore does not pose a risk to either party. This is not the case. Lesbians can, and do, exchange fluids, and engage in sexual activity that can have consequences for a woman's health. Women usually have to find information about safer sex from sources other than the health sector because these issues are generally not discussed between a healthcare practitioner and a patient. Women can contract sexually transmitted diseases from each other, and do need to be tested for asymptomatic diseases, such as chlamydia.

The lack of visibility and acknowledgement of lesbian sexuality can affect whether a woman feels able to discuss her relationship, or concerns about her relationships or sexual activity, with a healthcare professional. In common with other people, lesbians can experience concern about their level of happiness and sexual satisfaction in the relationship. Some lesbians may find it hard to discuss their concerns and anxieties with a healthcare provider who does not understand or recognise the validity of their relationship or their sexual health needs and activity.

HIV/AIDS

In addition to the distress they cause, stigma and discrimination are major obstacles to effective HIV/AIDS prevention and treatment.

For example, HIV prejudice prevents people who live with HIV from publicly acknowledging their HIV status. People with, or suspected of having, HIV may be turned away from healthcare services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases, they may be evicted from home by their families, left by their partners, or be victims of physical violence or even murder.

The stigma attached to HIV/AIDS often extends to the children of those who are HIV positive, placing a huge emotional burden on children who may also have to cope with the death of their parent(s) from an AIDS-related illness. Some groups of people, for example gay men and people of black African origin, experience multiple prejudice and discrimination based on both their HIV status and their ethnicity and/or sexuality.

LGB people from black and minority ethnic (BME) and faith communities

On average, BME communities experience worse health outcomes than their white counterparts. Barriers exist that prevent full inclusion into the health service. Removing these barriers is a key objective of the Department of Health and the NHS in general, both of whom have obligations under the Race Relations Act (1976) not just to promote race equality but also good

26 *The School Report*, Stonewall (2007).

relations between persons of different racial groups.

LGB people can also belong to BME and faith communities and can experience homophobia within these, as well as racism from the gay community. They may also experience racism and homophobia from healthcare practitioners in addition to discrimination on the grounds of their faith or belief. Discrimination acts as a barrier to full health inclusion and therefore measures to tackle racism should also include measures to tackle homophobia.

Some LGB people from BME and faith communities may be forced or feel forced into same-sex relationships and marriages by their families and communities to hide or 'correct' their sexuality. This may pose particularly acute pressure on the LGB people from these communities who have linked mental health issues. Many of these patients may not identify as LGB and may feel excluded for services targeted at LGB people.

Evidence suggests that currently BME gay and bisexual men²⁷ are underserved within the health sector, yet BME gay and bisexual men remain among one of the highest 'at risk' groups of getting and passing on STIs, including HIV/AIDS. This indicates that specific healthcare messages have to be developed to communicate effectively with these men. There is limited research about the unique healthcare needs of women from BME and faith communities, which would also include those who are lesbian or bisexual.

CENTRE FOR HIV AND SEXUAL HEALTH – SHEFFIELD PRIMARY CARE TRUST (PCT)

Sheffield PCT set up a support group called 'Indigo'. The support group provides a space and offers guidance to BME lesbian, gay and bisexual people. By working through the support group, the PCT intends to offer a space where gay and bisexual people who are facing stigma because of their ethnic background can have an opportunity to get together and reduce social isolation. The support group offers counselling services, confidence building programmes and an opportunity to meet new friends. The PCT recognises that social isolation, which can lead to complex health needs, can in part be alleviated by providing this sort of service.

www.shsc.nhs.uk/files/diversity/indigo.pdf

LGB people of religious and non-religious beliefs

LGB people have a range of religious and non-religious beliefs. It is therefore important to ensure that chaplains are available to offer support if required. Equally there should be an awareness that barriers to accessing services that exist as a consequence of religion or belief – for example dietary requirements – may also apply to LGB people.

27 *Ethnic minority gay men: redefining community, restoring identity*, Sigma Research (2004).

LGB disabled people

Research has demonstrated that significant barriers exist for disabled people in accessing healthcare, support and advice. Supporting disabled people who are LGB requires a primary acknowledgement that they might be gay, rather than assuming that sexual orientation inclusion does not concern them. Such assumptions can lead to services not taking account of specific needs that may come from their sexual orientation and in some instances result in failing to provide advice and guidance about safer sex. This can particularly be the case for people with learning difficulties, who are often not fully informed about sexual orientation issues or their rights in relation to sexual activity.

Some disabled people may have personal assistants who support them with their daily needs. They should always be asked if they want the personal assistant to accompany them if they are having a confidential examination or discussing personal issues. They may be reluctant to disclose matters that may come from their sexual orientation.

Younger LGB people

Sexual orientation and homophobia have a significant impact on healthcare needs and these needs can differ depending on the stage of life of the person. For young people who think they might be gay, are gay, or who are perceived to be gay, it can be difficult to be in school. There are very few mechanisms in place in schools to support young people who experience homophobic bullying themselves or are targeted because they have gay family members or friends.²⁸

There are local LGB youth organisations, which can help create a positive identity for young people, but finding out about these, and having the resources and freedom to attend meetings, depends entirely on the individual, their family or their school. This can be particularly difficult for some young people in rural areas, for example, who struggle to access gay listings or attend meetings, and can lead to a sense of isolation and exclusion.

Some young people find themselves excluded from home if they are lesbian or gay. This, coupled with possible issues at school, can lead to complete social exclusion. The young person may find themselves in care, or even homeless. Healthcare practitioners can play a crucial role in supporting and informing young LGB people, and this positive relationship can change the way in which young LGB people relate to the health sector in the future.

Older LGB People

Older people face many issues that concern the provision of social services in the UK.²⁹ Gay people are more likely to live alone when they are older (though following the implementation of the Civil Partnership Act 2004 this situation may change in time), and may be less likely to have children. Current statistics show that 13 per cent of gay men, bisexual and trans men and 31 per cent of lesbian, bisexual and trans women have had children.³⁰

There may also be difficulties surrounding access to appropriate residential and nursing care homes, extra care and sheltered accommodation, and in continuing care in geriatric services in hospitals which may not be equipped or willing to support same-sex

28 *The School Report*, Stonewall (2007).

29 Age Concern has a number of resources to help service providers support older LGB people. See www.ageconcern.org.uk/AgeConcern/EB6D33A870764D82931896AF798882B9.asp

30 Morgan, L. and Bell, N. (2003). *First Out: Report of the findings of the Beyond Barriers national survey of LGBT people*. Beyond Barriers.

partners. Many older lesbian, gay and bisexual people are particularly anxious about the possibility of having to go into a nursing or residential care facility in the future, and in very many cases do not disclose their sexual orientation if they do need to make this move.

Age-related health changes often bring about sudden new needs for support that cause stress and a loss of privacy particularly worrying for older LGB people: for instance, when someone needs domiciliary personal care after a stroke. Familiar strategies and boundaries to reduce the experience of homophobia are breached when strangers have to come into the home and may see titles of books and DVDs. Concerns also arise regarding appropriate support and care from care workers, particularly if they are untrained on sexual orientation, or consider any sexuality in older people as problematic. Some care staff may have attitudes that are inappropriate for helping older LGB people maintain links with their community and extended family of friends. Older LGB people in care environments need equal access to social opportunities and media of interest to them, but this is only rarely available or planned for.

Health services for older people are less likely to have trained staff on sexual orientation than those in some other sectors such as gynaecology or sexual health, and diversity in sexual orientation among older people is seldom raised in general training on older people's needs. Staff encountering older people in any health or care service must take care not to make unjustified assumptions. Sexual orientation is particularly likely to be ignored in relation to older BME people. It is also important not to make generalisations about older LGB people as there is tremendous diversity among them. A thorough needs assessment is necessary to

establish the exact needs of older LGB people. Older people vary in whether they are comfortable in discussing their sexual orientation, and sensitive ways to encourage disclosure are particularly relevant in older services and can be obtained from Age Concern, which provides resources on the delivery of social care and primary healthcare to older LGB people.

Further reading

Copies of research on all the above issues can be found at www.stonewall.org.uk/information_bank/health_matters/default.asp

In addition, the Department of Health has produced a series of briefings for health and social care staff on reducing health inequalities for LGBT people – with the aim, in part, of contributing towards improving the health of LGBT people. These briefings can be downloaded at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078347, and cover the following:

- Briefing 1: Working with lesbian, gay, bisexual and trans (LGBT) people
- Briefing 2: Improving access to health and social care for lesbian, gay, bisexual and trans (LGBT) people
- Briefing 3: Young lesbian, gay and bisexual (LGB) people
- Briefing 4: Older lesbian, gay and bisexual (LGB) people
- Briefing 5: Lesbian health
- Briefing 6: Gay men's health
- Briefing 7: Bisexual people's health

- Briefing 8: Healthy lifestyles for lesbian, gay, bisexual and trans (LGBT) people
- Briefing 9: Mental health issues within lesbian, gay and bisexual (LGB) communities
- Briefing 10: Sexual health
- Briefing 11: Trans people's health
- Briefing 12: Lesbian, gay and bisexual (LGB) people from black and minority ethnic communities
- Briefing 13: Disabled lesbian, gay and bisexual (LGB) people.

These briefings are intended to show that LGBT people can be younger, older, bisexual, lesbians, gay men, trans, from BME or faith communities or disabled, and to dispel assumptions that they form a homogeneous group.

The briefings provide easy-to-read guidance for health and social care commissioners, service planners and frontline staff. They aim to inform the delivery of appropriate services and to support health and social care professionals in their everyday work with LGBT people by providing fundamental awareness and evidence of LGBT needs in relation to health.

Part Five – Assessing and implementing policies, practices and procedures for patients

This section explains how NHS organisations can assess their practices to ensure they take account of the needs of LGB patients and service users. Taking steps to prevent discrimination is more effective as a result of conducting an equality impact assessment than through responding to individual incidents of discrimination. In addition, it is important to ensure that services are delivered fairly and avoid both direct and indirect discrimination, in order to meet the requirements of the Equality Act (Sexual Orientation) Regulations 2007.

This section should be read alongside Worksheets 1 and 2. These set out a practical approach to action planning and a sample action plan.

Building LGB equality into policies and practices

Policies and practices should be reviewed to ensure that there is no discrimination on the grounds of sexual orientation in delivering services. Since every population of service users is likely to include LGB people, almost every policy and practice could be relevant to them, and needs to be examined to see if it meets the health and social care needs of LGB people, although it is true that some are going to be more relevant than others, or will need a more

specific focus on the needs of LGB patients and service users.

Part Four gave an indication of particular issues that have arisen in the past across a number of health and social care areas. However, service providers should avoid assumptions as to what will and will not be relevant to LGB people. Instead, make opportunities to engage with LGB service users and other stakeholders (including staff) who will be able to give a view based on their own experience. Parts Three and Six suggest practical ways of doing this.

An action planning approach – key points to consider

Decisions should be made in consultation with staff, patients and other stakeholders, and details of how and why they have been made should be clearly stated in the resulting action plan.

Some of the questions you may wish to consider are as follows:

- What are the outcomes to be achieved?
- How do these fit in to other targets and outcomes to be met?
- What steps need to be taken to achieve those outcomes and what is a realistic timetable for achieving them?
- Who will be responsible for implementing those steps?
- What are the resource implications and how will the actions be funded?

BRIGHTON AND HOVE CITY TEACHING PRIMARY CARE TRUST

In 2004 the Brighton and Hove City Teaching PCT conducted a study which showed that 82 per cent of HIV infections in Brighton and Hove were acquired through same-sex relations between men. As a result, the PCT supported 14 local projects. The aim of the projects was to highlight the impact that HIV had on the gay community in the target area. The projects included the Older Lesbians' and Gay Men's Forum, a 'safe partying' campaign during Pride 2004 and a monthly HIV positive people's page in G-Scene magazine. In the following year the PCT earmarked a total of £25,000 to support gay community groups and networks whose aim was to reduce HIV infection among gay men. The Trust recognised that building and strengthening the gay community improved the health and well-being of HIV positive gay men, and prevented others from becoming infected. The PCT also funds Spectrum (an LGBT forum) and is developing an equality scheme to help shape its work.

www.brightonhovacitypct.nhs.uk/pct/news/2003/news19.asp
www.countmeintoo.co.uk

Particular issues

Staff training: Ensuring that staff have a good understanding of the issues outlined in this guide through comprehensive training and development practices will support them to implement the actions and encourage a culture which is inclusive for both staff and patients.

Partnership working: When delivering services in partnership with other organisations, whether in the statutory, private or third (voluntary and charitable) sectors, consider how to involve them and the individuals working for them in the planning process and how to ensure that they deliver the stated objectives incorporating the values and legal requirements set out in your equality and diversity strategy.

Health promotion information: It is very important to build into the planning process a review of the written materials and images to be used to inform people about the services provided. It may be useful to use the consultation processes to ask whether LGB people feel that the service and the material you publish about it are inclusive.

BOLTON PRIMARY CARE TRUST

Bolton PCT has amended its Equality and Diversity Policy to reflect recent changes that protect lesbian and gay people from discrimination in the provision of services. The policy aims to enable the Trust to provide a safe, supportive and respectful environment for its lesbian, gay and bisexual service users. The Trust has also designed an equality strategy and action plan to make sure the policy is implemented. One of the challenges facing Bolton PCT is the fact that it is hard to identify lesbian and gay service users and provide effective care. The Trust therefore hopes that the initiatives put in place will assist in helping lesbian and gay service users to choose to be open about their sexuality. The Trust believes that lesbian, gay and bisexual people should be free to say as much or as little as they like about their sexuality and to express their sexual identities in ways that are comfortable to them.

"We want to identify particular needs which make it hard for people to get their life back on track, such as homelessness or ill health, and work out exactly what we need to do to address their health needs. We need to identify barriers people face and remove them."

Other groups identified as suffering from social exclusion include older people, those in the minority ethnic communities, lesbian, gay, bisexual and transsexual people, low income families, offenders and children in care.

Bolton News, 16 January 2008, reporting comments from Jan Hutchinson, director of public health for Bolton Primary Care Trust

Part Six – Involving lesbian, gay and bisexual people

This section highlights the benefits of involving LGB patients, organisations and community members, and provides practical suggestions about how to involve them.

The benefits of involving service users

Involving patients and service users – and potential patients – in policy development, design and delivery of services enables an organisation to learn first hand about what the needs of LGB people might be. It may, however, be easier to engage with potential LGB service users as opposed to those who are currently accessing services and who may be more anxious about disclosing their sexual orientation.

Practical steps to take

To make involvement effective, certain elements are needed:

- a clear focus on where the organisation can realistically make changes, and what resources can be set aside for this
- involvement processes which are accessible to as many LGB people as possible, including those with multiple identities

- a proportionate approach which takes into account the size of the organisation
- open and transparent reporting on the outcomes of any involvement, and any changes which have been made as a result.

The context of the consultation should be clearly explained to the groups and individuals contacted. Set out what information is being gathered and how confidentiality will be maintained. It is also important that patients and service users themselves understand that participation is voluntary and that refusing will not impact on the service they receive – very importantly, nor will critical comments. Service users will want assurances that what they say is anonymised.

Consider what existing mechanisms you can access. Part Three sets out how staff can be involved in designing better policies and practice – LGB staff will have views and expertise on service issues, not just on employment and workforce issues. Many NHS organisations will already be engaged with some local community organisations and networks, involving and consulting them, so some mechanisms, such as patient forums or LINKs (Local Involvement Networks), may already be in place, and can be used to consult on what is needed.

Identify and engage local LGB organisations and networks,³¹ as well as other local networks, for example women's organisations, disability organisations, BME and faith organisations, younger and older people's groups, parents' groups, trade unions and specific service users' groups; LGB people are likely to belong to these too.

31 www.stonewall.org.uk/whatsinmyarea provides details of regional LGB organisations.

There are various ways of involving LGB people:

- Events, forums, workshops, focus groups or one-to-one interviews organised specifically for the purposes of consultation. Consider the type of facilitation skills needed for any events – for example, would it be beneficial to invite LGB facilitators or voluntary sector organisations to facilitate on your behalf? Consider organising events in partnership with other organisations, such as local authorities, adult and community or children and young people’s services and LGB organisations, as this could lead to involvement of a much wider range of people through networking and awareness of the need for consultation.
- Written email and internet surveys publicised through local LGB and other groups, social networking sites and specialist media.
- Using local radio and television programmes for consultation purposes – radio phone-ins, for example – or to publicise that the consultation is taking place and how viewers and listeners can take part.

It is important that there is an ongoing and dynamic process of engagement after the initial contact and gathering of views. It may be very damaging to a trust’s reputation, as well as to the design of the services, if consultees feel they have not been listened to. Keep a record of those consulted and who responded (confidentially if necessary, adhering to good data protection principles but retaining the option of anonymity) so that you can go back to them, as well as being able to show that the consultation was appropriate and effective. This can help to build in opportunities in the future for

ongoing feedback to find out whether consultees feel that the action plan has made a difference. Service user and community involvement and consultation is an ongoing process which enables you to continuously improve the service you offer.

Further reading

In early 2008, the Department of Health’s Pacesetters programme commissioned guidance for the NHS – *A dialogue of equals*. The publication highlights the issues affecting different communities and encourages NHS organisations to engage with their local community more effectively. It can be downloaded from www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082382

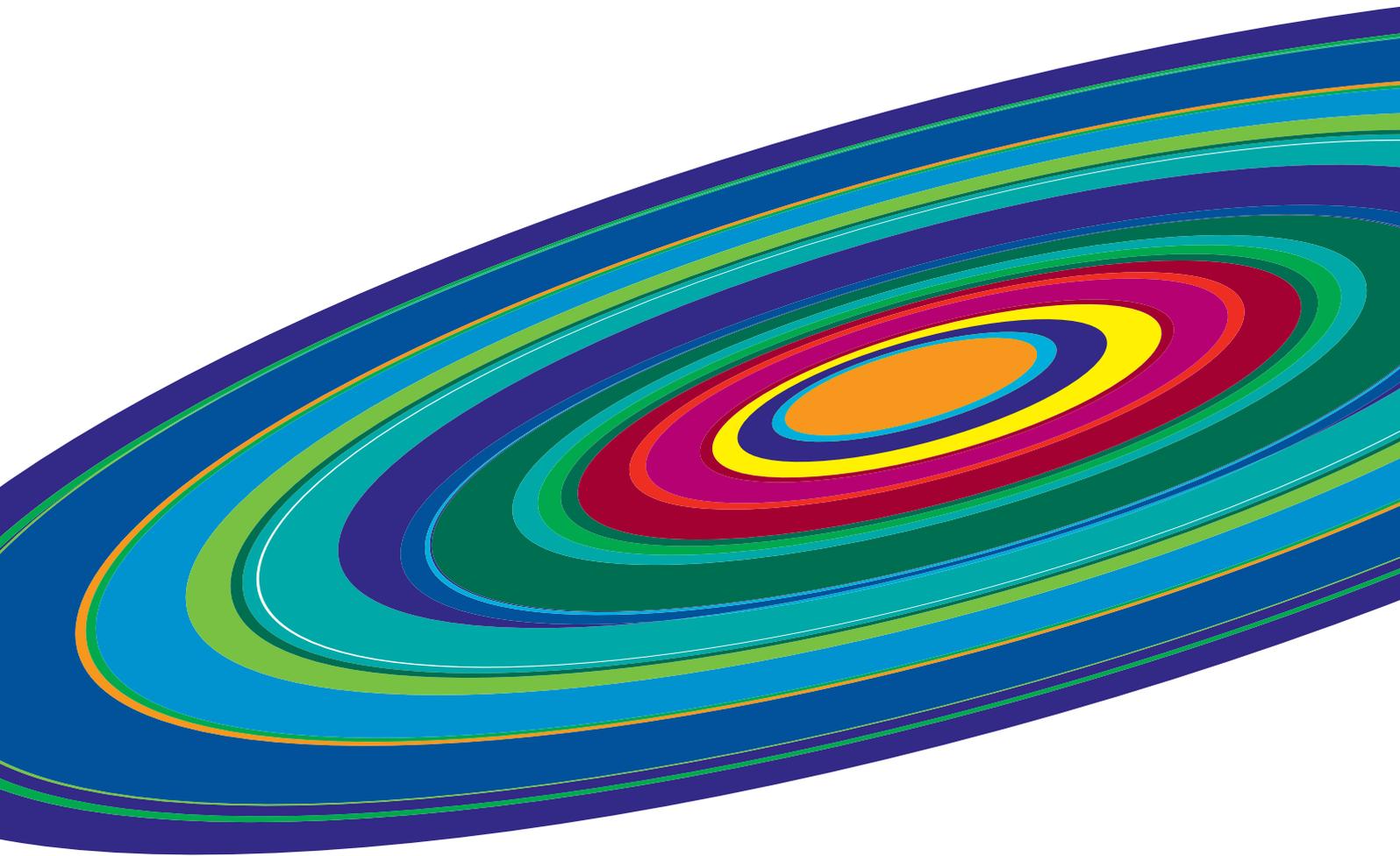
TOWER HAMLETS PRIMARY CARE TRUST

Tower Hamlets London Borough Council is working in partnership with other local community organisations to celebrate LGBT History Month. Tower Hamlets PCT is one of these organisations. Tower Hamlets PCT LGBT staff forum hope that by working in partnership with other organisations, they will be able to demonstrate to the LGB community that the Trust is interested and understands the needs of the local community, including lesbian and gay people.

As part of a launch for the celebrations the Council and the PCT have sent information about the History Month to the residents of Tower Hamlets. One of their objectives is to demonstrate to the wider community that lesbian and gay people are part of the community. The Council and the Trust have therefore planned a variety of events to attract people from diverse backgrounds within the borough. Some of the events that are being organised include a one-day conference on homophobia, an exhibition depicting the history of LGBT people in the East End, and health drop-in workshops addressing the health needs of LGBT people.

www.towerhamletsarts.org.uk/index.lasos?s=14&lang=e&event=6914&guide=Events&guideback=

Section Three: Resources



Worksheet 1: Action planning framework for lesbian, gay and bisexual staff

| Action | Example of progress | Your activity |
|--|---|---------------|
| <p>Does your service recruit its own staff? Steps should be taken to ensure that there is no discrimination in policies and procedures that relate to recruitment.</p> | <ul style="list-style-type: none"> ● All staff involved in recruitment understand that discrimination against lesbian, gay and bisexual (LGB) people is unlawful under the Employment Equality (Sexual Orientation) Regulations 2003. ● Application processes are transparent and there are clear criteria for assessing candidates. ● Adverts placed in LGB media to encourage people to apply. ● Candidates are monitored on the grounds of sexual orientation to assess the extent, if any, of discrimination or under-representation. | |

| Action | Example of progress | Your activity |
|--|--|---------------|
| <p>Does your service provide training opportunities for its staff? Training is essential if services want to prevent discrimination.</p> | <ul style="list-style-type: none"> ● Information about sexual orientation equality is embedded in any equality and diversity training. ● Training materials are checked to ensure they are non-discriminatory and do not include assumptions that everyone is heterosexual. ● Equality and diversity training mandatory. ● Training on sexual orientation is embedded in training on populations, for example older or younger people. | |
| <p>Have you a means of consulting LGB staff about policies, practices and procedures? Consultation means that policies are inclusive and reflect the needs of all employees.</p> | <ul style="list-style-type: none"> ● Set up an LGB staff network, resourced and supported by the organisation. ● Evaluate staff perceptions and experiences via anonymous staff satisfaction surveys that monitor sexual orientation. ● Encourage LGB staff to be involved in policy development, and indicate that their expertise is valuable. | |

| Action | Example of progress | Your activity |
|--|---|---------------|
| <p>Do you collect data on the sexual orientation of current staff? Data collection allows you to understand the experiences of LGB staff and develop practices to prevent discrimination. Consult with staff and involve them in the decision to activate the sexual orientation category on Electronic Staff Records (ESR).</p> | <ul style="list-style-type: none"> ● Consult LGB staff about how, when and what to monitor. ● Communicate with all staff about monitoring, and its importance. ● Evaluate LGB staff statistics in relation to recruitment, retention, promotion and grievance procedures. | |
| <p>Does your service offer promotion and career development opportunities for its staff? LGB staff are sometimes passed over for promotion and 'positive action' programmes have proved effective for black and minority ethnic (BME) and female staff.</p> | <ul style="list-style-type: none"> ● Consider how potential jobs, including internal promotions, communicate messages about equality and diversity. ● Assess performance management systems to ensure they do not discriminate. ● Consider developing targeted career progression opportunities for LGB staff, such as mentoring schemes or courses. | |

| Action | Example of progress | Your activity |
|--|--|---------------|
| <p>Does your service provide equal benefits for LGB staff in terms of special leave, paternity leave and maternity leave?</p> | <ul style="list-style-type: none"> ● LGB staff and managers know that they have equal access to flexible working, paternity or maternity leave and compassionate leave, in addition to other benefits traditionally granted to heterosexual staff. ● Informal leave policies, such as 'honeymoon leave', are extended to same-sex couples entering civil partnerships. ● Married people's accommodation is equally available to same-sex couples. | |
| <p>Does your service enable LGB people to report incidents of discrimination, bullying and harassment? If staff cannot report incidents, NHS organisations cannot respond to them.</p> <p>Note: Unison and HSA suggest good practice could be to have bullying and harassment procedures, monitoring and action separate from general grievance and disciplinary procedures.</p> | <ul style="list-style-type: none"> ● Grievance and discipline procedures make explicit reference to equality on the grounds of sexual orientation. ● All staff are made aware that bullying and harassment against LGB people is unlawful, for example via posters, intranet sites and training. ● LGB staff can either report incidents formally, or raise concerns informally via third party reporting mechanisms or a named LGB contact. | |

| Action | Example of progress | Your activity |
|---|---|---------------|
| <p>Does your service take proactive steps to prevent discrimination and encourage good relations between staff? For example, people of different religions or beliefs and LGB people.</p> | <ul style="list-style-type: none"> ● Religion or belief networks, hospital chaplaincies and faith leaders are consulted about achieving good working relations between LGB people and people of different religions or beliefs. ● All staff understand that discrimination against LGB people is unacceptable in all circumstances. | |

Worksheet 2: Action planning framework for lesbian, gay and bisexual patients

| Objective | Example of progress | Your activity |
|--|--|---------------|
| <p>Do all staff understand LGB health needs and how they differ from heterosexual health needs? A lack of understanding about health needs is the biggest barrier to an inclusive service.</p> | <ul style="list-style-type: none"> ● Staff understand that lesbian, gay and bisexual (LGB) people have a range of health needs. ● Specialist staff have an in-depth understanding of relevant health needs. | |
| <p>Does your service provide health promotion advice or preventive healthcare strategies?</p> | <ul style="list-style-type: none"> ● Development of health promotion messages; consider how these messages will be received by people who are not heterosexual. ● Service considers how particular messages can be targeted at the LGB community, for example smoking cessation clinics for lesbians. ● Images of same-sex couples used in health promotion materials to demonstrate that the message is equally applicable to the LGB community. | |

| Objective | Example of progress | Your activity |
|---|---|---------------|
| <p>Does your service collect patient data on sexual orientation? If not, how are LGB people encouraged to disclose?</p> | <ul style="list-style-type: none"> ● Service considers how it can monitor sexual orientation of patients, and how that data is stored. Some LGB people want their sexual orientation permanently recorded, others do not. ● Service demonstrates through explicit posters and materials sent to patients that they will not be discriminated against if they indicate they are LGB. ● Explicit information about confidentiality procedures. | |
| <p>Does your service consult LGB service users?</p> | <ul style="list-style-type: none"> ● Develop a core LGB patient consultation group who can advise on policies, practices and procedures. ● Consult local LGB organisations and service providers about the needs of the local community. | |

| Objective | Example of progress | Your activity |
|--|--|---------------|
| <p>Is it likely in your service that an LGB service user might be visited in a hospital setting?</p> | <ul style="list-style-type: none"> ● Ensure that frontline staff do not discriminate against same-sex partners, or treat them any differently to heterosexual partners. ● Ensure that partners are treated with respect and dignity and that LGB service users feel able to be open about their relationships, even in a ward setting. ● Ensure that the privacy of patients and their partners is respected. | |
| <p>Is it likely that the partner of a patient will request or be given medical information?</p> | <ul style="list-style-type: none"> ● Ensure that frontline staff understand that same-sex partners should be treated the same as opposite-sex partners in relation to the disclosure of information. ● Respect the wishes of the patient as regards next of kin. | |

| Objective | Example of progress | Your activity |
|--|---|---------------|
| <p>Are there likely to be any emergency decision-making powers for partners?</p> | <ul style="list-style-type: none"> ● Ensure that frontline staff understand that same-sex partners in civil partnerships should be treated the same as opposite-sex partners in the same situation. Frontline staff should not dispute the rights of a same-sex partner. ● The privacy of patients and their partners must be respected by staff. ● Ensure that same-sex partners who are not civilly partnered are treated the same as opposite-sex partners who are not married. | |
| <p>Is it likely that parental responsibility could affect service decisions? Same-sex couples may have children, and have parental responsibility for children, even if they are not the biological parent(s).</p> | <ul style="list-style-type: none"> ● LGB parents should be treated in the same way as other parents. ● Ensure frontline staff understand that non-biological parents will either have parental responsibility for a child, or will have full parent status. If this is not the case, the biological parent will make this clear. | |

| Objective | Example of progress | Your activity |
|--|---|---------------|
| Is the patient accompanied by a personal assistant/ care or support worker (including family members)? | <ul style="list-style-type: none"> ● Ensure that frontline staff always ask LGB disabled people if they wish their personal assistant/care or support worker to accompany them if they are having a confidential examination or may discuss personal issues. | |
| Does your service include palliative care? | <ul style="list-style-type: none"> ● LGB people should feel able to disclose their sexual orientation to healthcare providers, and if they want, their partner should be included in discussions about treatment and palliative care. | |
| Is it likely that a patient's sexual orientation could be exposed during their journey through your service? | <ul style="list-style-type: none"> ● Information about a person's sexual orientation is only shared as set out in the organisation's confidentiality policy. ● Where possible allow users choice and control over the sharing of information. ● Introduce robust methods to ensure confidentiality. ● Ensure frontline staff understand there is a zero-tolerance policy to 'gossip' or disclosure. | |

| Objective | Example of progress | Your activity |
|---|--|---------------|
| Are any of your services provided by outside contractors? | <ul style="list-style-type: none">● Assess outside contractors to ensure that they will not discriminate against people on the grounds of sexual orientation – for example, an alcoholics support group run by a local church or voluntary sector. | |

Worksheet 3: Delivering inclusive services to gay men and men who have sex with men

- 1. Encourage disclosure:** Health services can provide a more inclusive service if they have a complete and accurate history of a patient. Ensure that patients know they will not experience any discrimination if they disclose their sexual orientation.
- 2. Think beyond HIV:** During training, students learn that the health needs of gay men solely relate to their sexual health and HIV status. Although information about safer sex is important, it is not the only health concern of gay men. A gay man might want to discuss issues other than their sexual health in any consultation.
- 3. Gay men and families:** Gay men can have families. They may have parental responsibility for children, or caring responsibilities for other members of their family. Do not assume that all men with caring responsibilities are heterosexual.
- 4. Be inclusive of partners:** Like heterosexual people, gay men may have partners who want to be included in discussions about health and support. Do not exclude partners, or close friends, from consultations if a patient wants them to be present.
- 5. Don't assume:** Not all gay men look and act the same. Gay men who are from black or minority ethnic (BME) communities, are older, are religious or disabled, report that some healthcare providers express surprise when they disclose their sexual orientation. It is also wrong to assume that all gay men lead unhealthy lifestyles or take risks with their sexual health – or to make them feel that their sexual orientation is not normal.
- 6. Coming out:** Don't assume, particularly with young people, that if someone comes out they are necessarily having sex, or engaging in high-risk behaviour. Some young people report that when they tell their GP they are gay, the GP sometimes thinks it's necessary to tell the person's parents. Being young and gay is not in and of itself an indication that a young person is engaging in high-risk behaviour.
- 7. Mental health:** Ensure that staff understand that being gay does not in and of itself cause mental health problems. Instead, discrimination and unequal treatment can lead to mental health problems.
- 8. Men who have sex with men:** Some men may be in opposite-sex relationships but engage in sexual activity with people of the same sex. Healthcare providers should not assume that men in this situation are gay, but should instead discuss behaviour. Healthcare providers should also consider the impact that any disclosure may have on partners and therefore take steps to be discreet.

- 9. Confidentiality and training:** All staff should be aware of policies around confidentiality and only disclose a person's sexual orientation, whether to staff, patients or relatives, when it is relevant to the care they are receiving.
- 10. Consider setting up targeted services for gay men:** Some trusts find that providing specific or targeted sexual health services for gay men leads to a higher uptake of services. However, this does not mean that all other services need not be inclusive of gay men.

Worksheet 4: Delivering inclusive services to lesbians and women who have sex with women

- 1. Encourage disclosure:** Lesbians report that healthcare providers frequently assume they are heterosexual, and that they find it difficult to challenge those assumptions. Consider asking open questions, for example, “Do you need contraception?” rather than “What contraception are you using?”
- 2. Understand health needs:** Lesbians do have unique health needs that differ from women who are heterosexual, but service providers often assume their needs are the same. Depending on the type of care you provide, investigate lesbian health needs.
- 3. Lesbians and sex:** Lesbians report that healthcare providers assume that they do not have sex, or that their sexual activity is limited and therefore poses no risks. This is not the case; lesbians do have sexual health needs and require information about sexually transmitted infections and access to cervical screening. Sometimes lesbians may have also had sex with men, even if they disclose to you that they are gay.
- 4. Be inclusive of partners:** Like heterosexual people, lesbians may have partners who want to be included in discussions about health and support. Do not exclude partners, or close friends, from consultations if a patient wants them to be present.
- 5. Don’t assume:** Some healthcare providers may make assumptions about lesbians based on how they look. For example, it is assumed that a gay women with short hair will behave in a different way to one with long hair. Furthermore, older women, women of different religions or beliefs, women from black and minority ethnic (BME) communities or with disabilities say that healthcare providers often express surprise when they disclose their sexual orientation. This can make them feel their sexual orientation is not normal.
- 6. Coming out:** Young women (and sometimes gay women in general) who disclose that they are lesbian to healthcare providers report that they are sometimes told that they are probably not lesbian, or “haven’t met the right man yet”. These and similar comments are considered inappropriate.
- 7. Mental health:** Ensure that staff understand that being gay does not in and of itself cause mental health problems. Instead, discrimination and unequal treatment can lead to mental health problems.

- 8. Families and pregnancy:** Lesbians may have families. They might have children from previous heterosexual relationships, they may be single parents, or may have children with their same-sex partner. They may also want assistance with conception via a fertility clinic. Furthermore, they may have caring responsibilities for other family members.
- 9. Confidentiality and training:** All staff should be aware of policies around confidentiality and only disclose a person's sexual orientation, whether to staff, patients or relatives, when it is relevant to the care they are receiving.
- 10. Consider setting up targeted services for lesbians:** Some trusts find that providing specific or targeted health services for lesbians leads to a higher uptake of services. However, this does not mean all other services need not be inclusive of lesbians.

Worksheet 5: Delivering inclusive services to people who are bisexual

- 1. Encourage disclosure:** Bisexuals report that healthcare providers frequently assume they are either heterosexual or gay, and they find it difficult to challenge those assumptions.
- 2. Understand bisexual health needs:** A lack of understanding about bisexual health needs leads to difficulties when providing inclusive services. Ensure that service providers understand the unique health needs of bisexuals.
- 3. Not a phase:** People who are bisexual report that when they disclose that they are bisexual, others suggest that they haven't made up their mind yet, are confused, or need help deciding what they are. It is not appropriate to make these or similar assumptions.
- 4. Demonstrating inclusivity:** Service providers who take proactive steps to communicate with lesbian and gay people sometimes forget that there are also patients who are bisexual. This discourages bisexuals from providing an inclusive and comprehensive history.
- 5. Behaviour and identity:** Some people who have sex with people of the same and opposite sex do not call themselves bisexual. Service providers should not label someone bisexual if they do not do so themselves.
- 6. Invisibility:** If a bisexual person tells a service provider they are in an opposite or same-sex relationship, this does not mean they are not bisexual. Sometimes health providers assume a history based on a current situation.
- 7. Mental health:** Being bisexual does not in and of itself cause mental health problems. Bisexuals report that they can experience discrimination and hostility from both heterosexual people, lesbian and gay people and communities. This can lead to a heightened sense of isolation and, in some cases, mental health issues.
- 8. Multiple partnerships:** Being bisexual does not mean that a person simultaneously has a relationship with a man and a woman. Nor does it suggest that they are promiscuous or engage in high-risk behaviour. It just means that they are attracted to people of the same sex, as well as people of the opposite sex.
- 9. Confidentiality and training:** All staff should be aware of policies around confidentiality and only disclose a person's sexual orientation, whether to staff, patients or relatives, when it is relevant to the care they are receiving.
- 10. Consider setting up targeted services for bisexuals:** Some trusts find that providing specific or targeted health services for bisexuals leads to a higher uptake of services. However, this does not mean all other services need not be inclusive of bisexuals.

Worksheet 6: Getting everyone on board – frequently asked questions

Q. Sexuality is a private matter. Why is it relevant to the workplace?

A. Everyone has a sexual orientation, and for most people who are heterosexual this is not hidden in the workplace. Heterosexual members of staff talk about their families, their holidays, and what they did at the weekend. If lesbian, gay and bisexual (LGB) staff do not feel able to be themselves, this will have an impact on how they feel at work.

Q. Sexual orientation isn't really an equality issue, is it?

A. Yes it is. People experience discrimination because of their sexual orientation, and sometimes this prevents them from applying for jobs or applying for promotion. It is unlawful to discriminate on the grounds of sexual orientation so NHS organisations need to take steps to prevent it happening. This makes it an equality issue.

Q. We have enough to do with our legal duties under race, gender and disability. If we don't have to do anything about sexual orientation, why should we?

A. Even though at present there is no duty on public authorities to eliminate discrimination, prudent employers and service providers should take steps to protect and support LGB staff and patients. LGB people can be black or from ethnic minorities or disabled, and should be considered as part of any scheme to be inclusive in these areas. The public sector Gender Equality Duty provides a clear impetus to consider the health needs of lesbians and gay men. A unified approach to equality will be more effective in the long run, so is worth pursuing. It will also enable you to demonstrate that you have taken reasonable steps to avoid unlawful discrimination.

Q. We don't have any gay staff so this isn't an issue.

A. The health and social care sector is the largest employer in the UK, employing approximately 2.3 million people (1 million in social care, 1.3 million in health). Government actuaries estimate that 6 per cent of the population is lesbian, gay or bisexual (LGB). Therefore 138,000 employees are likely to be LGB so you are likely to have gay staff. Even in the unlikely case that you have no LGB staff, you are likely to have LGB patients, and staff will have friends and family who are LGB. As with other areas of discrimination, you do not have to be LGB to be offended or made uncomfortable by homophobia in the workplace.

Q. We have received complaints from people on a ward about a gay man who is visited by his partner. Apparently when he leaves, they kiss. We want to respect the other patients. What should we do?

A. LGB people have the right to express their relationships and partnerships in the same way as heterosexual people. Simply because other patients object to same-sex relationships, LGB people should not have to modify their behaviour when it is within the conduct expected of all other patients and staff.

Q. A patient refuses to be treated by a lesbian staff member because she feels uncomfortable about it. What should we do?

A. A patient cannot pick and choose who provides a service. However, like all patients, she can request another member of staff to be present during any physical examination.

Q. We have staff who belong to particular religions or beliefs who think that homosexuality is wrong and immoral. We have to respect their right to express their faith, don't we?

A. The right to manifest a religious belief must be balanced against the right to freedom from sexual orientation discrimination. Some religions or cultures believe that homosexuality is wrong and that LGB people are not entitled to the same rights as heterosexual people. Everyone has a right to be treated with dignity and respect at work irrespective of their sexual orientation or indeed other characteristics such as race or gender, and staff must act professionally at all times. NHS organisations therefore have a duty to respond robustly to incidents where these principles are not abided by, regardless of the context.

Q. Some staff have asked if they can opt out of training on sexual orientation because they do not think that being LGB is an acceptable way to live. Can we make the training mandatory?

A. All staff have to provide inclusive services to all service users, including LGB patients. Furthermore, all staff should understand that they cannot discriminate on the grounds of sexual orientation. Training provides organisations with an opportunity to ensure that staff understand their obligations to comply with trust policy. If they do not want to undertake training, this may indicate that they are unable to do their job adequately.

Q. How do we treat the non-biological parent of a child?

A. Non-biological parents who are civil partners are legal step-parents and, if they have parental responsibility, they have the same rights and responsibilities as other step-parents, that is day-to-day practical parental authority, allowing them to sign legal forms, give medical consent and deal with doctors. It is important that NHS organisations treat such non-biological parents in the same way as biological parents so that they feel able to be involved in decisions and discussions about their child's health needs. Some non-biological step-parents may obtain parental responsibility by adopting the child. Others may apply for a parental responsibility order, which will enable them to sign official forms and make decisions on a child's medical treatment.

Worksheet 7: Encouraging disclosure from service users and patients

There are several ways to encourage disclosure:

- Display a policy demonstrating that lesbian, gay and bisexual (LGB) people will not be discriminated against
- Display posters with images of same-sex couples or other relevant health promotion materials
- Avoid making assumptions, asking inappropriate questions or making inappropriate comments
- Provide an opportunity for LGB people to come out by asking open-ended questions, or by asking “Is there anything I need to know to enable me to help you more effectively?”
- Display a clear policy on confidentiality that explicitly mentions sexual orientation.

Examples of open-ended questions:

| Open question | Closed question |
|---|--------------------------------------|
| Have you got anyone at home? | Do you live with your husband/wife? |
| Have you got a partner? | Have you got a boyfriend/girlfriend? |
| Do you need contraception? | What contraception do you use? |
| Are you having sex with anyone at the moment? | Are you having sex with a man? |

When service users and patients disclose their sexual orientation, health providers can do several things to ensure that they feel comfortable about their disclosure:

- Acknowledge that the patient is LGB after they have disclosed it. This indicates that they know they have been heard
- Indicate that a person’s partner is welcome to be present at an appointment or consultation
- Provide advice that takes account of the fact that the patient is LGB and may have specific health needs
- Do not ask unnecessary questions, or make comments not relevant to their treatment
- Run staff events in an inclusive way that recognises and respects difference.

Many of the points above apply to staff and should be incorporated into employment practices.

If an LGB patient has a positive experience when they disclose their sexual orientation, they are likely to feel comfortable sharing an honest history, and disclosing in future. This enables NHS organisations to provide better services to LGB people.

Worksheet 8: Setting up a lesbian, gay and bisexual staff network

Establishing a lesbian, gay and bisexual (LGB) network can help NHS organisations serve the needs of LGB staff and also further the equality agenda in the organisation. Establishing an LGB network will make LGB staff a visible element of the organisation. It provides a means of peer support between LGB staff. It also enables organisations to engage directly with the needs of LGB staff and to recognise which policies may impact on LGB employees, and what changes can be made to improve staff experiences.

1. **Research** other LGB employee networks in NHS organisations and see what can be learnt from them. Also look at existing networks and see how they can be replicated for LGB staff.
2. Establish the **business case** for a network in your organisation. This should include the benefits to the organisation, not just to LGB employees.
3. Find a **senior management sponsor** who can champion your case across the organisation. Seek support and guidance from your HR department.
4. Set out the **aims** of the network. These could include advising on diversity policy and practice, developing and increasing understanding of LGB service users, or providing a supportive network for LGB staff and an opportunity to consult specifically with them.
5. Draw up a **business plan** that sets out the purpose of the group, its proposed activities and funding requirements.
6. Ensure the **network staff** have the time to make it work. Some organisations give co-ordinators time off each month for network business.
7. Establish **criteria for network membership**, setting out whether the network is exclusive to LGB staff or open to all staff with an interest in LGB issues.
8. **Publicise** the group internally, through email and the intranet. Ensure that all staff are made aware of and kept abreast of the good work that the network is doing that benefits the organisation and all staff, in order to encourage increased awareness and wider support for the network.
9. **Respect the privacy** of network members and non-members who are not out at work. Consider using internet email accounts or an external website.
10. **Consult** all network stakeholders regularly – members, members' representatives, trade union groups and managers, for example – to ensure it stays relevant to the organisation and to LGB staff.

Worksheet 9: Monitoring staff

Monitoring on the basis of sexual orientation can help your organisation to examine the experiences of lesbian, gay and bisexual (LGB) staff and measure the impact of the organisation's equality and diversity initiatives. NHS Employers already monitors all applications through its website on the grounds of sexual orientation, so this data may already be available for your organisation. In addition you can do the following:

- 1. Lay the groundwork:** Ensure that the culture of your organisation is LGB-inclusive and that you have developed policies and practices to make homophobia and discrimination unacceptable in the workplace.
- 2. Know the business case:** Establish the business case for monitoring sexual orientation. Know why you are monitoring and what you want to find out.
- 3. Obtain senior level buy-in:** Gain the support of senior management to demonstrate to the wider workforce that sexual orientation monitoring is an essential component of the corporate equality and diversity agenda.
- 4. Consult LGB staff proactively:** Consult with key stakeholders, including LGB staff, to establish the best way to introduce sexual orientation to your existing monitoring procedures, for example Electronic Staff Records (ESR).
- 5. Develop data support systems:** Develop IT systems to support the addition of sexual orientation data to existing diversity monitoring, such as recruitment monitoring and staff surveys.
- 6. Make clear how you will use the information:** Be clear about what the data will be used for, and how findings will be reported back. Guarantee confidentiality and compliance with the Data Protection Act, and ensure that individuals cannot be identified from the findings.
- 7. Communicate the benefits of monitoring sexual orientation:** Communicate the purpose and importance of sexual orientation monitoring to the wider workforce, especially LGB staff. Emphasise confidentiality and data protection, identifying which trained personnel will have access to the data.
- 8. Use data cautiously at first:** Treat preliminary data with caution. It may take up to five years for the numerical data to become reliable, as staff get used to the process and LGB staff develop the confidence to self-identify. Commit to repeating the exercise so that an internal benchmark can be established over time, to measure performance and progress.
- 9. Respond to data through actions and policies:** Take proactive steps to address any issues revealed by monitoring. Make this known widely, to encourage staff participation in monitoring exercises.

- 10. Create a range of equality and diversity initiatives:** Treat monitoring as just one part of an integrated sexual orientation equality programme. It is not a substitute for robust policy, training or workplace initiatives such as LGB staff networks.

Worksheet 10: Working with lesbian, gay and bisexual staff – a ten point action plan

- 1. Understand the law:** The Employment Equality (Sexual Orientation) Regulations 2003 make it unlawful to discriminate at work on grounds of sexual orientation. The Regulations apply to all aspects of employment, including training, recruitment, promotion and dismissal.
- 2. Develop policies and practices:** NHS organisations should develop policies that comply with the law. Employers risk legal claims from staff who have been treated less favourably because of their sexual orientation. Policies should consider and address the concerns of lesbian, gay and bisexual (LGB) staff.
- 3. Communicate the changes:** It is important that the laws are explained and understood by all staff and line managers. All members of staff should know what they must do in order to comply with the Regulations.
- 4. Make a business case for diversity:** Any policies relating to diversity should be clearly linked to business outcomes. If staff feel respected and able to be themselves, this will mean better care for patients. Having an LGB-inclusive service improves patient outcomes, as well as improving recruitment and retention of staff.
- 5. Set up a lesbian, gay and bisexual network group:** Setting up a network group demonstrates an employer's commitment. It will also enable two-way feedback and give the organisation a valuable mechanism for consulting LGB employees about its employment practices and customer service.
- 6. Gain the support of senior staff:** Having senior level buy-in sends out a clear message that LGB staff are an important and supported sector of the workforce. This can best be achieved by demonstrating the benefits to the organisation in terms of staff morale and retention.
- 7. Tackle harassment and bullying:** If an LGB employee or any employee experiences harassment and bullying in the workplace, they need to know that they can complain and that their complaints will be taken seriously. NHS organisations should make all staff feel confident about reporting bullying and harassment.
- 8. Manage performance fairly:** NHS organisations should ensure that everyone in the organisation makes decisions based only on merit and competence. LGB people are sometimes passed over for promotion, disciplined unfairly or even dismissed because of their sexual orientation.

- 9. Build a culture of respect:** Up to two-thirds of lesbians and gay men may conceal their sexuality from colleagues. This means they may not feel able to be themselves, and may not perform as well in the workplace. Employers should take steps to make LGB people feel safe and able to be themselves.
- 10. Monitor and evaluate policies and practices:** Monitoring on the basis of sexual orientation can help you examine the experiences of LGB staff and measure the impact of the organisation's equality and diversity initiatives.

Worksheet 11: What help is available

There are a number of additional sources of help and information available:

| Name and address | Telephone | Email and website | Information |
|--|----------------|--|---|
| Primary care trusts | | | |
| Bristol PCT | 0117 976 6600 | www.bristolpct.nhs.uk | Pacesetters site working on sexual orientation project. |
| Leicester City PCT | 0116 295 1400 | www.leicestercitypct.nhs.uk | Pacesetters site working on sexual orientation project. |
| Sheffield PCT | 0114 226 4555 | www.sheffieldpct.nhs.uk | Pacesetters site working on sexual orientation project. |
| Wolverhampton City PCT | 01902 444888 | www.wolverhamptonhealth.nhs.uk | Pacesetters site working on sexual orientation project. |
| LGBT/sexual health organisations | | | |
| Broken Rainbow | 08452 60 44 60 | www.broken-rainbow.org.uk | Support for LGBT people experiencing domestic violence. |
| GALYIC PO Box 8 Todmorden Lancashire OL14 5TZ | 01706 817235 | Email: getintouch@galyic.org.uk www.galyic.org.uk | Support for LGBT people aged up to 25 in Calderdale. |

| Name and address | Telephone | Email and website | Information |
|--|---------------|--|--|
| <p>Gay and Lesbian Association of Doctors and Dentists (GLADD)</p> <p>BM Box 5606 London WC1N 3XX</p> | | <p>Email: secretary@gladd.org.uk</p> <p>www.gladd.org.uk</p> | <p>GLADD is a membership organisation for LGBT doctors and dentists.</p> |
| <p>GMFA</p> <p>Unit 43 Eurolink Centre 49 Effra Road London SW2 1BZ</p> | 020 7738 6872 | <p>Email: gmfa@gmfa.org.uk</p> <p>www.gmfa.org.uk</p> | <p>GMFA is a nationwide organisation running gay men's health promotion campaigns and providing health advice and support services.</p> |
| <p>Health With Pride</p> | | <p>www.healthwithpride.nhs.uk</p> | <p>Health With Pride is an online resource for LGB patients and the healthcare professionals who serve them.</p> |
| <p>Imaan UK</p> <p>28 Commercial Street London E1 6LS</p> | 07849 170793 | <p>Email: info@imaan.org.uk</p> <p>www.imaan.org.uk</p> | <p>Imaan is a social support service for LGBT Muslims, their family, friends and supporters, and those questioning their sexuality or gender identity.</p> |

| Name and address | Telephone | Email and website | Information |
|---|---------------|--|--|
| <p>Lesbian and Gay Christian Movement (LGCM)</p> <p>Oxford House Derbyshire Street London E2 6HG</p> | 020 7739 1249 | <p>Email: lgcm@lgcm.org.uk</p> <p>www.lgcm.org.uk</p> | <p>LGCM is an organisation to support lesbian and gay Christians across the UK.</p> |
| <p>London Lesbian and Gay Switchboard</p> <p>PO Box 7324 London N1 9QS</p> | 020 7837 7324 | <p>Email: admin@llgs.org.uk</p> <p>www.llgs.org.uk</p> | <p>London Lesbian and Gay Switchboard provides an information, support and referral service for lesbians, gay men, bisexual people and anyone who needs to consider issues around their sexuality.</p> |
| <p>The Metro Centre</p> <p>Norman House 110–114 Norman Road London SE10 9QJ</p> | 020 8305 5000 | <p>Email: info@metrocentreonline.org</p> <p>www.metrocentreonline.org</p> | <p>The Metro Centre provides sexual and mental health advice, support and information to LGB people in south east London. The Metro Centre also offers some advocacy services to local LGB people.</p> |
| <p>Metropolitan Community Churches</p> | | <p>www.mccchurch.org/AM?Template.cfm?Section=Home</p> | <p>A global Christian church that is open to and inclusive of LGBT people.</p> |

| Name and address | Telephone | Email and website | Information |
|---|---------------|--|--|
| <p>Naz Project London (NPL)</p> <p>Palingwick House 241 King Street London W6 9LP</p> | 020 8741 1879 | <p>Email: npl@naz.org.uk</p> <p>www.naz.org.uk</p> | <p>NPL provides sexual health and HIV prevention and support services to targeted black and minority ethnic (BME) communities in London. It also provides training services to voluntary, community and statutory organisations as well as a wide range of free resources.</p> |
| <p>PACE</p> <p>34 Hartham Road London N7 9JL</p> | 020 7700 1323 | <p>Email: info@pacehealth.org.uk</p> <p>www.pacehealth.org.uk</p> | <p>PACE is a London-based organisation promoting the mental health and emotional well-being of the LGBT community. PACE provides free or low-cost mental health, relationship and family support services.</p> |
| <p>Polari</p> <p>5th Floor Central House 14 Upper Woburn Place London WC1H 0AE</p> | 020 7255 4480 | <p>Email: policy@polari.org</p> <p>www.polari.org</p> | <p>Polari works for better services for older LGBT people. It also runs an information service for older LGBT people and those who support them.</p> |

| Name and address | Telephone | Email and website | Information |
|---|----------------|--|---|
| <p>Sigma Research</p> <p>University of Portsmouth 77a Tradescant Road London SW8 1XJ</p> | 020 7820 8022 | <p>Email: admin@sigmaresearch.org.uk</p> <p>www.sigmaresearch.org.uk</p> | <p>Sigma Research is a social research group specialising in the behavioural and policy aspects of HIV and sexual health. It also undertakes research and development work on aspects of LGB health and well-being.</p> |
| <p>Stonewall Diversity Champions</p> | 020 7593 1850 | <p>Email: workplace@stonewall.org.uk</p> | <p>Stonewall's Diversity Champions programme is a good practice forum for employers wanting to promote equality for LGB employees.</p> |
| <p>Stonewall Info Bank Community Group Database</p> | | <p>www.stonewall.org.uk/whatsinmyarea</p> | <p>Stonewall's information bank holds details about LGB community groups across Britain.</p> |
| <p>Stonewall Info Line</p> | 08000 50 20 20 | <p>Email: info@stonewall.org.uk</p> <p>www.stonewall.org.uk</p> | <p>Stonewall runs an information line that provides a referral service for LGB people, employers and service providers seeking support, advice and information.</p> |

| Name and address | Telephone | Email and website | Information |
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| General organisations | | | |
| Age Concern Astral House 1268 London Road London SW16 4ER | 020 8765 7576 | Email: OpeningDoors@ACE.org.uk www.ageconcern.org.uk/openingdoors/ | Age Concern is a national organisation working for all older people. It has a dedicated National Development Office for Older Lesbians, Gay Men and Bisexuals |
| Advisory, Conciliation and Arbitration Service (ACAS) | Main Helpline: 08457 47 47 47 Equality Direct Helpline: 08456 00 34 44 | Email: equalityservices@acas.org.uk www.acas.org.uk | ACAS promotes and gives advice on equality in the workplace, including guidance and equality tools. |
| Department of Health sexual orientation webpage and LGBT Advisory Group | | www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/Sexualorientation/index.htm | Publications and other resources for NHS and social care staff, as well as information on the LGBT Advisory Group. |
| Equality and Human Rights Commission (EHRC) | England Helpline: 0845 604 6610 Wales Helpline: 0845 604 8810 Scotland Helpline: 0845 604 5510 | Email: info@equalityhumanrights.com www.equalityhumanrights.com | The EHRC runs a helpline to give information and guidance on discrimination and human rights issues. |

| Name and address | Telephone | Email and website | Information |
|--|--|---|-------------|
| <p>General Medical Council</p> <p>St James's Buildings 79 Oxford Street Manchester M1 6FQ</p> | <p>GMC Helpline: 0845 357 0022</p> | <p>www.gmc-uk.org</p> | |
| <p>Government Equalities Office</p> | <p>020 7944 4400</p> | <p>www.equalities.gov.uk</p> | |
| <p>NHS Employers</p> | | <p>www.nhsemployers.org</p> | |

Contacts

Authors

Ruth Hunt

Ruth is Head of Policy and Research at Stonewall. Stonewall is the leading lesbian, gay and bisexual (LGB) charity working to achieve equality in all areas that affect LGB people, including the health and social care sector, and the workplace. Ruth has developed a number of resources for the Department of Health and, in partnership with De Montfort University, conducted the largest British lesbian health survey. Further information about Stonewall can be found at www.stonewall.org.uk

Clare Cozens

Clare is a consultant, writer and trainer who used to be a former Special Adviser to two Ministers for Women and Equality (Margaret Jay from 1998 to 2001, and Ruth Kelly from February to June 2007). She has also worked as Director of Social and Public Policy/Public Affairs for the Equal Opportunities Commission, on judicial diversity for the then Department for Constitutional Affairs, and on citizen participation for the Local Government Association. Further information about her work can be found at www.clarecozens.co.uk



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