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# UNHEALTHY ATTITUDES

The treatment of LGBT people within health and social care services

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## Why the research was needed

Previous research highlighted that LGBT people:

- Suffer from poor health outcomes
- Experience poor treatment in health and social care services
- Suggestion that LGBT people may delay, or may not access certain services

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## Our approach

Stonewall believes that changing social attitudes relies on individuals influencing change within their communities and the institutions they are involved in.

In order to improve health and social care service available to LGBT people We therefore need to be able to understand the culture and environment within which health and social care staff operate. This includes:

- Their workplace culture and any experiences of discrimination
- Their knowledge of, and attitudes towards LGBT equality issues
- The support and training available to staff to understand LGBT equality issues

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## A (quick!) note on methodology

The survey was conducted using an online interview administered to members of the YouGov Plc. panel. Figures have been weighted and are representative of occupation. In addition to a full report of findings from the sample across Britain, a cornerstone report based on the experiences of staff in Scotland was published in August 2015.

- Sample size of 3,001 health and social care practitioners across Britain, 421 in Scotland
- Sub-group of “patient-facing staff”
- Sub-group of “practitioners with direct responsibility for patient care”

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## Bullying and discrimination in health and social care

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

- **A quarter** of patient-facing staff have heard colleagues make negative remarks about LGB people or used discriminatory language like “poof” or “dyke” whilst at work in the last five years. **One in five** have heard similar disparaging remarks about trans people
- **A quarter** of lesbian, gay and bisexual staff say they have personally experienced bullying or poor treatment as a result of their sexual orientation in the last five years
- **One in twenty** patient-facing staff have witnessed other colleagues discriminate or provide a patient or service user with poorer treatment from colleagues as a result of being LGBT in the last five years

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## Failure to support LGBT patients

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

- Almost **six in ten** health and social care practitioners with direct responsibilities for patient care, such as social workers, nurses and mental health workers, say they don’t consider sexual orientation to be relevant to one’s health needs – this included **half** of mental health workers

*“LGBT should be treated EXACTLY the same as other patients, their sexuality is a matter for them, not me as a service provider”* – Helen, Nurse

- **One in ten** say they are not confident in their ability to understand and meet the specific needs of LGB patients. **A quarter** are not confident in their ability to respond to the specific care needs of trans patients and service users

- **One in ten** have witnessed staff within their workplace expressing the belief that someone can be “cured” of being LGB

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## Afraid to speak up

*“They make out it’s a joke, and laugh at political correctness.” – Erika, Analyst*

- **One in six** patient-facing staff say they would not feel confident challenging colleagues who make negative remarks about lesbian, gay or bisexual people, or use discriminatory language such as “poof” or “dyke” towards patients or service users
- **One in six** would not feel confident challenging remarks from patients
- **Three in five** (60 per cent) who hear such remarks do not report them
- **Only half** of lesbian, gay and bisexual staff are open about their sexual orientation with all colleagues and managers

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## Unequipped to challenge prejudice

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

- **A quarter** of staff have never received any equality and diversity training
- **Almost three quarters** of patient-facing staff have not received any training on the health needs of LGBT people, the rights of same-sex partners and parents or the use of language and practices that are inclusive of the LGBT community
- **Only a quarter** of those trained reported that the legal rights of trans staff and service users were included

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## Support for LGBT equality

*“The negative remarks came from a very senior member of staff whom no-one felt able to challenge” –  
Rhydian, social care worker*

- **A third** say that the NHS and social care services should be doing more to meet the needs of LGBT service users
- **Just three in five** of all health and social staff agree that their employer takes effective steps to prevent and respond to discrimination or poor treatment as a result of a person’s sexual orientation, and **just under half** on the basis of a person’s trans identity
- **Just three in five** respondents agree that senior management sends out a strong message that bullying, harassment or abuse due to someone’s sexual orientation is unacceptable

## WHAT GOOD LOOKS LIKE



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## Following up on the research

- Celebrating good practice
- Making training available to all health and social care staff
- Senior support – leadership from Paul Gray
- Work with all boards to benchmark equality and inclusion

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## Discussion: what can you do?

- Visibility and messaging
- Training – online learning resource
- Challenge discriminatory language and behaviour
- Leadership at every level of the organisation
- Role models
- Inclusive communications and celebrate success