Diversity Champions
THE RAINBOW PROJECT

Diversity Champions NI
Public Health Agency Survey Report

January 2016

Table of contents

List of charts and tables

1.0 Introduction

1.1 The Public Health Agency (PHA) has been working with the Rainbow Project over the last two years to become the first HSC Organisation to be recognised as a Diversity Champion. The programme was developed in response to research carried out by The Rainbow Project in 2011 that found that approximately one quarter of employees in Northern Ireland conceal their sexual orientation in the workplace and fear that being open about their sexual orientation in the workplace would harm their chances of career progression.

1.2 The Diversity Champion Northern Ireland Programme enables organisations to be recognised as having effective equality and diversity policies and practices on lesbian, gay, bisexual and transgender (LGB&T) issues. This initiative is one of a number of developments that have been taken forward over recent years to help improve the health and social wellbeing and reduce the health inequalities experienced by LGB&T individuals and their families across Northern Ireland.

1.3 The PHA has been working closely with colleagues in the Business Services Organisation (BSO) and progress to date has included; a review of all HR Policies which have been benchmarked against best practice. Training has also been delivered to key personnel from HR and Equality units within the PHA and BSO and others from across the wider HSC family.

1.4 The next stage in the process was to carry out a staff survey and provide a series of engagement opportunities with staff from across all divisions within the PHA, the findings of which will help inform the action plan for the incoming year. Discussion has also taken place with the Staff Health and Wellbeing Group.

2.0 Aims and objectives

2.1 In May 2015 the PHA commissioned The Rainbow Project to undertake a survey of all employees. The aim of the survey was to explore staff views on equality issues relating to sexual orientation and gender identity. The results of the survey will help inform the next stages of developments towards becoming the first HSC Organisation to achieve Diversity Champion status.

3.0 Methodology

3.1 The online survey went live on 14 May 2015., Participation in the survey was voluntary and in order to encourage staff to complete the survey, a number of articles were posted on Connect in the weeks leading up to the survey going live. These articles included information on the background and context for the survey; encouraged staff to complete the survey and help assure staff that all responses would be treated in the strictest of confidence and no individual would be identified. The articles also encouraged staff to be open and honest in their responses to the survey.

3.2 A total of 168 people responded to the survey out of a possible 332 giving a response rate of 50.6%.

3.3 All responses will remain confidential and the information collected was anonymous. No individuals will be identified in any reports. All participants' data will be stored securely and confidentially in compliance with the Data Protection Act 1998 by The Rainbow Project for the purposes of reporting to the PHA and will be destroyed once reporting is complete.

4.0 Demographics of respondents

4.1 Of those who responded to the question (n=164), over three quarters 78%, (n=128) were female with 22% (n=36) identifying as male. No respondents reported their gender as 'other'.

4.2 In addition to no respondents identifying their gender as 'other', only one respondent identified as being trans or as having a trans history. No further breakdown of their responses is included in this report in line with data governance and respondent anonymity.

4.3 Monitoring records reflect that 77% of PHA employees are female and 23% of PHA employees are male indicating that the response to this survey closely reflects the gender breakdown of PHA employees.
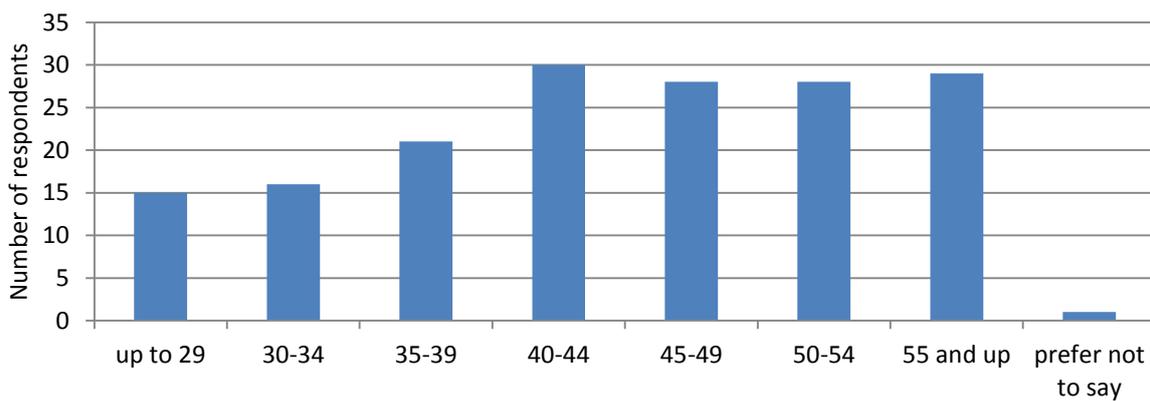
Chart 1: Age of respondents

4.4 Chart 1 presents the age categories of respondents. Of those who responded to the question (n=168), 68.5% (n=115) respondents were aged 40+ while 31% (n=52) respondents were aged 39 years or less. One respondent chose the 'prefer not to say' option.

4.5 Monitoring records reflect that 67.1% of PHA employees are aged 40+ and 32.9% are aged 39 years or less. The response to this survey therefore closely reflects the age breakdown of PHA employees.
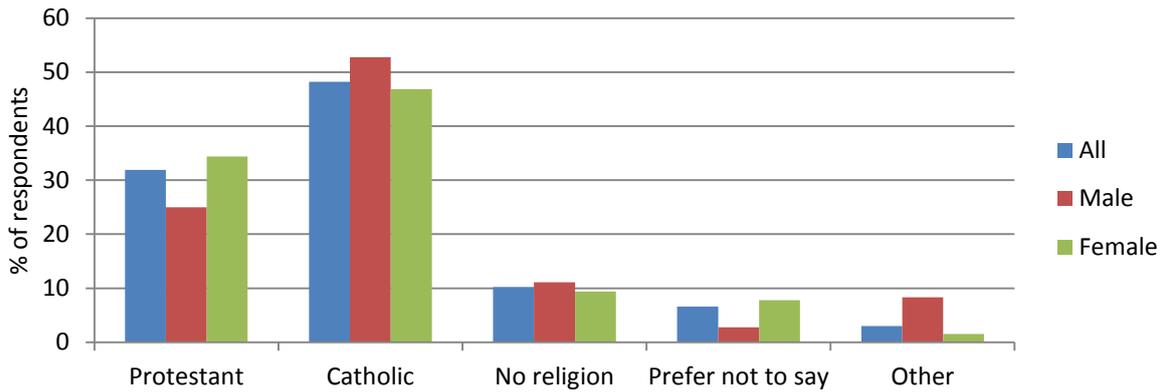
Chart 2: Religion of respondents

4.6 Chart 2 presents the religion of respondents. Of those who responded to the question (n=166), eight out of ten 80.1% (n=133) identified as Christian i.e. Protestant 31.9% (n=53) or Catholic 48.2% (n=80). Respondents were also given the options of Jewish, Hindu, Muslim, Sikh and Buddhist religions; however no respondents selected these options. Ten percent 10.2% (n=17) of respondents identified as having no religion while 3% (n=5) reported having another religion. Seven percent 6.6% (n=11) of respondents chose the 'prefer not to answer' option.
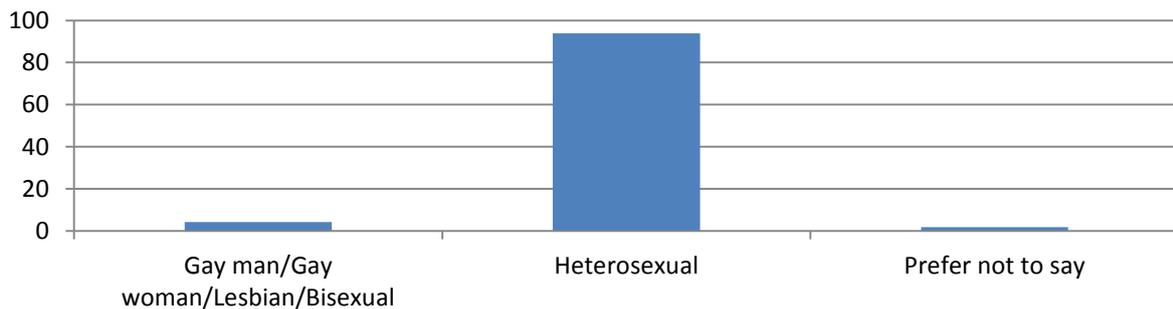
Chart 3: Sexual orientation of respondents

4.7 Chart 3 presents the sexual orientation of respondents. Of the 164 respondents who answered this question, the majority 93.9% (n=154) identified as heterosexual while 4.3% (n=7) of respondents reported having a same sex attraction i.e. lesbian, gay or bisexual. A small number (n=3) of respondents chose the 'prefer not to answer' option while no respondents reported their sexual orientation as 'other'.

4.8 Current PHA monitoring records show that information on sexual orientation is not available for 93.1% of PHA employees. Historically, staff may have not been required to provide this information. Research carried out by The Rainbow Project[1] showed that almost 1 in 4 employees in the public sector conceal their sexual orientation in the workplace.

---

[1] Through Our Eyes – Experiences of Lesbian, Gay and Bisexual People in the Workplace, March 2011 (McDermott)

4.9   LGB respondents were most likely to be open about their sexual orientation to their family and friends with all respondents reporting to being 'out' to all or some of their family and friends. Respondents were less likely to be open about their sexual orientation to their work colleagues. Respondents were least likely to be out to their human resources department at work.

4.10   Of those who responded to the question (n=168), the majority (98.2%, n=165) reported their ethnicity as white.

4.11   Of those who responded to the question (n=166), four percent (4.2%, n=7) reported living with a disability. Monitoring records reflect that 0.3% of PHA employees are living with a disability, 86.7% are not living with a disability and 13% have not provided this information. The response to this question in the Diversity Champions survey would indicate that people were willing to report a disability.

5.0   Work related demographics

5.1   Directorate: Of those who responded to the question (n=161), 60.9% (n=98) reported working in the Public Health directorate, 21.7% (n=35) worked in the Operations Directorate and 10.6% (n=17) worked in the Nursing and Allied Professionals directorate; 6.8% (n=11) of respondents choose the 'prefer not to answer' option (Chart 4). PHA records show that 52.9% of employees work in Public Health, 14.2% in Nursing and Allied Professionals and 32.8% in Operations; based on this information, the views of those working in the Public Health Directorate may be over-represented compared to those in Operations or Nursing and Allied Health Professionals directorates.
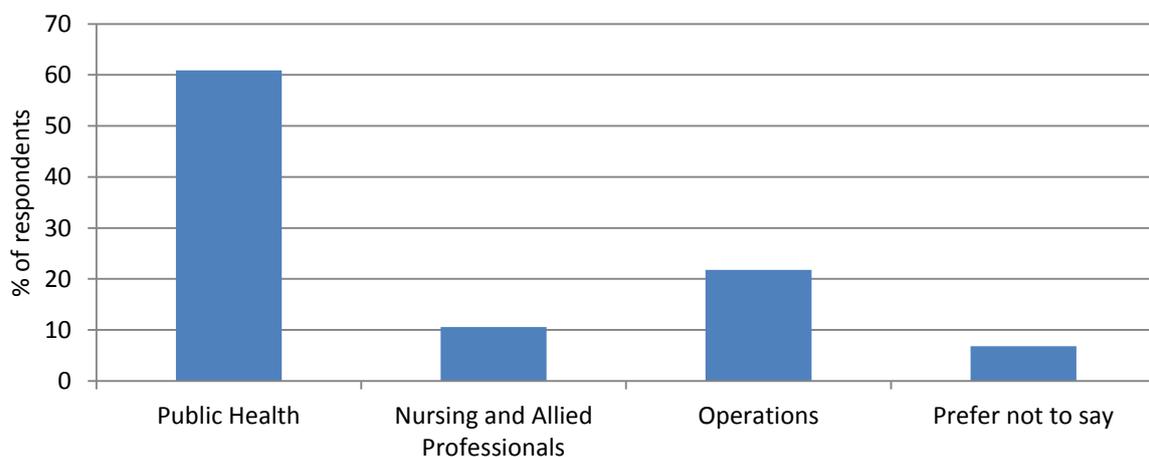

Chart 4: Responses by PHA Directorate

5.2   Length of service: Of those who responded to the question (n=161), three quarters (74.5%, n=120) reported having worked for the Public Health Agency for 3-6 years. Twelve percent (12.4%, n=20) reported having worked for the Public Health Agency for 1-3 years while 5.6% (n=9) reported having worked for the PHA for less than one year.

5.3   Contract type: Of those who responded to the question (n=161), more than three quarters (75.2%, n=121) reported having a permanent full-time contract; a further 12.4% (n=20) reported having a permanent part-time contract and 8% (n=13) reported having a fixed full time contract.

6.0   Results

6.1   Attitudes to equality and diversity in the workplace

Table 1: To what extent do you agree or disagree with the following statements?

	Agree	Neither	Disagree	Base (n)
I feel able to be myself in the workplace	**83.4% (131)**	10.8% (17)	5.7% (9)	157
The people I work with treat me with respect	**82% (128)**	12.8% (20)	5.1% (8)	156
The workplace culture in my organisation is inclusive of LGB people	**75% (117)**	21.8% (34)	3.2% (5)	156
Sexual orientation is not a barrier to career progression for LGB people	**78.9% (123)**	18% (28)	3.2% (5)	156
Senior management demonstrate visible commitment to LGB equality	**69.1% (107)**	27.1% (42)	3.9% (6)	155
I would feel confident declaring my sexual orientation on a monitoring form	**83.3% (129)**	13.6% (21)	3.3% (5)	155
The workplace culture in my organisation is inclusive of transgender people	31.6% (48)	**57.9% (88)**	10.5% (16)	152
Gender identity is not a barrier to career progression for transgender staff in my workplace	37.2% (57)	**56.9% (87)**	5.9% (9)	153
Senior management demonstrate visible commitment to transgender people	45.5% (70)	**47.4% (73)**	7.2% (11)	154
My organization would be supportive of someone undergoing gender reassignment	**48.7% (75)**	46.1% (71)	6.1% (8)	154
I would feel confident declaring my gender identity on a monitoring form	**81.8% (126)**	15.6% (24)	2.6% (4)	154
The equality and diversity training I have received has improved my awareness on LGB issues	39.6% (59)	**47.7% (71)**	12.8% (19)	149
The equality and diversity training I have received has improved my awareness on transgender issues	38.5% (59)	**49% (75)**	12.4% (19)	153

6.11   The majority of respondents (83.4%, n=131) felt that they are able to be themselves within the workplace and that the people they work with respect them (82%, n=128).

6.12   A majority of respondents (75%, n=117) felt that the culture in the Public Health Agency was inclusive of LGB people, that being same sex attracted would not be a barrier to career progression (78.9%, n=123) and that senior management demonstrate visible commitment to LGB equality (69.1%, n=127). The majority of respondents (83.3%, n=123) also stated that they would be happy to state their sexual orientation on a monitoring form, however this is not reflective of the number of PHA staff who have completed this information on the PHA internal monitoring system.

6.13   Fifty eight (57.9%, n=88) of respondents neither agreed nor disagreed that the PHA is inclusive of transgender people while 31.6% (n=48) felt that it was. Thirty seven percent (37.2%, n=57) of respondents agreed that a person's gender identity would not be a barrier to career progression within their workplace while 56.9% (n=87) neither agreed nor disagreed. Fewer than half (45.5%, n=70) of respondents felt that senior management demonstrate visible commitment to transgender people and 48.7% (n=75) agreed that the PHA would be supportive of someone undergoing gender reassignment surgery. Over eight out of ten respondents (81.8%, n=126) stated that they would be happy to record their gender identity on a monitoring form.

6.14   Gender identity and trans issues have historically been invisible but in recent years have started to emerge and be highlighted by a growing trans sector. It is for this reason that a lower level of awareness on gender identity issues would be expected.

6.15   Almost four out of ten (39.6%, n=59) respondents agreed that the training they received had improved their awareness of LGB issues while a similar proportion 38.5% (n=59) agreed it had increased their awareness of transgender issues. Around one half of respondents neither agreed nor disagreed that the training they received had improved their awareness of LGB issues 47.7% (n=71) and transgender issues 49% (n=75).

6.2   Experience and awareness of LGB&T issues
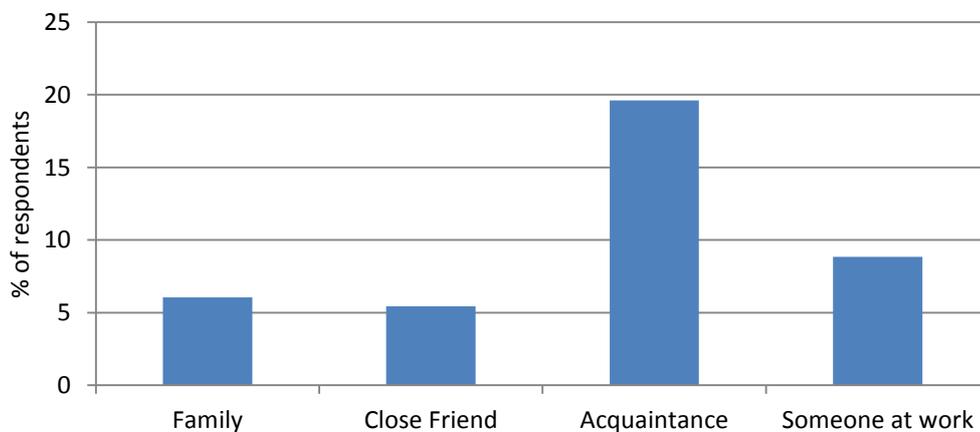
Chart 5: Respondents who know someone who is transgender

6.21   Of those who responded to the question (n=153), 26.8% (n=41) of respondents reported knowing someone who is transgender; one fifth (19.6%, n=30) reported having an acquaintance who identifies as transgender, while six percent 6% (n=9) have a family member who identifies as transgender and 5.4% (n=8) have a close friend. Nine percent (8.8%, n=13) know someone in work who identifies as transgender.

6.22   The majority of respondents reported having an acquaintance 82.8% (n=125) or knowing someone at work 73.4% (n=120) who is open about their sexual orientation. Three fifths (60.3%, n=88) reported having a close friend while two fifths (41.5%, n=61) reported having someone in their family who is open about their sexual orientation.

Chart 6: Respondents who know someone who is LGB

6.3 Experience of negative behaviours in the workplace

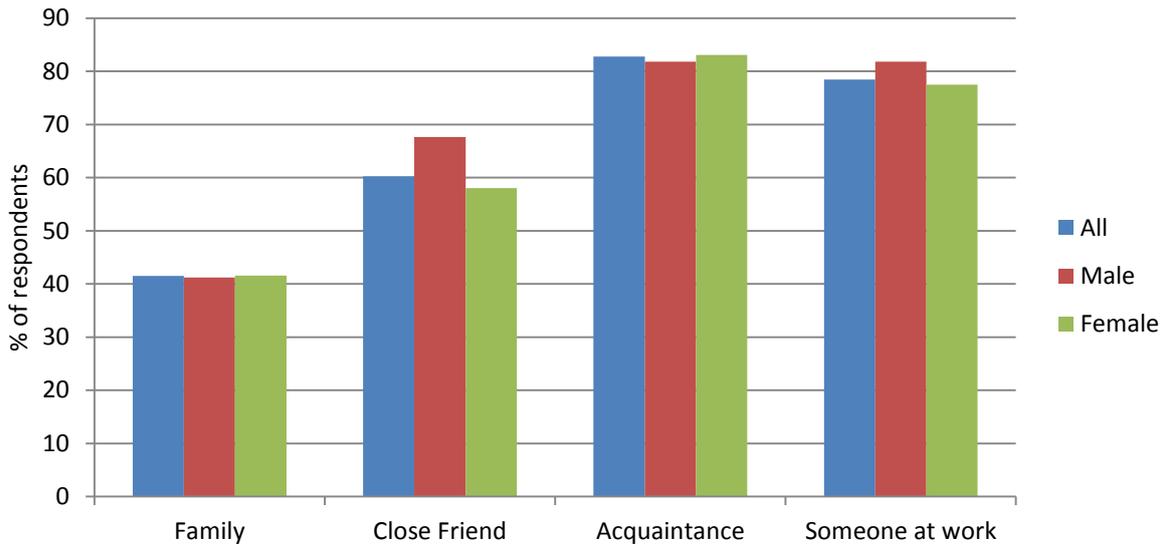| Table 2: During your time as PHA employee, have you been aware of the following behaviour in the workplace?		Never	Rarely	Sometimes	Don't know	Base (n)
Negative comments or jokes about a colleagues sexual orientation		**68.0% (102)**	19.3% (29)	10.0% (15)	2.7% (4)	150
Negative comments or jokes about being gay, lesbian or bisexual in general		**60.0% (90)**	25.3% (38)	12.0% (18)	2.7% (4)	150
A colleague being ignored or left out of social activities because of their sexual orientation		**92.0% (138)**	3.3% (5)	2.0% (3)	2.7% (4)	150
People not wanting to work with someone because of their sexual orientation		**92.7% (139)**	2.7% (4)	2.0% (3)	2.7% (4)	150
Negative comments or jokes made about a colleague who people think is transgender		**89.3% (134)**	3.3% (5)	2.0% (3)	5.3% (8)	150
Negative comments or jokes about being transgender		**82.0% (123)**	9.3% (14)	6.0% (9)	2.7% (4)	150
A colleague being ignored or left out of social activities because they might be transgender		**90.0% (135)**	2.0% (3)	0.7% (1)	7.33% (11)	150
People not wanting to work with someone because they might be transgender		**89.3% (134)**	0.7% (1)	2.0% (3)	8% (12)	150

6.31   The majority of respondents have never been aware of colleagues being ignored because they were LGB&/T, people not wanting to work with someone because they are LGB&/T or negative jokes being made about a colleague who people thought was transgender or about being transgender more generally.

6.32   Around two thirds of respondents had never heard negative comments or jokes about colleague because of their sexual orientation (68.0%, n=102). However, almost one fifth of respondents (19.3%, n=29) reported rarely hearing comments being made about an LGB colleague while one in ten (10%, n=15) reported hearing comments sometimes.

Three fifths (60.0%, n=90) reported that they had never heard general jokes about being LGB in general within the workplace while one quarter of (25.3%, n=38) reported having rarely heard negative comments and (12%, n=18) reported hearing them sometimes.

Table 3: Reporting incidents and seeking support				
To what extent do you agree or disagree with the following statements?	**Agree**	**Neither agree nor disagree**	**Disagree**	**Base (n)**
If I experienced bullying or harassment I would feel able to report it to my manager/employer	**80.8% (118)**	9.6% (14)	9.6% (14)	146
If I experience homophobic bullying or harassment I would feel able to report it to my manager/employer	**74.6% (109)**	17.1% (25)	8.3% (12)	146
If I experience transphobic bullying or harassment I would feel able to report it to my manager/employer	**74% (108)**	17.8% (26)	8.3% (12)	146
If I experience domestic violence I would feel able to approach my manager/employer for support	**55.9% (81)**	22.8% (33)	21.5% (31)	145
If I was to adopt a child or have a child through surrogacy I would feel able to approach my employer/manager for leave or support	**84.3% (123)**	10.3% (15)	5.5% (8)	146

6.33   The majority of respondents agreed that they would feel able to report bullying or harassment to their manager/employer (80.9%, n=118) with (9.6%, n=14) disagreeing and the same number neither agreeing nor disagreeing. The number of respondents agreeing that they would be willing to report if they were to experience homophobic or transphobic bullying (74.6%, n=109) is lower than with bullying or harassment more generally. However, more respondents also selected neither agree nor disagree and a smaller number disagreed that would they would feel able to report to their manager/employer indicating that respondents were not sure how they would react if they experienced homophobic/transphobic bullying or harassment.

6.34   More than half of respondents (55.9%, n=81) agreed that they could approach their manager/employer for support if they experienced domestic violence with 1 in 5 (21.5%) disagreeing.

6.35   The vast majority (84.3%, n=123) agreed that they would feel able to approach their employer/manager for leave or support if they were to adopt a child or have a child through surrogacy and 5.5% (n=8) disagreed.

6.4   Equality and diversity training

6.41   Respondents were asked a range of questions in relation to equality and diversity training and workplace policies and procedures.

6.42   Respondents were asked about their access to equality and/or diversity training. Of those who responded to the question (n=161), 58.4% (n=94) had acccessed training.
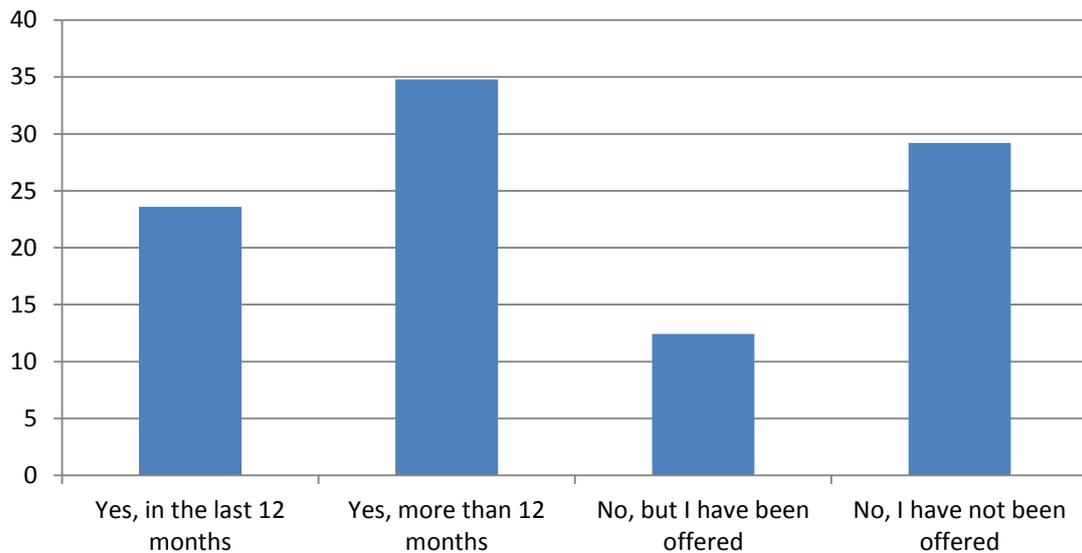

Chart 7: Respondents access to equality and/or diversity training while working at Public Health Agency.

6.43   More than half of respondents have accessed equality and/or diversity training during their time with the PHA, with 23.6% (n=38) having accessed in the last year and 34.8% (n=56) having accessed more than 12 months ago.

	Percentage Accessed Training (%)	Number Accessed Training	Total number
Contract type			
Permanent Full Time	69.4%	84	121
Permanent Part Time	35%	7	20
Fixed Term Full Time or Part Time	18.8%	3	16
Short term/Agency contract	0%	0	2
Other	0%	0	2
Time worked for PHA			
Less than 1 year	33.3%	3	9
1-3 years	25%	5	20
3-6 years	63.3%	76	120
Prefer not to say	83.3%	10	12
Directorate			
Public Health	55.1%	54	98
Nursing and AHP	64.7%	11	17
Operations	60%	21	35
Prefer not to say	72.7%	8	11

Table 4: Equality and diversity training by contract type, time worked for PHA and directorate.

6.44   Over two fifths (41.6%, n=67) of respondents reported not having accessed equality and /or diversity training during their employment with the Public Health Agency; 29.2% (n=47) of respondents reported not having accessed or being offered equality and/or diversity training while 12.4% (n=20) had been offered training but had not accessed it.

6.45   Respondents were asked if they had heard of and/or completed the PHA LGB&T e-learning programme for staff entitled 'Creating Inclusive Workplaces". Of those who responded to the question (n=146), just over half (52%, n=76) of employees reported having heard of the e-learning programme while 48% (n=70) reported that they had not.

6.46   Of those who were aware of the LGB&T e-learning 22.4% (n=17) had completed it and 77.6% (n=59) had not.

6.47   Respondents were asked to provide suggestions for improvement or feedback on the e-learning programme. Below is a sample of some of the comments received.

"It wasn't working when I tried it before and haven't been reminded about it since".

"No, it is great. Very progressive and has leadership from the top".

"Needs to focus less on overt homophobic/ transphobic bullying and more on heterosexism in the working environment. …….include some stats estimating the numbers of LGB people in work place, to raise awareness that not everyone in the work environment is straight."

"All staff need to be encouraged to complete the e-learning programme as part of Equality and Diversity training"

6.48   Respondents were provided with information on the LGB&T Health and Social Care Forum and asked if they had heard of the forum before this survey. Of those who responded to the question (n=146), eight out of ten (80.8%, n=118) respondents reported having heard of the forum while 19.1% (n=28) reported that they had not heard of the forum.

6.5   Related policies and procedures

Policy area	Base		Does the policy exist			Explicitly mention LGB staff/ same-sex relationships/ homophobia			Explicitly mention transgender/ transphobia		
			Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
Equal Opportunities / Diversity	153	%	83	0	17	53.6	0.8	45.6	41.8	0	58.2
		n	127	0	26	67	1	57	51	0	71
Marriage leave	151	%	74.2	1.3	24.5	20.5	2.7	76.8	-	-	-
		n	112	2	37	23	3	86	-	-	-
Maternity, paternity, adoption, surrogacy	150	%	90	0	10	14.7	2.2	83.1	-	-	-
		n	135	0	15	20	3	113	-	-	-
Bereavement	150	%	87.3	0	12.7	6.9	5.3	87.8	-	-	-
		n	131	0	19	9	7	115	-	-	-
Domestic violence	150	%	12.7	5.3	82	27.8	0	72.2	21.1	0	79
		n	19	8	123	5	0	13	4	0	15
Bullying and harassment	152	%	87.5	0.7	11.8	25.6	4.5	69.9	15.3	3.9	80.9
		n	133	1	18	34	6	93	20	5	106

Table 5: Related policies

6.51   More than three quarters of respondents were aware of policies related to equal opportunities/diversity, parental leave, bereavement and bullying and harassment. Slightly less than three quarters were aware of a policy related to marriage leave. 12.7% (n=19) of respondents believed there was a domestic violence policy in place which there is not while more than three quarters stated that they didn't know if one existed.

6.52   More than three quarters of respondents who were aware of policies did not know if marriage leave, family leave and bereavement leave were inclusive of same sex relationships.

6.53   Less than half the respondents (45.6%,n=57 who were aware of the PHA's equal opportunities/diversity policy did not know if it included same sex attracted people while more than half (58.2%, n=71) did not know if it included transgender people.

6.54   More than two thirds (69.9%, n=93) of respondents who were aware of the PHAs anti-bullying policy did not know if it included homophobic bullying while 80.9% (n=106) did not know if it included transphobic bullying.

6.6   Areas to be highlighted in policy

Respondents were asked to identify any other specific areas/issues relating to sexual orientation or gender identity that they felt should be highlighted in the workplace.

Overall, 19 respondents provided 24 comments. Example quotations are provided.

A third of the comments received (33%, 8 out of 24) expressed the view that policies should be equal for all employees and relate to all Section 75 groups (n=5) or applied regardless of sexual orientation or gender identity (n=3).

'All policies should be inclusive of all diversity issue.'

'I think that there should be an overall approach to PHA policies that covers all Section 75 groups rather than identify specific issue.'

Five comments (n=5) related to the need to raise staff awareness of LGB&T issues though equality training (n=4) or what is covered in policy (n=1). The issue of 'assumed sexuality' was also raised and how presuming that people are straight can lead to awkwardness.

'General awareness raising and case studies of good practice with members of staff.'

'Awareness training should be mandatory.'

'Unsure if it can be built into policy but I think there is an issue regarding assumed sexuality which could be highlighted…..the presumed straightness can create an awkwardness. Particularly as there is often not an obvious or appropriate way to correct the assumption.'

A number of comments (n=4) provided positive feedback on the PHA approach to supporting LGB&T issues and the high profile of the issue within the organisation.

'The PHA is very positive in its approach to supporting gender identity/sexual orientation issues. It all has a high profile within the organisation.'

'Very positive approach taken. It is unfortunate that this is not replicated at ministerial level given the role of the PHA in promoting health and equality for all.'

'...especially within an organisation that is so supportive and liberal.'

'I feel the PHA does promote integration in the workplace.'

Two comments (n=2) stated that there was a need to have clear statements relating to sexual orientation, gender identity, cohabiting and no-cohabiting within policies.

'I think we need revised policies with clear statements relating to sexual orientation/gender identity…'

'I think that the provisions relating to same sex relationships, cohabiting and non-cohabiting need to be clearer.'

Two comments (n=2) related to the need for a zero tolerance of prejudice and personal religious beliefs.

'…emphasis on zero tolerance of prejudices.'

'I feel like religious beliefs of some staff as well as voicing these beliefs is unnecessary and unprofessional…'

Other points highlighted were that issues relating to sexual orientation or gender identity should be highlighted in PHA policies as needed to comply with rights and/or legislation and that direct requests for blood donation in the workplace should not be made.

6.7 Increasing awareness of LGB&T issues

When asked 'In your opinion, is there anything that could be done in the Public Health Agency to increase awareness of LGB&T issues?', 21 respondents provided 30 comments. Example quotations are provided.

Over a third of comments (36.6%, n=11), related to the need to raise awareness of LGB&T issues (n=6) or provide training on equality and diversity

'LGBT issues could be mentioned on connect'

'Ensure that all staff receive equality and diversity training and that this is repeated for example, every 3 years'

Other suggestions related to increasing visibility through use of posters, promotion of LGB&T Staff Forum, more collaboration with LGB&T groups, and increased profile of LGB&T issues in the media.

Six comments felt that LGB& T issues were already well highlighted within the PHA;

'No I think PHA are very proactive in their approach to increasing awareness of LGB&T issues.'

'They are doing a lot; it is visible, positive support.'

'I think as an organisation with a number of LGBT workers we are very aware and supportive of equal rights for all.'

However, some comments (n=3) expressed the view that PHA should be more supportive of LGB&T events and advocate on issues such as gay blood ban;

'Supporting more LGBT events and marches.'

'Providing a voice on LGBT health related matters such as gay blood ban.'

Some comments (n=3) related to not being aware of other ways to increase awareness;

'I don't know. I don't know enough about the issues LGB&T face.'

Two comments (n=2) related to specific communication for LGB&T staff;

'Staff who are 'out' at work should be included in mailing lists for LGBT events'.

'New recruits should be invited to attend LGBT meetings if they wish to hear direct feedback on issues.'

Two comments (n=2) suggested that LGB&T staff should be more open and honest about their sexual orientation and/or gender identity.

Other issues highlighted related to not making direct requests for blood donation, the need for guidance around surrogacy and adoption for LGB&T people and the difficulties in changing wider societal views on LGB&T issues.

6.8   Other comments received.

Respondents were asked if there were any other comments they would like to make. Overall, nineteen respondents replied with 29 comments.

Some of comments (n=6) reiterated the views that equality should be for all employees and not focus on a specific group, however where there are issues for LGB&T staff, these should be addressed.

'I think everyone should be treated with respect no matter what their sexual orientation.'

'….appropriate measures should be in place to ensure equality for ALL staff - not focusing on any specific group….'

'If there are issues which are clearly LGB&T related, then these should be outed and dealt with. Otherwise, less special attention should go on LGB&T.'

The supportive nature of the PHA as an organisation (n=4) was again highlighted.

'I think PHA is one of the most supportive organisations in terms of LGB&T and shows great leadership from the top.'

'I am really pleased that PHA takes part in the Pride event and is visibly supportive of LGBT people in many ways.'

However, one comment reiterated the need for PHA to provide a viewpoint on LGB&T related issues such as blood donation.

Mixed view were expressed on the LGB&T forum (n=2);

'The LGBT forum is excellent and has a great social media presence.'

'Most LGBT people I know in HSC are not nor would they intend to me members of the Forum. There are issues around "trust" that need to be addressed.'

Comments were also received on the LGB&T forum lanyards for staff (n=2) with their use by non LGB&T staff interpreted by some as a *'visible sign of inclusiveness'* in one comment but that there was no need to include text on the lanyard (n=1).

A number of comments related to support in the workplace (n=4). While it was felt that the organisation/managers should provide support where required, it was noted that some people may not wish to discuss certain issues, regarding them as private and not relevant to the workplace, or that there may be a lack of understanding on some of the issues.

'Managers should offer open door policies to their staff with a culture of support being encouraged.'

'…some people would not feel comfortable discussing any of those things mentioned in the survey with their line manager regardless of how approachable and supportive they are because some of these could be deemed as private and not relevant to the work place.'

Four comments (n=4) received related to bullying or discrimination; one expressed the view that complaints about bullying are poorly dealt with in PHA with another stating that this may due how issues are dealt with by managers. A third comment reiterated the need for a zero tolerance attitude to bullying across the organisation while another felt that people stating religious beliefs for not agreeing with sexual orientation or gender identity was offensive.

A number of individual comments were received; one expressed surprise that some staff seem to have issues with LGB&T people, while another felt that people who are single and without children are most stigmatised in a society geared around family events and services.

A number of comments (n=4) were received on the survey; two of these questioned the need for some of the questions included (n=2), the structure (n=1) with one comment viewing the wording of some questions as negative.

7.0   Areas for consideration

7.1   There are 5 areas for consideration identified through this survey and subsequent report. These are explored below.

7.2   **Monitoring data:** From PHA monitoring data there are a number of areas where information has not been forthcoming from a monitoring perspective. These are ethnicity (25.98% disclosure), dependents (8.46% disclosure), sexual orientation (6.95% disclosure) and political opinion (6.95% disclosure). In the survey carried out by The Rainbow Project there was a higher level of disclosure in these areas. Considering this, the PHA should review how this data is gathered and for what purpose it is gathered.

7.3   **Gender Identity**: Respondents presented a lower level of understanding and knowledge in relation to gender identity issues when compared to sexual orientation. Issues relating to transgender people and gender identity issues have become much more visible in the last three years as has the knowledge base around this community. Some staff who have received equality and diversity training may not have received appropriate information on these issues as it was not available at that time. Consideration should be given to the review of equality and diversity training materials along with the e-Learning package to ensure trans and gender identity issues are appropriately included.

7.4   **Workplace Culture:** Respondents presented a very positive perception of the workplace culture within the PHA. While there were reports of hearing homophobic/transphobic language etc. Respondents presented being comfortable in addressing or reporting these instances.

7.5   **Training:** More than two fifths of respondents reported not having accessed equality and diversity training during their employment with the PHA. Additionally a small number of respondents reported having completed the e-learning package. Consideration should be given to the development of a set standard of equality and diversity training for all staff. Access to training should be monitored to ensure that all staff have had access to equality and diversity training or to the e-learning module.

7.6   **Domestic violence:** In relation to policies and procedures more than 4 out of 5 (82%) respondents were not aware of whether or not a policy existed. Additionally 1 in 5 (21.4%) of respondents reported that they would not feel able to approach their line manager/employer if they were to experience domestic violence. Consideration should be given to ways in which PHA staff can made aware of the support available through their employers should they experience domestic violence.