

# **Being the gay one: Experiences of lesbian, gay and bisexual people working in the health and social care sector**

**by Ruth Hunt, Katherine Cowan and Brent Chamberlain**

“I mean I think that a lot of it has to do with ignorance... they still got the old attitude and they don't see you as a person, they see you as a sexual person and nothing else really. And they're so worried about catching something you can't catch and it's amazing how ignorant they are.”

Sharon (Pharmacist) North-East



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## 1. Introduction

Stonewall was commissioned by the Department of Health to consider the ways in which harassment and homophobia against employees manifest themselves in the health and social care sector. Through in-depth interviews and email correspondence, Stonewall heard from 21 people working in a range of jobs throughout the sector. Participants for the research were recruited through trade unions and associations (Social Services Research Group, UNISON, the BMA, the RCN and the RCM), professional networks (GLADD), letters to the lesbian and gay press, Stonewall's e-bulletin, and online message boards.

The purpose of the research was to consider the nature rather than the extent of homophobia in the health and social care sector. The report is not intended to be representative of all lesbian, gay and bisexual employees nor indicative of a universal experience. The participants reflect a small number of staff who have faced discrimination at work, yet the participants are drawn from a range of locations and work in a variety of sectors. Their experiences suggest that deep-rooted discriminatory practices do occur across the sector, notwithstanding examples of good practice in many places.

This report looks at some of the incidents and experiences that are happening today and begins to consider how homophobia manifests itself, the barriers which preclude employers from responding to, and preventing incidents, and the subsequent long term implications of this. It makes recommendations as to how the health and social care sector can improve working conditions for lesbian, gay and bisexual staff.

Homophobia, bullying and harassment have an unequivocal impact on staff performance. If lesbian, gay and bisexual staff feel unable to be themselves, this can result in low morale, stress, anxiety, and poor performance. Treating somebody differently because of their sexual orientation has an overall impact on the effectiveness of the health and social care sector. It costs the organisation: staff may leave the sector, they go on long-term sick leave, and they may not perform as effectively. Laws protecting lesbian, gay and bisexual staff have now been in place for nearly four years. In addition, ensuring the rights of staff are upheld is a legal imperative for the sector. Managers have a responsibility to be aware of this issue.

Last year, Stonewall produced a report *Reporting homophobia in the health sector* (2006). This report provides a detailed analysis of what constitutes discrimination and homophobia and provides recommendations about how to respond to it, and prevent it. Those working in the sector, who want to fulfil their legal duties to protect staff, will find useful information in the report.

## 2. Executive summary

The experiences of the participants who took part in this study provide stark evidence that discrimination is taking place in the health and social care sector. Participants are drawn from a range of grades and posts and it is clear that discrimination can occur regardless of seniority, influence or knowledge of rights.

Discrimination occurred in a variety of contexts. All participants commented on the **general culture** of the sector. Staff learnt that their place of work was homophobic when they:

- Heard homophobic language
- Witnessed explicit derision of lesbian, gay and bisexual people (including patients).
- Recognised that preventing homophobia was not a priority of their employer.
- Realised homophobia was not reflected in policy statements, training programmes, or part of organisational culture.
- When managers ignored, or contributed towards, homophobic comments and incidents.

Participants reported cases of **direct harassment** where they experienced discrimination because of their sexual orientation. They experienced:

- Unequal treatment, for example, when entering a civil partnership.
- Discrimination in relation to their career progression.
- Exclusion by their colleagues.
- Inappropriate questions or comments.
- Were subjected to, or overheard, homophobic language.

The participants all developed various **strategies** to counteract the affects of discrimination. They:

- Don't disclose their sexual orientation to anyone.
- Modify their CV and omit any references to anything that could indicate they are lesbian, gay or bisexual.
- Become advocates and spokespeople for lesbian, gay and bisexual rights, even though this can "become quite tiring".
- Leave the place of work and seek work where they will experience less discrimination.
- Leave the sector entirely.

The participants were very clear about what needed to happen to **prevent discrimination**. They wanted:

- Better training.
- More robust and accessible policies.
- An increase in visibility of gay people, and access to role models.
- Effective disciplinary procedures where they would not be victimised if they made a complaint.
- Their managers to understand the law, and the duties they have to protect staff.
- Networks set up and supported on a local and national level so they felt less isolated.

- The sector to recognise the impact that discrimination against staff will inevitably have on effective patient care.

The participants made a series of **recommendations** to the Department of Health that are summarised here:

- Investigate the nature and quality of training being delivered to the sector.
- Explicitly and proactively tell the sector (particularly managers) that homophobia is unlawful in the workplace and the duties they have to protect staff.
- Inform employees of their rights and what they should expect from employers.
- Support and celebrate existing local and national networks and encourage further development.
- Work towards a single equality scheme that places legal duties on the sector that are similar to race, gender and disability.
- Raise the profile of lesbian, gay and bisexual staff working in the sector.
- Acknowledge and address the extent and nature of perceived conflicting freedoms within the sector and make policy recommendations about how to address it.
- Identify and promote areas where the sector is doing well.
- Inform the sector about forthcoming legislation relating to goods and services discrimination and patients.
- Engage directly with identified employers within the sector and help them become exemplars of best practice.

### **3. Experiences of discrimination and homophobia**

The health and social care sector is the largest employer in the UK employing approximately 2.6 million people. Government actuaries estimate that 6% of the population is lesbian, gay or bisexual (LGB). 156,000 employees are therefore likely to be LGB. Employees work in a number of settings and contexts and many have undergone costly and lengthy training. For some LGB staff, discrimination and discriminatory attitudes are part of the job, and managing these issues is a key aspect of successful career development. All those who participated in this study have developed their own ways of negotiating discrimination. This varies from not disclosing sexual orientation in the workplace, changing and modifying how they behave, becoming singularly responsible for challenging discriminatory attitudes and practice, or leaving the sector entirely. All acknowledge the effect that a culture of discrimination has on delivering effective and high quality patient care. All acknowledge the energy and time they expend, managing discrimination.

This section explores in detail the experiences of those who participated in the study. Isolated incidents of discrimination do have an impact on staff, but participants spoke in detail about the general atmosphere of discrimination and homophobia that pervades their working environment. It was this culture of homophobia that affects how participants felt as LGB staff. This in turn had an impact on how they felt and responded to individual incidents. The participants were also keen to ensure their anonymity was protected; it was clear that no-one wanted to exacerbate existing discriminatory attitudes in their workplace. The citations in this study are therefore anonymous but do indicate what position the participant holds.

#### **3.1 The culture of homophobia**

The culture of homophobia can be pervasive within a place of work. LGB staff do not have to experience direct incidents of homophobia or discrimination to feel that their working environment is discriminatory towards them, or they are at risk from potential future incidents of direct discrimination. The participants in this study all acknowledged that general discriminatory attitudes have an impact on their comfort and attitudes to work. A culture that condones general homophobia and homophobic attitudes permits direct discrimination against staff.

*“A lot of the time homophobia is not overt anymore, it’s very subtle”  
David (Specialist registrar in clinical oncology) East Midlands*

Participants reported examples of general homophobia that they had witnessed or overheard. Most felt that because these comments were not directed at them, and had no direct impact on their work, these incidents instead served as an indication and reflection of culture within the sector. Participants sought out indicators of cultural attitudes.

*“They weren’t as explicit about sexuality being on the equal opportunity agenda as you’d hope in a social work environment.”  
Sienna (Social work student) East Midlands*

*“They have a policy [yet] nobody seems to know that it exists... There’s no obvious source of advice and most people on the shop floor don’t seem to know that there is a trust policy with regards to anti-LGBT discrimination.”  
David (Specialist registrar in clinical oncology) East Midlands*

Participants reported that homophobic attitudes emerged through casual conversation and exchanges between other staff members. If a participant had not

disclosed their sexual orientation to their colleagues, they reported that homophobic language and comments were more frequent and vitriolic.

*“And when we started talking about gay people...quite nasty the things that were coming out and at the end [of the day] they’re nice people but they just can’t accept the sexuality stuff.”*

*Sharon (Pharmacist) North East*

*“I was in the endoscopy department and...there were three members of staff...who were nursing auxiliary or technical assistant level or porters...and one of them says have you heard about so-and-so’s son? And then a conversation that so-and-so’s son has obviously come out as gay...and so some sort of discussion took place and it was very much along the lines of ‘disgusting, I would disown my own son if he did that, I mean how can they be proud parents?’”*

*Ronda (Medical Student) East Midlands*

*“I was in the lab...and one of my peers...came in to see us and said ‘oh my god, I’ve just seen a horrific traffic accident’ and we were like oh yeah that’s really bad and he went ‘oh yeah it was just so gay, and I didn’t want to look like a complete gay so I went down there and got my stethoscope out and that looks really gay but I had to do something. I just didn’t want to be such a gay.’”*

*Ronda (Medical Student) East Midlands*

Participants indicated that discriminatory attitudes also emerged in relation to patients.

*“Before every shift starts – you have to hand over every patient – and if we do happen to have a gay person on the ward it’s always mentioned”*

*Joan (District Nurse) North West*

*“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*

One participant reported that he had seen homophobic graffiti in a locker room:

*“I was getting changed in the surgeons room and this registrars’ locker... somebody had written on it, in like felt pen on his locker ‘gay boy’. And that’s in the surgeon’s room so it must have been a surgeon.”*

*Simon (Final year medical student) North East*

Participants recognised that racist comments and derogatory attitudes would not be tolerated in the same way as homophobic comments. Although the health and social care sector has some way to go in tackling institutional and cultural racism, progress clearly has been made. Despite the fact that the health and social care sector has obligations to protect LGB staff, it seems that similar steps have not been taken.

*“[There is] a hierarchy of oppression and I think that’s divisive and I think we should be looking at what kind of commonality, you know, bringing people together, rather than what sets people apart... What would have made a difference to me would’ve been knowing that all the issues around you know equality were given equal weighting and were treated with equal status.”*

*Justine (Clinical Psychologist) North East*

Participants reported that comments and attitudes had an impact on how they felt about themselves, and the place where they work. Derogatory comments and remarks clearly have a detrimental affect on LGB staff.

*"I sat there, face burning, confused and furious...although her comments weren't that bad, I was angry about it for some time. "*

*Lucy (Fourth Year Psychiatry Medical Student) South East*

*"The comments are really derogatory and it wouldn't make you feel safe to come out."*

*Sharon (Pharmacist) North East*

*"The NHS is a nasty vicious place."*

*Connie (Consultant obstetrician) Greater London*

*"It's not pleasant to have to put up with that."*

*Barbar (Final-year medical student) Greater London*

*"Really awful, really, really, really, awful. Very depressing"*

*Simon (Final year medical student) North East*

It was felt by some that steps to affect cultural change had been more evident among certain other organisations than the NHS. It is logical that this lack of faith in an employer would impact on motivation and feelings of value.

*"I think the NHS, as an employer, has not done the things, for example the Metropolitan Police have done, say very publicly you know we're doing the best for our gay staff and our gay users...and I think a lot of big organisations have done a lot better at that, more generally."*

*Olivier (General practice/Neurology) South East*

*"The NHS could learn a little bit from the Metropolitan Police in giving a message out to both staff and users that you know in the same way that if you know women and race issues and gender and race issues have been taken on board that sexuality is something that is regarded, has a value won't be made a big deal of but is there and everyone isn't assumed to be straight."*

*Olivier (General practice/Neurology) South East*

*"...if you're a lawyer, for example, or you work in an accountancy firm...Deloitte for example, [people there] talk openly about civil partners, a lot of my friends work for big organisations and they seem to be treated much better and I think that the problem with the NHS is...I know for a fact that they would never remove a consultant for homophobic bullying."*

*Simon (Final year medical student) North East*

A culture of homophobia does not just affect LGB staff. In the same way that all staff can be offended by incidents of racism, regardless of ethnicity, homophobic attitudes can create a hostile working environment for everyone, regardless of sexual orientation. Staff may have gay friends or family, or generally feel that prejudice towards LGB people is unacceptable.

For LGB staff, a culture of homophobia can have a detrimental impact on their time at work. It makes it more difficult for people to be themselves and affects morale and concentration.

### 3.2 Strategies to counteract culture

A culture of homophobia, and expectations about homophobia, affect how LGB staff act at work. Participants in this study explained how they modify how they handle their sexual orientation when at work.

For some, the answer is simply not to disclose their sexual orientation at work. Some participants felt that being 'out' would lead to discrimination and would affect their career opportunities. Participants repeatedly acknowledged that career progression depended on the approval and recommendation of senior staff and therefore it was essential to ensure that they gave them no reason to hinder their progress.

*"I needed references from them as well and I didn't want to rock the boat."  
Aaron (Social care worker) West Midlands*

*"My whole passing depended really on her and if she wanted to at that point - it was still within the placement time - she could have turned round...and said the right words to the people at university and the people overseeing my placement and from a long-arm practices point of view and she could have gotten me failed"*

*Sienna (Social work student) East Midlands*

*"You're still aware that you are climbing up through the career grade and there's not much progression based on competence, it's still based on who you know and what they think of you really. And almost one false move in the wrong direction can flaw your career for life or at least knock you down a few pegs and then you crawl your way back up again."*

*David (Specialist registrar in clinical oncology) East Midlands*

Not being 'out' at work places an unnecessary burden on staff. Participants reported that they had to concentrate on ensuring that they did not slip up, or give other staff a reason to suspect that they were gay.

*"People ask you what you've done at the weekend and you almost have to make something up. It's an awful lot of nervous energy that you're putting into something...I think you feel that because you might be somebody that gets picked on then you have to go the extra mile and try and be better than everybody else...which is fine but...that sort of going round worrying about that all the time is not very productive."*

*David (Specialist registrar in clinical oncology) East-Midlands*

*"I don't like lying and I have to lie all the time...you always have to be on the ball and watch what you're saying."*

*Sharon (Pharmacist) North East*

*"I'm so scared that, not being out at work, that if I talk about being in a relationship, that if I was with a partner I would have to say it's a he instead of a she and...it's...really hard to remember sometimes."*

*Sharon (Pharmacist) North East*

Participants also acknowledged that they sometimes found it necessary to change their CVs or application forms, and edited out any elements of their professional experience that would indicate that they were gay.

*"I was 'out' at work and had identified myself as a member of GLADD on my CV when applying for the locum post I was in. I was later advised by a very open minded colleague to remove all traces of LGBT stuff from CV if I wanted to progress."*

*David (Specialist registrar in clinical oncology) East Midlands*

*"I wrote [an article] about... doctors with HIV, and I was told not to put that on my CV for any surgical job if I ever wanted to go for one in the future"*

*Simon (Final year medical student) North East*

*"I suppose if you wanted to be unassaulted then you just have to make sure you're not the chair person of GLADD and on Google."*

*Connie (Consultant obstetrician) Greater London*

Some people also acknowledged that they felt that they had to consider carefully the types of careers they wanted to pursue, while others aspired to work in areas that were particularly 'gay friendly'.

*"God I wish I was in HIV or sexual health because I know it's more open and you can be yourself. It's horrible to hide such a big part of you."*

*Sharon (Pharmacist) North East*

*"You know I thought maybe I should never do gynaecology in the first place."*

*Connie (Consultant obstetrician) Greater London*

*"I have heard someone say if you go into surgery, for example, that you may not want to make it widely known [that you are gay] because it may be a bit of a glass ceiling."*

*Barbar (Final-year medical student) Greater London*

Some participants felt that they had to work harder and develop a more comprehensive CV to ensure that when it came to promotion or job opportunities, employers could not justify not appointing a candidate, even if they were gay. Participants recognised that they had little choice but to work in the health and social care sector and therefore meticulously planned their career in order to avoid a discriminatory environment.

*"I've published a lot only because of the fear that in the future I will be discriminated against, my CV has got to be so exceptional that they sort of have to give me the job...I feel they would probably be looking for reason not to employ me. If I've got a CV that nobody at my level has got well then it's hard to justify it really."*

*Simon (Final year medical student) North East*

A number of participants described how they modified how they acted if they perceived that someone might be discriminatory. Their anxieties denote a degree of discrimination against people of faith, people from ethnic minority backgrounds, and people who were not from the UK. Their views and assumptions are based on stereotypes but demonstrate the consequences of failing to address homophobia. An anxiety about discrimination leads to discrimination against others, including race discrimination.

*"At the moment when I've been on the wards recently there's a couple of people who I've noticed wearing crosses round their necks – and they could be decorative – but they also could be their faiths and I've thought twice about*

*talking about my partner, and that's never happened before and that's particularly after the goods and services stuff [strong religious opposition to new laws to protect gay people]...I did that thing where you say 'my friend' because I saw this cross dangling round their neck and thought "I don't want you to judge me"*

*Ronda (Medical student) East Midlands*

*"You have to think about the racial element as well. That probably the ethnic minorities are going to be more anti than Caucasian sometimes... Africans are very anti-gay people, their views are really strong. And they think that gay people should actually be exterminated from the race and it's really that strong... so I think depending on the ethnic background it does have an impact as well."*

*Sharon (Pharmacist) North East*

*"I felt that if I said anything then it was...I was being racist or something you know because she was an overseas member of staff. So I didn't say anything...I wanted a job on the ward at the time. So I thought you know...let lie."*

*Joan (District nurse) North West*

The lengths that participants go to avoid discrimination is an indication of the unequivocal impact of discrimination. Avoiding homophobia takes effort and time and this inevitably detracts and distracts from the job. It is an unnecessary response to discrimination. The health and social care sector should be ensuring that discrimination does not happen in the first place.

### **3.3 The incidents**

The participants in this study had experienced incidents of direct discrimination. They were treated differently because of their sexual orientation. Some experienced discrimination that had a direct impact on their work, or affected their career development, affected how they felt about their work, or made them feel excluded. The participants were sometimes reluctant to acknowledge that the incidents they had experienced were serious. It was clear from the interviews that many of the participants felt their experiences were part of their job and an inevitable consequence of their sexual orientation.

#### **3.3.1 Joan (District nurse)**

Joan, as a student nurse, worked on a night shift with a senior nurse who was overtly religious during work time. Night shifts can be quiet and long, leaving opportunity for informal discussion and chat.

During the interview Joan described the senior nurse who was her supervisor:

*"A Nigerian nurse...she doesn't believe in her country that people should be gay, lesbian or whatever and she said that basically that I was sick and she compared me to Hitler."*

*Joan (District nurse) North West*

During the interview, Joan explained what would happen while on a night shift:

*"She used to like thrust the bible in my hands and make me read passages out of it as a student on nights...she was like really full on...I did dread...in a*

*way ...working with her for a while...just because it was so extreme and constant...it was relentless through the whole night shift.”*

*Joan (District nurse) North West*

It did not occur to Joan *during* her placement that she could ask for help and support from the ward manager. She felt that the situation was her responsibility and it was up to her to find a way to make the situation work. The impression from the interview was that the attitudes of the senior nurse were a reflection of a personality clash rather than discriminatory attitudes. Joan therefore spent a year trying to make the relationship work.

*“We did come to an understanding after about a year...that I wouldn’t mention her religion and she wouldn’t mention me being gay. And we worked together quite well after that...after about a year.”*

*Joan (District nurse) North West*

Joan did feel that she should mention something to the ward manager, at the end of her placement “just in case a student came up that wasn’t so forceful”. She therefore did not make a formal complaint, but alerted the ward manager to potential future cases of discrimination.

*“As far as I know nothing was ever formally said to her regarding that situation. It was just...that was what she was like...that type of thing. It was accepted that she was extreme and that.”*

*Joan (District nurse) North West*

Joan’s response to the direct discrimination is indicative of the general perceptions of LGB staff of what constitutes unacceptable behaviour. Joan acknowledged the senior nurse was inappropriate but felt it was her responsibility to solve the problem. She was “forceful” and therefore able to deal with the situation herself. The response from the ward manager to an informal complaint perpetuates her assumption: responsibility for responding to discrimination rests with the individual.

### **3.3.2 Sienna (Social worker)**

Sienna was on her very final placement before she formally qualified as a social worker. Issues of discrimination and power are pertinent to social work training. The importance of understanding how discrimination disempowers people is integral to learning. Several participants commented how they could not understand why senior staff within social care could not apply the principles understood about discrimination in relation to gender and race to sexual orientation and why their sexual orientation was considered problematic to their role in the social care sector.

*“The issue of working with lesbian and gay clients as a psychological therapist does not appear to be a topic worthy of consideration by this particular course and I find that both disappointing and frightening.”*

*Justine (Clinical psychologist) North East*

*“She didn’t seem to view homophobia as being a structural inequality in the same way as she viewed racism or sexism.”*

*Sienna (Social work student) East Midlands*

*“Apparently screening for sexuality is kind of an element of induction at that project and I was told, after saying that I was gay, I was told that I would have to take particular lengths to disguise my sexuality because there had been*

*previous member of staff there that they had to let go because he was receiving quite a high degree of harassment from the service users.”*

*Aaron (Social care worker) West Midlands*

Sienna is openly gay but had learnt from experience that it was important for her to modify her behaviour in order to manage the reactions of her colleagues.

*“I am just myself...I make sure I’m not pushing the boundaries any further than a heterosexual person would, but at times, it’s appropriate to have political conversations – it’s about power, it’s about homophobia, it’s about how you put things into practice at work. But I do that on a very self aware basis...I know that it can make you vulnerable, I know that it can wind people up and I know you can get labelled for it.”*

*Sienna (Social work student) East Midlands*

Sienna therefore entered this placement aware that sexual orientation was sometimes relevant to her working practice but that she had to be careful. During a team meeting, Sienna decided to take what she perceived to be a risk and share information with her colleagues. In a slot on training and development, she informed the group about a conference on sexuality and social work taking place in London. On her last day on the placement, Sienna secured her first job and her manager took the opportunity to have a conversation with her about her time at her placement.

*“On my last day my supervisor and practice teacher who happens to also be the Senior Practitioner on the team, came to give me some ‘advice’. This advice comprised of the suggestion that I ‘tone down’ my opinions and sexuality in my next job. She inferred that there had been discomfort within the team about my ‘out’ lesbian identity. She took ownership of her own reaction, describing herself as having felt ‘uncomfortable and having blushed when I mentioned my female partner.’ She said she had felt unable to speak to me for a minute or two...What she tried to make out was that yes indeed I had been labelled as a trouble maker, as a maverick, as this lesbian militant and that I shoved my views down other people’s throats... this idea that she’s got that I need to tone down my opinions and she basically implied that everyone on the team felt the same way.*

*She gave the example of me speaking within the team meeting (in the slot on the agenda about training and development) about the Social Work and Sexuality Conference which was taking place in London. She retorted that ‘For God’s sake. We are all in heterosexual relationships!’ She commented that the rest of the team felt very uncomfortable which was reflected in their silence.”*

*Sienna (Social work student) East Midlands*

Sienna was shocked by her supervisor’s response and felt that she had to challenge her views. Sienna pointed out that her supervisor was being “heterosexist” and that she should possibly read a book on lesbian and gay care in social work. Her supervisor responded that she “wasn’t going to apologise for being heterosexual” and that she “didn’t have time to be PC about everything.”

Sienna knew her rights at work, understood both the professional and personal impacts of discrimination, yet still felt vulnerable and disempowered.

*“I started crying and I couldn’t stop crying which made me feel like I couldn’t fight my corner and I couldn’t articulate myself...I was in a very pressurized*

*position...but she basically just kept justifying herself. She said at one point that "I know full-well that you could go and report me right now for discrimination".*

*Sienna (Social work student) East Midlands*

Sienna attempted to demonstrate to her supervisor why her views were unacceptable.

*"I said things like, 'I'm sorry but I completely disagree with you, I'm really shocked that you're saying this' and ironically she just been preparing me for an interview I was going to and she'd given me all these prompt cards and the one that was sitting in front of me on the desk while all of this was said was one about institutionalized sexism and racism and how power is you know unfairly distributed and certain groups are disadvantaged and it's about power plus prejudice and I was looking at it thinking...and I said to her you know, it's right her in front of me...I felt you were a lot more kind of sound and on my wavelength. And she said oh, 'I don't have time to be PC about everything'"*

*Sienna (Social work student) East Midlands*

The supervisor, aware that she had over-stepped the mark still reiterated her views. Sienna was given the impression that the opinions of the supervisor were shared by the rest of the team. However, as the supervisor knew she had acted inappropriately, she took the pre-emptive step of informing her superiors about what had happened.

*"The senior practitioner and the manager were [there and the] manager asked me, in front of the senior practitioner, 'is everything alright between you two?' She was a relay councillor, she has a very therapeutic, councillorly way about her and she put me in a position where all I could say was 'yes everything's fine' and then she said 'so you don't feel like you've been discriminated against and we can just get on with things?'"*

*Sienna (Social work student) East Midlands*

As it was Sienna's last day, she left and took up employment elsewhere but felt it necessary to alert her university as to what had happened. She did not want the incident to have an impact on her future work and felt unable to make a formal complaint. She wanted to leave and get on. Her university, whilst sympathetic, advised her to do nothing further.

*"I happened to speak to my tutor about something else and I said, oh I think I better tell you this just so you know it's happened. And she's absolutely fantastic when it comes to equal ops, she was just, I don't know, I expected her to be much more protective and much more reactive and I think perhaps that she suspected that it could affect my placement if we started to make a fuss about it, you know my passing the placement and I think from her point of view she just wanted for me to pass it so she didn't encourage me..."*

*Sienna (Social work student) East Midlands*

Sienna was disappointed with the response of her university and the management on her placement. Her experience reflects how junior staff can find it difficult to address incidents of discrimination and prevent them from happening in the future. Sienna knew her rights, and understood the implications of discrimination better than most. Yet in this situation she was unable to exercise her rights. The lack of knowledge and response from management was indicative of deep-seated discrimination and inadequate processes to deal with incidents.

### 3.3.3 David (Specialist registrar in clinical oncology) East Midlands

David was in a locum registrar position at a major national teaching hospital and an opportunity came up to apply for a permanent position in the same place. There was a second locum at the same hospital who was equally qualified to apply for the job and it became clear that the application process would be a competition between the two of them. Everybody David worked with at the time was convinced that he was the better and more suitable candidate. David was 'out' at work and had identified himself as a member of GLADD on his CV when applying for the locum post.

David felt that the interview went unnecessarily badly.

*“It was just a very strange interview – it was a very unpleasant experience. All the questioning was extremely aggressive and they picked on everything. There was never mention of my sexual orientation at all. Umm...and it was just a very unprofessional interview to be honest. I was not given an opportunity to do my best at all or anything umm...all the questions were aggressive and it was just totally aggressive...”*

*David (Specialist registrar in clinical oncology) East Midlands*

Despite the fact that the interviewers made no reference to David's sexual orientation, he *felt* that it had made a difference to the process. This was perpetuated when he did not get the job and the hospital then appointed another member of staff to another position he had wanted.

*“The general rules are if you are in a locum post and a substantive post comes along as long as you are reasonably okay then you should be the person appointed rather than someone from outside and we were told that there was only one post and there was going to be competition for both of us. Then miraculously six weeks later, another job appeared and they appointed somebody else via the back door which they should have never have done.”*

*David (Specialist registrar in clinical oncology) East Midlands*

David felt that he was not appointed because of his sexual orientation, a view that was echoed by his colleagues.

*“And everybody who is still there – I've met some of them recently on a course – their absolutely amazed that I was appointed – not appointed! – because the person that they did appoint in my place has turned out to be a complete disaster. Umm...I have to say from the other side of it – having been through that experience – I would never ever want to work there again anyway. Because if they're like that at interviews, I wonder what they're going to be like in day to day business?”*

*David (Specialist registrar in clinical oncology) East Midlands*

David did not know of any other gay people working at the hospital and felt that he could only conclude that his treatment was on the grounds of his sexual orientation. David subsequently decided to omit all professional references to his sexual orientation from his CV.

It is difficult to prove, based on this interview, whether David was discriminated against because of his sexual orientation. The case indicates, however, the impact that perceived discrimination has on attitudes to work, how staff present themselves, and the lengths they go to avoid discrimination. Current and future employers will not see the breadth and range of David's experience because of his reluctance to risk his future career.

### 3.3.4 General negative experiences

Several of the participants talked about isolated incidents that shaped their perceptions and experiences of the sector. In these cases, the participants did not take any further steps either because they felt it wasn't appropriate or there were no avenues available. The cases indicate, however, the extent to which discrimination and discriminatory attitudes continue to pervade the sector.

**Paul** (a locum consultant haematologist) was left without clerical support when it was discovered that he was gay. His secretary told the clerical team that she had opened his personal mail, and when Paul was on leave told everyone that he was gay. The rest of the team then refused to provide him with any support. His manager said that he could do nothing.

*"[After opening personal mail] My secretary discovered that I was gay and objected to working for me and doing my correspondence to patients...I reported this to my manager the Clinical Director, who said he was powerless, that the lady had a right to express her opinion and that I had to sort it out myself. The lady refused to speak to me, badmouthed me to her colleagues and was supported in her attitude by clerical management."*

*Paul (Locum consultant haematologist) North East*

Paul's workload therefore increased considerably compared to other staff and he was unable to do anything about it.

**Michelle**, having been referred by a consultant for a job, was lucky to secure it. In a subsequent informal conversation, the consultant learnt that she was a lesbian.

*"I was lucky and was successful in an interview that resulted in a promotion. Afterwards I went for drink with my boss (a consultant) who had recommended me to the interviewers. She asked me about my partner, and it came up that they are a she not a he. She said later that she'd been glad that she knew after the interview and not before, as she wouldn't have wanted that to prejudice what she might have told the interview panel. I did not do anything about it or say anything, as she seemed to be unaware that this might be an upsetting thing for her to have said."*

*Michelle (Oncology staff) East*

The reaction of the consultant came as a surprise to Michelle and alerted her to the fact that her sexual orientation could act as a barrier to her career development. The consultant did not recognise that her admission was an indication of prejudice and discrimination. The consultant also failed to recognise that if reaction to Michelle's sexual orientation had affected her job opportunities, this would have been unlawful.

**Aaron**, a social care worker, started a new job and was immediately asked about his sexual orientation.

*"I had just started work as a project worker at a hostel for homeless teens. Within half an hour of arriving and meeting my colleagues, I was asked by one of them if I was gay. I said yes. She then proceeded to tell me that I should take lengths to disguise my sexuality because a previous member of staff had had to quit because of the homophobic abuse he was receiving from service users."*

*Aaron (Social care worker) West Midlands*

Aaron was shocked that his new employer had previously managed discrimination by asking the member of staff to leave. He was also surprised that this previous incident had not prompted his employer to develop better strategies for supporting gay staff. The solution to a successful career was to not be gay, rather than address the issues of discrimination. His employer did not recognise that this response, as well as being inadequate, is also unlawful.

**Paulina** made the difficult decision to tell her colleagues that she was gay. Her manager was supportive and indicated that she was appointed because of her clinical skills not her “personal circumstances” and that Paulina was “very brave” to disclose her sexual orientation. It did not occur to Paulina or her manager that being gay does not constitute a “personal circumstance” nor should a person have to be “brave” in order to be themselves. Paulina reported that the reaction of her manager was positive. This, however, was in comparison to the reaction of her peers.

*“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*

Paulina’s observation about patient care is reflected by many of the participants in this study. Some commented that they “would never be out to patients, ever” for fear of false allegations of inappropriate care based on their sexual orientation. No participant indicated that they felt they would be supported if such an allegation was made.

**Ronda**, a medical student, had indicated to a doctor that she had a girlfriend rather than a boyfriend. Ronda is very aware of discrimination in the workplace, and laws that exist to protect people on the grounds of sexual orientation. She felt it would be more constructive to answer the questions of the doctor in order to help him be less prejudiced in the future:

*“One of the doctors said ‘when you said you had a girlfriend what did you mean?’ I said that I’m a lesbian. And he went, oh, really? And he said can I ask you about that? And we went for coffee and hour later I left and I and it was really a - I mean I don’t mind doing it because I’m nice - but I don’t know if I want to do this every time. We had this whole conversation about what did that mean? Did I always know I’d been a lesbian? Was it immoral? How could I say I was going to have children? So I sat down and let him interview me basically about being gay, and it’s the first time that’s happened to me I suppose. I was very willing to answer the questions but I really started to get annoyed after about 10-15 minutes. So I was like, actually, what do you mean is this immoral? You know, I understand, you were interested because you’ve never met a gay woman, I understand that because they’re pretty invisible and I’m letting you know that we’re nice and friendly. But at the end of that I felt a bit tired.”*

*Ronda (Medical student) East Midlands*

In another informal situation, a doctor had asked Ronda what her partner did. Ronda replied that her partner worked in gay rights, to which the doctor responded “I assume he’s not a *gay man*,” to which Ronda replied, “no, she’s a woman.”

*“His conversation was then ‘what does she look like?’, ‘would I find her attractive?’, ‘do you take roles?’ I mean these went directly one after the other and three times in the conversation I was trying to pull back to what we were talking about before – I said to him: ‘if I was straight you wouldn’t be asking me these things’.”*

*Ronda (Medical student) East Midlands*

The intrusive nature of the questions indicates a lack of understanding about sexual orientation issues and demonstrates the very basic fact that some members of the health and social care sector do not recognise that sexual orientation equality is now a legal obligation.

**Nancy**, a community specialist podiatrist, also understands that law and her rights as a lesbian yet her department continually demonstrates homophobic attitudes. Her manager made it clear that she was a “Christian first, an NHS manager second” prompting Nancy to ask, “Where does this leave me?” A general culture of homophobia came to a head when Nancy entered a civil partnership:

*“The Department would not hold a collection for me (as with weddings), individually sign the congratulations card or put a congratulation 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*

Like Paulina, the managers who Nancy perceives to be supportive are “supportive of my lifestyle” even though managers would not feel the need to be proactively “supportive” of a heterosexual lifestyle. The fact that Nancy feels “supported” indicates further unequal treatment, perpetuated by the fact that her managers said nothing about the informal treatment she experienced around her civil partnership. The managers clearly did not appreciate that the behaviour of the team was discriminatory.

Finally, **Martin** (an administrator in a booking centre) worked in an office where he was the only man. He was open about his sexual orientation, but eventually grew tired of the constant comments of other staff.

*“One woman who sat near me was known to have made comments such like ‘I hope he doesn’t start talking about his sex life’. She made sneering remarks at me which were very insignificant, however, the situation seemed to get so bad .... I walked out sick one day because it had made me ill, In September I joined the police and now I am the LGBT [staff] rep at [local police force].”*

*Martin (Administrator booking centre) Greater London*

Staff working in administrative and clerical posts are more able to change jobs and in this case, Martin worked for the police rather than continue to be subjected to homophobia. He did not pursue a complaint through the trust.

### **3.4 Things working well – Tatiana, Senior Sister North West**

Tatiana is a senior member of staff and openly gay. Her experiences of discrimination indicate how well incidents can be tackled if members of staff know procedures and have the confidence in their employer to pursue issues.

Tatiana oversees an operating theatre that uses complex medical equipment. Representatives from external organisations come into the theatre to help with the equipment.

*“We do long and complex spinal operations and at times have reps in to help staff with unusual equipment. One of my staff members had a cold and I commented that she sounded like [a singer] and her reply was “more like [a lesbian in the public eye]”. We all laughed until the rep said “oh god you don't want to sound like her, she's a lesbian”.*

*Tatiana (Senior Sister – Operating Theatre) North West*

Tatiana was angry that this comment was made. As a senior member of staff, she felt that behaviour of this sort would not be tolerated in her theatre:

*“My place of work, my team, my theatre.”*

*Tatiana (Senior Sister – Operating Theatre) North West*

Tatiana had the confidence to address the issue, but also, crucially had the power to deal with it. Tatiana was shocked by the comment but did not address the issue at the time. Instead, afterwards, she wrote a letter to the supplier outlining what had happened and why it was unacceptable.

*“I didn't speak to the rep [I] thought that was a waste of time especially as she had just made her point of view very clear. I went up to my office and wrote an e mail to the company she worked for... I forwarded the letter to some one high up in our supplies department... he said he was going to get the equipment we used with this particular company removed.”*

*Tatiana (Senior Sister – Operating Theatre) North-West*

The response of the supplies department indicates that everyone in the trust (not just those involved with employment or patient care) understood that homophobia was not acceptable. The supplies department pursued the case and told the supplier that if the issue was not appropriately dealt with, the hospital would cancel the high-value contract. The supplier offered to sack the rep. Tatiana asked that she be disciplined and trained instead.

This swift and consistent resolution reassured Tatiana that she would be protected in her workplace and discrimination against her would not be tolerated. It is an indication of how well things can work when employers demonstrate that homophobia is unacceptable.

### **3.5 Conclusion**

The participants in this study provide a snapshot of the types of issues that arise for LGB staff across the country. Although the participants are not a representative sample, they do indicate that discrimination can occur regardless of seniority, practice area and location. The interviews and experiences provide some insight into the structures, systems and barriers that exist that prevent staff feeling able to work without discrimination and unequal treatment.

#### **4. The barriers to preventing discrimination and recommendations for removal**

The participants in this study were asked to identify why discrimination occurred, and what could be done to prevent it. Their suggestions demonstrate how little is being currently done in some areas of the health and social care sector. Some of their ideas seem obvious steps that the sector should be taking to ensure compliance with the Employment Equality (Sexual Orientation) Regulations 2003, which oblige employers to prevent anti-gay harassment and discrimination from happening. However, it seems that even the most basic steps have yet to be taken in many places.

##### **4.1 Training**

The majority of participants in this study identified the fact that training for all staff was an essential step to prevent discrimination against people on the grounds of their sexual orientation. It was felt that other staff lacked understanding about sexual orientation, and failed to realise that discrimination against LGB staff was not acceptable.

*“In terms of providing education and or support for staff or training umm...I’m not aware of anything that happens.”*

*David (Specialist registrar in clinical oncology) East Midlands*

*“Yeah there’s just a brief mention, just half a sentence or something so, and that’s it really. So its, like I said, just a one liner really over and done with.”*

*Sharon (Pharmacist) North East*

*“You know, young people coming from school or nursing school are very raw and ignorant and don’t know anything about the world and they don’t know how to treat people in a way that doesn’t show.”*

*Connie (Consultant obstetrician) Greater London*

*“I think the first thing is the only sort of training exposure that doctors have to gay people is the HIV case. That’s the first case, that’s the only time you experience, sort of, gay issues during your curriculum. And it’s like a gay person never gets depressed and never has an eating disorder you know there are so many other ways that you can introduce the theme of sexuality and I think linking it with HIV, though that is...it’s very pejorative and stigmatizing and I think a lot of my colleagues when they think gay they just think HIV. And I think that would be the first step: to try and associate homosexuality with something other than HIV.”*

*Simon (Final year medical student) North-East*

*“I think that training is a definite issue, we should have diversity training across the board you know and as long as sexual orientation is included in whatever diversity program that is happening that’s what needs to happen.”*

*Ronda (Medical student) East Midlands*

*“... I’d hope that somebody would respond by identifying that as a training need, for her. Because, quite clearly, along the line somewhere it became a major blind spot.”*

*Sienna (Social work student) East Midlands*

*“What would help is if everybody had training...on equality issues, and what is and isn’t acceptable and to think about their own prejudices because I feel*

*that, in the second job, the other members of staff were quite homophobic themselves.”*

*Aaron (Social care worker) West Midlands*

Many of the respondents felt that sexual orientation was a side issue in general equalities and diversity training. No participants in the study had received diversity training that comprehensively and explicitly included sexual orientation and therefore felt that other members of staff would not necessarily understand that treating staff (or patients) differently because of their sexual orientation would be an issue of unacceptable discrimination. It was clear that the majority of participants felt that more comprehensive and inclusive training would make a significant difference to their experiences.

#### **4.2 Policies**

The majority of participants were not aware of any policies relating to sexual orientation in their place of work unless they had made efforts to seek them out or to change them themselves. Even if policies did exist, it was felt that sexual orientation was added to a list rather than included as an integral part of a cohesive programme of work to prevent discrimination.

*“Although they have a policy nobody seems to know that it exists. There is no reported procedure at all unless you were try and out a few things through a formal grievance procedure so there’s no obvious source of advice and most people on the shop floor don’t seem to know that there is a trust policy, with regards to anti-LGBT discrimination.”*

*David (Specialist registrar in clinical oncology) East Midlands*

*“I’m sure they have a policy somewhere.”*

*Barbar (Final-year medical student) Greater London*

*“In my mind there is not clear system to go through a grievance policy, for example. I wouldn’t know where to start, at all.”*

*Simon (Final year medical student) North East*

*“...then panicked a bit because I wasn’t sure about trust policy”*

*Tatiana (Senior Sister – Operating Theatre) North West*

*“It said in the policy of the organization that any kind of racist or homophobic comments were made that everybody had to challenge them and that just wasn’t happening.”*

*Aaron (Social care worker) West Midlands*

*“I rather assume that they have a statement somewhere that you know, no discrimination will take place in the basis of age, gender, race or sexual orientation, I’m pretty sure they have...they’re actually supposed to but I don’t know anything more specific than that.”*

*Olivier (General practice/Neurology) South East*

*“They’re not that good about most of their policies but their worst about gay and lesbian things. They don’t want to touch it really. Taboo kind of.”*

*Sharon (Pharmacist) North East*

Participants did not know whether employers had publicised that they had taken the most basic steps to indicate that discrimination against people on the grounds of sexual orientation was unacceptable. Even if they had made basic changes to

policies, staff (including gay staff) were not aware of this development, or the implications of this development.

### **4.3 Increased visibility**

LGB staff, especially those that are not 'out' at work, can often feel excluded by their colleagues. If staff members feel that their workplaces are not safe places for them to 'come out' in, this results in a lack of visibility among LGB people, which in turn makes it even harder for them to 'come out'.

*"For an organisation that I worked for (with 4,500 staff) I only knew two openly gay people and I was one of them. So it was always made a big deal of when someone did come along that was gay."*

*Joan (District nurse) North West*

*"It's very, very difficult to identify gay women in the workplace...it would be quite helpful I think to know that they're there and there is someone who can share your experiences with you."*

*Ronda (Medical student) East Midlands*

Participants expressed that a way to promote equality for gay and lesbian employees in the healthcare sector would be by increasing their visibility. Participants felt that a more discernible presence of LGB people would make it harder for people to be homophobic. It would also indicate that lesbian and gay people could be successful in the health and social care sector. The participants also identified a need for peer support among LGB staff, particularly in terms of direction for younger staff members and students.

*"it's about role modelling and having very visible role models who are completely out and about...its still very difficult, you just know that there are surgeons that have, you know, stupid attitudes but most of them melt away if you challenge them."*

*Connie (Consultant obstetrician) Greater London*

*"A mentor system for gay students so that you meet role models that are gay who can sort of nurture you and sort of provide you with sort of an aspiration – I think a mentor system would be a great idea. Just a supportive person, so if you did need to make a complaint that there would be support there for you as well."*

*Simon (Final year medical student) North East*

It was felt generally that the NHS needed to acknowledge its LGB staff and students and create an environment in which they can be open about who they are. This would enable them to perform well and concentrate fully on the job.

*"I think that the NHS needs to change. And I think that people underestimate how many (gay and lesbian) people are working in the NHS, I think that it's an absolutely huge number. And it's a shame that that sort of lifestyle is not recognised."*

*Simon (Final year medical student) North East*

*"[Being out at work would help me] work much more effectively in a slightly happier more open environment"*

*David (Specialist registrar in clinical oncology) East Midlands*

#### 4.4 Reporting and disciplinary procedures

Most participants agreed that their employer would have a mechanism for reporting discrimination and a disciplinary procedure. However the majority were not aware of how these would work in the case of tackling anti-gay discrimination, and were not necessarily confident using them. There had been no evidence for many that their employer understood the nature of homophobia. Many were unsure that anti-gay discrimination would be taken seriously enough for a complaint to be processed and the perpetrator to be disciplined.

*“I mean they talked [during induction] about unacceptable things like bullying, you know workplace bullying and sort of general diversity issues but they weren’t really specific about anything and I wouldn’t have come away from that thinking oh yeah it would be really easy to report, if my manager was like...homophobic...I didn’t come away with that impression.”*

*Justine (Clinical psychologist) North East*

*“the managers don’t [do anything] – if they hear anything they don’t say anything or adjust people’s points of view”*

*Sharon (Pharmacist) North East*

*“People were never reprimanded it was always – people got away with it. I think that people feel embarrassed about reprimanding people...because you are talking about sexual orientation which always implies sex and people don’t like to talk about sex.”*

*Joan (District nurse) North West*

There was also a feeling that, within the relatively small medical world, taking action resulting in someone being disciplined was not worth the damage it could do to one’s own reputation and potential career opportunities.

*“I think that [reporting someone] would be extremely awkward. You know because the consultants are often quite good friends: they’ve all gone to university at the same time or go on holiday together or things like that. You put in complaints about their professionalism; it’s not going to look good on several levels. And then there’s the panel when you get interviewed – like I just did a couple of weeks ago – not in your interest.”*

*Barbar (Final year medical student) Greater London*

*“I think that the NHS is much better protected [from tribunal], especially consultants, by NHS lawyers etc. So I don’t think employment tribunals are as successful in the NHS because it’s all one big club sort of thing. Because you would have to have colleagues, who are often very junior consultants themselves, to speak out about consultants and that would end their career as well.”*

*Simon (Final year medical student) North East*

There were views on how procedures could be improved, to enable LGB staff to report anti-gay discrimination in the first place. This is of particular relevance for those individuals who are not open about their sexual orientation. In this situation it was felt that reporting discrimination would be the same as “coming out” – something they did not want to do.

*“Confidential reporting process which protects your anonymity...a proactive advertising campaign...promoting guidelines...consultation like you’re doing now but the university and the trust engaging with organisations that*

*represent gay healthcare workers...a penalty system [so] that if you bully, there are consequences – real consequences, not just a letter that makes just no difference to a consultant.”*

*Simon (Final year medical student) North East*

It was felt that procedures needed to be tight enough to protect LGB staff from further discrimination if they did put in a complaint. The issue, however, goes further than this. Gay staff want to see a culture created where anti-gay behaviour is simply not accepted, and has the same stigma as racist and sexist behaviour. This includes educating people as to what constitutes inappropriate language, challenging discrimination and ensuring that those who intend to engage in anti-gay behaviour are aware of the consequences and penalties.

#### **4.5 Lesbian and gay knowledge of rights**

Participants' knowledge of their rights, including awareness of the Employment Equality (Sexual Orientation) Regulations, was highly variable.

*“most people on the shop floor don't seem to know that there is a trust policy with regards to anti-LGBT discrimination.”*

*David (Specialist registrar in clinical oncology) East Midlands*

Indeed, in many cases, LGB staff were not fully able to identify instances in which they had clearly been discriminated against. Rather than feeling empowered by the notion of their right to work free from any kind of intimidation, there was a resigned acceptance of a general low-level discomfort with sexual orientation issues, resulting in their not feeling able to come out, accepting assumptions and repeated shrugging-off of inappropriate language.

*“I know how my colleagues would react if they found out [I was gay], because I was close to telling them. And when we started talking about gay people...quite nasty the things that were coming out and at the end they're nice people but they just can't accept the sexuality stuff and there is no way that I would even think about reporting them really.”*

*Sharon (Pharmacist) North East*

*“I felt that if I said anything [about her constant homophobic abuse] then it was...I was being racist or something you know because she was an overseas member of staff. So I didn't say anything...I wanted a job on the ward at the time. So I thought you know...let lie. And obviously...I didn't really take things to heart and I just laughed it off. I didn't feel wholly discriminated against because I was gay but it was more the general that she didn't like...because she did it to other members of staff...like put in leaflets...god leaflets in their bags...”*

*Joan (District Nurse) North West*

*“Most of my experiences...it's not deliberately meant to be discriminatory or anything. It was more just throw-away ignorant sort of comments. I think the overall thing is that medical students aren't gay, medics aren't gay.”*

*Barbar (Final-year medical student) Greater London*

*“I mean we've all had [abuse], and we all get it, and while it's not right, you do to a certain extent expect to receive it.”*

*Aaron (Social care worker) West Midlands*

Where anti-gay discrimination had been more direct, and unmistakably abusive, participants who decided they had to take action were often unsure of their options, which tended to exacerbate an already upsetting situation. Lack of knowledge about rights can clearly be as detrimental to LGB staff as homophobic discrimination itself.

*“Those sort of words and sentiments were very distressing at the time and equally distressing if not more so was the pressure I felt in five minutes or ten minutes or half-an-hour that I felt in thinking, who should I tell about this?”*  
Olivier (General practice/Neurology) South-East

Those participants who were more aware of their rights and felt more confident challenging discrimination tended to be those in more senior positions. They were conscious of what they did not have to tolerate at work, and felt an obligation to speak up, but were often still unsure of how the complaint would actually be dealt with.

*“I didn't speak to [the person who made a homophobic comment] thought that was a waste of time especially as she had just made her point of view very clear. I went up to my office and wrote an e mail to the company she worked for and then panicked a bit because I wasn't sure about trust policy etc so I forwarded the letter to some one high up [within my organisation]”*  
Tatiana (Senior Sister – operating theatre) North West

Organisations need to take steps to ensure that they have a policy on tackling anti-gay discrimination which alerts staff to their rights, guides their expectations of what they can do. This needs to be communicated across the whole organisation. It would also be helpful to address the low-level discomfort with sexual orientation issues which appears to be pervasive within the healthcare sector, for example through training and awareness-raising. This would enable everyone to be more aware of how their language and attitudes can impact on others, and would establish clearer guidelines for LGB staff who are unsure whether or not they are being discriminated against.

#### **4.6 The role of support systems: unions, associations and LGB networks**

Unions, associations and staff networks can play a unique role in informing, advising and supporting LGB staff. It is important that employers within the health service are aware of these resources and able to link their staff into them if necessary.

*“I've just been kind of going alone, taking the advice from the trust which retrospectively hasn't done me any favours at all. I should have been advised to get union representation, straight away.”*  
Jin-Lee (Podiatrist team leader) North West

It is also important that unions and associations, which are not gay-specific, are equipped to deal with anti-gay discrimination and take proactive steps to encourage engagement with LGB employees.

*“I had to consult the BMA on another matter, but didn't tell them about the homophobia... I was too embarrassed and was not certain the BMA could help.”*  
Paul (Locum Consultant Hematologist) North East

Staff networks are generally seen as a positive resource for LGB employees, and a sign of an employer's commitment to taking their rights and needs seriously. Networks can help engage staff, encouraging their motivation as well as their

retention. An employee who had experienced discrimination and changed employer as a result found their new situation to be greatly improved. Others noted the role networks such as GLADD play in terms of linking them in with other gay colleagues to whom they can relate and share experiences.

*“I’m actually now in [urban location] and they’re much more proactive. There’s a LGBT employees group that’s active and I’ve gone to that a couple of times and it’s made me much more aware of the need to protect yourself and the need to go to things like that.”*

*Sienna (Social work student) East Midlands*

*“I think, in an ideal world, you wouldn’t need [networks]... [But] as a way of getting people talking, as a way of getting local issues fed back to the trust, potentially an informal reporting mechanism...then it’s you say, valuable. It also means that [gay staff] know that the Trust is taking it seriously... From the point of view of GLADD actually, that’s still very important for gay people to network together and it also just relieves a sense of isolation because you may think you’re the only person in the building - I know I’m not – but it still feels like I’m alone in the building. And actually, having some of that isolation relieved is like having some type of solidarity in a way.”*

*David (Specialist registrar in clinical oncology) East Midlands*

There were concerns that without the support of employers and HR, and an incentive for motivated and committed lesbian and gay staff to get involved, staff networks are likely to not succeed. This includes financial support.

*“We did have a network here that wasn’t really working but that was partly because it wasn’t helped by the trust in the right way and the person running it wasn’t very effective.”*

*David (Specialist registrar in clinical oncology) East Midlands*

*“I think that also sort of financial support of GLADD as an organisation through the DH because at the moment it’s only funded through people who pay a membership fee and if the DH is serious about tackling this issue and offering more support to gay individuals in the NHS you know very small amount of funding will go along way.”*

*Simon (Final year medical student) North East*

Nevertheless, many respondents indicated the perceived risks of being involved in lesbian and gay staff networks, namely openly identifying as gay, and then attracting potential discrimination.

*“I was ‘out’ at work and had identified myself as a member of GLADD on my CV when applying for the locum post I was in. I was later advised by a very open minded colleague to remove all traces of LGBT stuff from CV if he wanted to progress.”*

*David (Specialist registrar in clinical oncology) East Midlands*

LGB employee network groups are increasingly being seen by progressive employers as an essential organisational resource, which contributes to diversity and inclusion work, but also offers structured support and guidance to staff. Such networks should be promoted as an important aspect of the workplace with the health and social care sector, with legitimate aims and objectives and the support of senior staff. Organisations should take steps to deal with any unreasonable

objections to a network, and should give them the same status as any existing women's network, disability network and ethnic minority network.

#### **4.7 The impact on patients**

Homophobic discrimination within the healthcare sector has detrimental effects not only for staff but also for the patients that depend on the services it provides. This was clearly demonstrated by staff members confessing that, in discriminatory workplaces, they are not always confident that their service operates in the patients' best interests.

It was agreed that logically homophobic attitudes among staff members would not only be limited to their colleagues, but would also impact on their treatment of LGB patients too.

*“And what is really worrying is that we're health services, we're dealing with health and we're discriminating against potential patients really because of these people (who) hold these views about gay colleagues it's going to transmit down to the patients eventually because when their dealing with them they're not maintaining professionalism.”*

*Sharon (Pharmacist) North East*

There was a small but nonetheless significant number of examples of discrimination towards patients, including a consultant refusing to perform a muscle biopsy on a patient who was HIV positive.

*“First of all what he was saying was untrue. That there would be no problem in performing a muscle biopsy on somebody with HIV and so he'd actually lied and what he was saying, potentially could affect the best management of that person in performing a muscle biopsy...he'd done that because he held very deep views on the legitimacy of this person's sexuality and I think almost verbatim [he said] that this guy's got his just rewards having got HIV.”*

*Olivier (General practice/Neurology) South East*

*“Yeah we had a patient a couple of months back...it never occurred to me that he was gay. But somebody pointed it out and said – oh there's his boyfriend...and everybody just took the mick out of him and one caregiver did openly say – ‘well he's a gay boy’ – and he was next to the station so he would have heard it. And so I had to take him out and you know ask him to apologize really.”*

*Joan (District nurse) North West*

Further to this, some participants reported experiences of being told they should not be allowed to work with patients of the same gender, implying LGB staff cannot be trusted to behave professionally and appropriately. By not addressing this type of assumption, these staff members are further stigmatised, and patients could potentially be deprived of competent carers.

*“I have had patients on the ward who have had said things about female doctors: ‘that she tried to touch me’ and things like that and you know...but [the patient] would do it to every member of staff so I was very wary about that type of situation and just not go anywhere near that person just in case because I'm gay and that people may actually believe her that time.”*

*Joan (District nurse) North West*

One explanation for the lack of sensitivity towards LGB patients was attributed to medical training which made limited reference to the wide range of social and healthcare needs of gay people. This reinforces stereotypes and assumptions about individuals, families and lifestyles. It also limits knowledge and awareness and ultimately impacts not only on patient care, but again on LGB staff.

*"I was told by the person who was my manager [on my training placement] that in her opinion in terms of discrimination black people were the group most discriminated against and when I challenged this assumption using an example of homophobic murders and heterosexist assumptions made by such people as therapists and the impact this might have on the lesbian or gay client, I was told that gay people could hide and you couldn't hide the colour of your skin."*

*Justine (Clinical psychologist) North-East*

*"... medical school tends to view [that] it's...prostitutes, intravenous drug users and homosexuals – they all have you know hepatitis or HIV...it's more the teaching and medical school, you do get a bit frustrated with it. You know, the prostitutes, druggies and gays..."*

*Barbar (Final-year medical student) Greater London*

This comes back to the creation of a wider culture which accepts and understands difference, for which the experiences and expectations of LGB employees and patients are by no means mutually exclusive.

*"If you don't deal with your attitudes you won't actually treat patients well... it actually is getting in your way for treating your colleagues and your patients correctly...it comes back to the heart of our noble endeavour which is to help people."*

*Connie (Consultant obstetrician) Greater London*

## **5. Recommendations for the Department of Health**

The study indicates that there are a number of issues that the sector must address in order to prevent, and respond to, incidents of homophobia. Although the participants more often made recommendations about what needs to happen on a local level, a series of recommendations also emerged for the Department of Health.

### **a. Investigate training**

None of the participants had received any sort of formal training relating to sexual orientation. This may not reflect the experiences of the entire sector, but the study can conclude that there are certainly gaps. The Department of Health needs to establish what is being delivered to the sector, where it is being delivered, and who is delivering it. The Department also need to investigate the type of training delivered by Positively Diverse and establish the number of NHS organisations that have received training on sexual orientation, and how successful the training has been.

### **b. Communicate with trusts, including managers**

The accounts of the participants indicate that managers misunderstand and sometimes perpetuated incidents of homophobia. The Department of Health needs to send out a clear and unequivocal message to NHS organisations, and use this report to demonstrate the type of incidents of discrimination that are occurring in the sector.

### **c. Tell LGB staff their rights**

Participants in this study often dismissed incidents on the grounds that they were “not serious” or not a consequence of their sexual orientation. It is clear, however, that on many occasions participants were experiencing direct discrimination as a result of their sexual orientation. The Department of Health therefore needs to inform staff of their rights and stipulate exactly what constitutes unacceptable behaviour. The Department also need to demonstrate to staff that they will not be victimised if they do make a complaint.

### **d. Support existing network groups, and encourage further local and national development**

Participants indicated that networks were an invaluable way to make them feel less isolated. The Department of Health should be encouraging employers to invest in local, regional and national network groups. The Department of Health should consider providing tailored advice to the sector about setting up network groups.

### **e. Support the implementation of a Single Equality Act and encourage the development of Single Equality Schemes within the sector**

Participants felt that their employers had responded positively to the positive duties introduced in relation to race, gender and disability. Although the current structures are not perfect, they clearly provide an impetus to the sector to put in place measures to protect staff from discrimination. Similar duties should be in place for sexual orientation.

### **f. Raise the profile of LGB staff working in the sector**

Participants indicated that an increased visibility of LGB staff working in the sector would help them feel more able to be themselves, and would help discourage employers from being discriminatory. The Department of Health should consider ways to promote the fact that LGB people work in the sector and encourage local employers to consider ways of raising the profile of their gay staff, for example, via poster campaigns.

**g. Conduct further research into the impact that perceived conflicting freedoms has on equality work.**

The participants felt that often their employer's condoned homophobia on the grounds that it was the "right" of other employees to be homophobic. Participants also reported that they were reluctant to challenge homophobia if they felt that this could lead to accusations of discrimination. The Department of Health needs to consider the impact that this is having on sexual orientation equality, and make recommendations about how these incidents can be managed.

**h. Identify and promote good practice**

This study deliberately sought to hear from participants who had experienced discrimination. The study does not, therefore, reflect the areas where things are going well. A complementary report highlighting areas of best practice will help those in the sector who want to support LGB staff but do not know how to go about it.

**i. Inform the sector about new "goods and services" legislation**

Participants noted that if staff were experiencing discrimination and discriminatory attitudes, it is likely that this would have an impact on patient care. Participants also reported cases where they had witnessed discrimination against patients. Under the Equality Act (Sexual Orientation) Regulations 2007 this will be unlawful from 30<sup>th</sup> April 2007. It is essential that the health and social care sector are informed of these changes and the consequences of discriminating against LGB patients.

**j. Work directly with named organisations and help them become exemplars of best practice**

The Department of Health cannot work directly with every single organisation in the health and social care sector. It can however, work closely with a number of trusts and social care providers and help them move towards excellence in the next 12 months. This will help other organisations learn from their experiences and implement their own strategies.