Working Towards Equality & Diversity in the NHS

LGBT Stocktake Exercise: Analysis of Responses

INCLUSION Project
Working for Lesbian, Gay, Bisexual and Transgender Health
Large print version and other formats are available on request

For more information on the work of the INCLUSION Project and the specific health needs and service experiences of Scotland’s LGBT population please contact

INCLUSION Project
Working for Lesbian, Gay, Bisexual & Transgender Health
11 Dixon Street, Glasgow G1 4AL

t: (0141) 204 0746
e: info@lgbthealthscotland.org.uk
www.lgbthealthscotland.org.uk

This piece of work was commissioned by the INCLUSION Project and was carried out by Lindsay Johnson, Research Fellow, Department of Psychology, Glasgow Caledonian University (GCU).

Acknowledgements
Thanks to the following people for kindly providing help and support with this piece of work:
Alastair Pringle, Project Manager, INCLUSION Project; Phil Dalgarno, Research Fellow, Nursing Research Initiative Scotland; and, Dr Alan Durndell, Head of Department, Department of Psychology, Glasgow Caledonian University.

Thanks also to all of the individuals who contributed towards providing the wealth of data examined in this project.
The INCLUSION Project, working for Lesbian, Gay, Bisexual & Transgender (LGBT) Health, was launched in October 2002, a partnership between Stonewall Scotland, representing Scotland’s LGBT communities and the Scottish Executive Health Department. The development of this project follows on from a series of meetings between LGBT organisations, the Scottish Executive’s Equality Unit and then Health Minister Susan Deacon, which identified key priorities and issues that impact on LGBT people’s health and wellbeing.

The INCLUSION Project is undertaking a wide range of activities to evidence the health needs and service experiences of Scotland’s LGBT communities and identify ways of improving accessibility and appropriateness of services for this population. This necessarily includes identifying what work is currently undertaken by NHS Boards to target the needs of LGBT people and what support is required by NHS staff and organisations to take this agenda forward.

This analysis of the “Towards Diversity in the NHS” stocktake is a component part of this work currently being carried out or commissioned by the INCLUSION Project. The information contained within the data provided by NHS bodies is anticipated to contribute to the process of accurately establishing the current level of NHS consultation and development of health services that relate to the needs of lesbian, gay, bisexual and transgender (LGBT) people across Scotland.

In November 2003 Malcolm Chisholm, Minister for Health and Community Care, announced the development of a NHS Strategy for Equality and Diversity. This stocktake exercise is part of the wider programme of activity currently being developed to inform this strategy and follows recent guidance in Fair for All: Working Together Towards Culturally Competent Services (Scottish Executive Health Department, 2001) and addresses many of the same themes.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual, Transgender</td>
</tr>
<tr>
<td>PFPI</td>
<td>Patient Focus Public Involvement</td>
</tr>
<tr>
<td>SHOW</td>
<td>Scotland’s Health on the Web</td>
</tr>
<tr>
<td>SE</td>
<td>Scottish Executive</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>GUM</td>
<td>Genito-Urinary Medicine</td>
</tr>
<tr>
<td>LHCC</td>
<td>Local Health Care Co-operative</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resources Department/Service</td>
</tr>
<tr>
<td>ISD</td>
<td>Information and Statistics Division</td>
</tr>
<tr>
<td>HLC</td>
<td>Healthy Living Centre</td>
</tr>
<tr>
<td>SHARE</td>
<td>Sexual Health and Relationships Education</td>
</tr>
<tr>
<td>CSA</td>
<td>Common Services Agency</td>
</tr>
<tr>
<td>OHS</td>
<td>Occupational Health Services</td>
</tr>
<tr>
<td>HEBs</td>
<td>Health Education Board for Scotland (now Health Scotland)</td>
</tr>
<tr>
<td>QIS</td>
<td>Quality Improvement Scotland</td>
</tr>
<tr>
<td>EO</td>
<td>Equal Opportunities</td>
</tr>
<tr>
<td>CMHT</td>
<td>Community Mental Health Team</td>
</tr>
</tbody>
</table>
The purpose of this piece of work was to analyse the responses provided by regional and national NHS services in Scotland in the “Working Towards Diversity in the NHS” stocktake carried out by the INCLUSION Project. The specific research objectives were to:

- Undertake a thorough analysis of completed stocktake exercises
- Investigate key themes and issues identified across the responses
- Provide a summary of each stocktake response

Sample Characteristics
- The questionnaires (N=31) were sent out to nominated leads across NHS services in Scotland. NHS services consisted of recently unified Boards, NHS Boards, Trusts and national NHS service agencies.

- Responses were returned from 24 separate services. These consisted of 3 national NHS services (NHS 24, NHS Quality Improvement Scotland and NHS Health Scotland) and 21 regional services (comprising of 11 NHS Boards, 9 of which reported as newly unified; 3 University Hospital Trusts; 3 Primary Care Trusts; 2 Acute Trusts; 1 Children’s Hospital Trust; and 1 NHS Healthcare Trust).

Methods
Quantitative research methods were selected and employed for the purpose of this study. The questionnaire was adapted by the INCLUSION Project from a similar tool used in the Fair for All Stocktake carried out in 2001 on Black and Ethnic Minority health. Questions were modified and developed by the INCLUSION Project Steering Group to relate specifically to the needs of LGBT people.

The areas of inquiry addressed in the stocktake exercise were:
1. Employment issues within the NHS that relate to LGBT individuals
2. Activities currently undertaken in geographical areas that relate to LGBT communities and populations
3. LGBT inclusive health policy developments and service planning
4. Support for NHS Boards in promoting equality and effective delivery of accessible and appropriate services for LGBT people

Data Analysis
In total 24 completed questionnaires were returned to the INCLUSION Project. The data was managed with the use of SPSS10 due to the flexibility of the package (Kinnear & Gray, 2000). Findings were reported in a purely descriptive way. A content analysis was carried out and general findings and a summary of each health service response was reported. This approach to the data analysis was taken in accordance with the commissioning requests made by the INCLUSION Project.

NB. Limitations of the study are considered fully in the main section of the report.
Gaps in the data
It is important to note that there were a number of significant gaps in responses across the four areas of inquiry covered within the questionnaire. In some instances over a third or higher proportions of respondents did not provide any response whatsoever.

Employment issues within the NHS that relate to LGBT individuals

★ The majority of respondents reported that sexual orientation and/or gender identity was explicitly included within Equal Opportunities (EO) and/or Harassment policies. Only one of the respondents went on to indicate that information on sexual orientation and/or gender identity was used to monitor EO at recruitment.

★ Human Resources Departments (HR) were asked how they are currently planning to meet the Employment Equality (sexual orientation) Regulations 2003 arising from Article 13 of the European Union Employment Directive. A third stated that there were current preparations or focus, with a small number stating that preparation or focus was planned. The majority reported that there would be future focus in meeting this requirement.

★ Half of respondents reported that within their designated service there were employees who had indicated that they felt discriminated against because of their sexual orientation in a NHS wide staff survey (2000). In one NHS Board this was 9% of all those staff who completed the survey.

★ When asked about what action would be taken to address discrimination against LGBT staff the majority responded. Examples of action ranged from vague responses to very specific programmes to tackle discrimination (including the use of confidential contacts, the employee counselling service, diversity/awareness-raising training and following general grievance and harassment procedures). Future plans to tackle discrimination were also intimated by a number of respondents.

★ Issues relating to training support identified by the majority of respondents included a need for:
  • General awareness-raising
  • Best practice guidance
  • The opportunity to use EO training for diversity issues
  • A need for additional funding and supportive legislation

Other suggestions reported in this section included more relevant literature; expert input; statistics; websites; and, information on legislation.

Findings
77% of the sample had responded to the stocktake exercise when the analysis commenced. At this time 24 of 31 were returned.
Activities currently undertaken in geographical areas that relate to LGBT communities and populations

The sample reported over 100 specific or mainstream activities underway to meet the needs of the LGBT population across the NHS.

- One quarter of all activities related specifically to sexual health; 14% were NHS Board funding allocations to LGBT voluntary organisations and 15% of reported activities were carried out specifically by LGBT voluntary sector services.

- Examples of innovative and good practice included: needs assessment carried out for LGBT young people; a project focusing on awareness of LGBT people who self-harm; the inception and development of the LGBT Centre for Health and Wellbeing (Edinburgh); Health Gay Scotland Initiative; Gay Men’s Health including regionally funded posts and secondments; an LGBT youth pilot project focusing on mental health and esteem; the development and dissemination of the FPA “Challenging Homophobia” resource pack; the range of work carried out by Reach Out Highland; and, the completion of a recent NHS Board Transgender needs assessment.

- Information regarding the funding source of each activity was much sparser and often incomplete. The main budgets allocating LGBT activity funding were reported as Blood Borne Virus, HIV and Health Promotion Budgets.

- Over half of Respondents stated there was some degree of LGBT involvement in the design, development and delivery of activities. One respondent reported that as yet there was no involvement because of the isolated nature of the community and stigma issues.

- NHS Lothian reported significantly more involvement across a range of services than any other Health Board area. This was followed by NHS Greater Glasgow and NHS Tayside. NHS Highland was also notable for the range of, and inclusivity of work. The nature of involvement ranged from formal and informal links with LGBT organisations and groups and extended to considerable partnership working in a minority of cases.

Challenges to developing services

- Nearly all respondents identified challenges for their agencies in developing appropriate and accessible health service provision for LGBT populations. Challenges identified included: a lack of information on LGBT health needs; heterosexist perceptions at cultural (society) and institutional (health service) levels; staff training needs; a lack of resources; issues relating to confidentiality and anonymity (particularly in rural, island areas and in young people’s services).

- Given the level of challenge identified only a small number of respondents identified support needs to address these challenges. These included: increased funding to services and training to improve responses to LGBT health

Specific issues for rural and island areas included accessing LGBT people, unwanted exposure and magnified stigma and religion.
needs; national moves to clamp down on homophobia and increase awareness raising; media support; strategic health accountability for LGBT needs; evidence and examples of best practice in engaging LGBT communities; and, good practice to help tackle homophobic attitudes.

**LGBT inclusive health policy developments and service planning**

- **Very few policy and planning areas specifically targeted the needs of LGBT people.** Those that did were mainly related to Sexual Health, Men’s Health and HIV.

- **Opportunities** to support LGBT organisations to participate in planning and policy structures across NHS services were identified by the majority of respondents. Opportunities included: through existing Board and Trust consultation mechanisms; Sexual Health and Patient Focus Public Involvement (PFPI) frameworks; as well as through local e.g. Reach Out Highland and national e.g. PHACE Scotland, LGBT organisations.

- **Obstacles** to including LGBT organisations were identified by just under half of the respondents. These included: a lack of staff knowledge of LGBT issues and how to engage people effectively; homophobia being present in group settings; a shortage of funding and staffing resources and LGBT representation in rural/isolated communities being difficult with severe stigma associated.

- **Ways to support improvements to policy and planning within the NHS were identified by the majority of the sample.** These included: national guidelines/legislation from the Scottish Executive; training on good practice in the inclusion and diversity process for LGBT people; information on LGBT health needs and organisations; and advice and support from the INCLUSION Project.

**Support for NHS Boards in promoting equality and effective delivery of accessible and appropriate services for LGBT people**

Over half of respondents requested further information on a wide range of issues which included: more information on specific needs beyond sexual health; a database of information and contact details of organisations to promote communication and consultation; strategies on working with young LGBT people and families; better statistical information; information on risk factors for LGBT communities; examples of good practice; and how to integrate LGBT needs into the Equality and Diversity agenda.

When asked to identify the best routes of communicating this information both Strategic and Operational routes were identified.
Strategic routes included:
★ National research from the Scottish Executive
★ Information provided through web based resources (including through a dedicated SHOW site)
★ A national database giving information on activities and contacts could be set up

It was also suggested that NHS Boards could co-ordinate approaches to Equality and Diversity issues and properly inform policy developments.

Operational routes included:
★ General managers of Local Health Care Cooperatives and Community Mental Health Teams could communicate examples of good practice and relevant information
★ Staff consultation days/seminars/workshops could be used
★ Written information (including email)
★ Training and support

Finally respondents were asked to identify where support was required in order to effectively engage LGBT people in the design development and delivery of services. Four key areas were identified:

Guidelines/Strategic support
Participants’ suggestions included: utilising the PFPI action plan, Performance Assessment Frameworks and the Involving People Team, as well as reviewing current local and national policies. National guidance on how to access hard to reach groups locally was suggested.

Resources
Support identified in terms of resources included: library and web-based information and services; better provision of training; and, clear funding structures for health promotion and prevention work targeting LGBT needs.

Training
Training issues included education and awareness for staff and general public on homophobia and discrimination as well as training for staff to better facilitate engagement with LGBT communities. An increased knowledge for health service staff to prevent excluding people was also cited, as was the need for general information and advice.

Community Development issues
★ Specific community development issues raised in relation to effectively engaging LGBT people included: an acknowledgement that LGBT needs should be represented in local Equality Forums and local plans must also reflect LGBT people’s needs. Seeking advice and guidance in order to work effectively with isolated, rural and remote areas was also raised. Also, linking into national organisations that can help identify or set up local individuals and groups. Boards that served isolated rural communities voiced concern over visibility issues for LGBT people.
Within a Scottish context there is limited research to date focusing on the health needs of LGBT people. However, the recent ‘Towards a Healthier LGBT Scotland’ report (Pringle, et al. 2003) identifies that the health of LGBT people can be directly and indirectly affected by homophobia, heterosexism and social exclusion in society and, more specifically, within ‘heterocentric’ health services (Lumsdaine, 2002; Diamant, et al. 2000; White & Dull, 1998; Mancunian Health Promotion Specialist Service, 1997).

Evidence suggests that Lesbian, Gay, Bisexual or Transgender (LGBT) people are less likely to disclose their sexual orientation in a health service setting and are more susceptible to a range of specific health problems. Specific health problems identified for LGBT people, in addition to the range of routine health problems, include the potentially increased risk of cervical and breast cancer for lesbian women; gay men, HIV and anal cancer; and prostate cancer risk in male to female transexuals (Pringle, et al. 2003). Also, higher levels of a range of mental health problems (including suicidality) are reported for LGB people (King & McKeown, 2003; Coia, et al, 2002; Bagley & Tremblay, 1997) as is an increased likelihood of alcohol or drug related problems (Hughes & Eliason, 2002; Hart & Heimberg, 2001).

With the considerable inequalities that LGBT people face in relation to their health, their use and experience of health services is now an important issue for the NHS. Ensuring services are accessible and appropriate is now a key aim reported in the ‘Partnership for Care’ health white paper (Scottish Executive Health Department, 2003).

The INCLUSION Project is currently in the process of gathering available evidence; undertaking new research, co-ordinating demonstration activity and supporting community capacity building, to bring evidence of LGBT health needs back to the NHS. It is anticipated that this evidence will be used to catalyse and support change across the planning & provision of NHS services.

Purpose of the Study
The purpose of this piece of work was to analyse the responses provided by regional and national NHS services in Scotland in the “Working Towards Diversity” stocktake carried out by the INCLUSION Project.

The specific research objectives were to:
- Undertake a thorough analysis of completed stocktake exercises
- Investigate key themes and issues identified across the responses
- Provide a summary of each stocktake response
Methods

Quantitative research methods were selected and employed for the purpose of this study. The questionnaire was adapted by the INCLUSION project from a similar tool used in the Fair for All Stocktake carried out in 2001. Questions were modified and developed by the INCLUSION Project Steering Group to relate specifically to the needs of LGBT people.

The areas of inquiry addressed in the stocktake exercise were:

1. Employment issues within the NHS that relate to LGBT individuals
2. Activities currently undertaken in geographical areas that relate to LGBT communities and populations
3. LGBT inclusive health policy developments and service planning
4. Support for NHS Boards in promoting equality and effective delivery of accessible and appropriate services for LGBT people

The questionnaires (N=31) were sent out to nominated leads across all NHS services in Scotland. NHS services included recently unified Boards, NHS Boards, Trusts and national NHS service agencies (including, for example, NHS 24 and NHS Health Scotland).

Data Analysis

In total 24 completed questionnaires were returned to the INCLUSION Project by the cut off date agreed between the INCLUSION Project and the researcher. The data was managed with the use of SPSS10 which was selected because of the flexibility offered when defining variables and inputting data (Kinnear & Gray, 2000). Findings were reported in a purely descriptive way. A content analysis of the data was carried out and general themes and a summary of each health service response were provided. This approach to the data analysis was taken in accordance with the commissioning requests made by the INCLUSION Project.

Limitations

It should be noted that there are limitations relating to the research methods selected. The questionnaires appear (in the main) to have been completed by one or two individuals. This is problematic in research terms as these individuals represent bodies that often employ hundreds or thousands of staff, therefore it is unlikely that one person will be able to accurately represent and document the views and relevant activities of each organisation as a whole. This should be taken into account when considering the findings of this analysis.

The thorough understanding of LGBT issues reflected in the design of the questionnaire did not yield expansive responses from the sample; in fact considerable sections were missed out in a number of returned questionnaires. This is perhaps an issue that requires further exploration in order to ascertain the reasons behind why, in relation to LGBT issues and NHS service delivery, some respondents provided such incomplete responses.
Sample Characteristics

There was a 77.4% (N=24 out of 31) response rate to the stocktake exercise. 87.5% (N=21) were returned from regional NHS Boards and Trusts and 12.5% (N=3) from NHS national agencies.

Regions represented in the stocktake exercise - detailing service types

<table>
<thead>
<tr>
<th>Areas represented</th>
<th>Type of service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NHS Board</td>
<td>Acute Trust</td>
</tr>
<tr>
<td>Greater Glasgow</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lothian</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>U* Highland</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>U Tayside</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>U Grampian</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>U Borders</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>U Forth Valley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U Fife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Argyle &amp; Clyde</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>U Ayrshire &amp; Arran</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>U Western Isles</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>U Dumfries &amp; Galloway</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>2</td>
</tr>
</tbody>
</table>

* U indicates 9 Unified NHS Boards represented in the sample

National agencies represented in stocktake exercise

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality improvement Scotland</td>
<td>1</td>
</tr>
<tr>
<td>Common Services Agency, NHS Scotland</td>
<td>1</td>
</tr>
<tr>
<td>NHS Health Scotland</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
</tr>
</tbody>
</table>
Gaps in the data

It is important to note that there were a number of significant gaps in responses across the 4 areas of inquiry covered within the questionnaire. In some instances over a third or higher proportions of respondents did not provide any response whatsoever. This could benefit from further exploration to identify why this was the case.

The four areas of inquiry addressed in the stocktake exercise in working for Lesbian, Gay, Bisexual and Transgender (LGBT) Health were:

☆ Employment issues within the NHS which relate to LGBT individuals
☆ Activities currently undertaken in geographical areas which relate to LGBT communities and populations
☆ LGBT inclusive health policy developments and service planning
☆ Support for NHS Boards/Trusts in promoting equality and effective delivery of culturally competent services for LGBT people

Findings – General themes

EMPLOYMENT

☆ 83.5% (N=20) respondents reported that sexual orientation and/or gender identity was explicitly included within Equal Opportunities (EO) and/or Harassment policies. Only one of the sample went on to indicate that information on sexual orientation and/or gender identity was used to monitor EO at recruitment.

☆ 87.5% (N=21) identified other groups monitored. [These included by ethnic origin, disability, gender, age, marital status, religion, nationality, and, by full/part-time employment status.] 58.3% (N=15) of sample reported that monitoring of such groups was achieved through the recruitment process and sustained, in 2 cases, through HR information databases. Information on other groups monitored was used (in the case of 2 NHS Boards, 1 Primary Care Trust and 1 Hospital Trust) to inform future service planning.

☆ When asked how Human Resources Departments (HR) were currently preparing to meet the requirements of the Employment Equality (sexual orientation) Regulations 2003 in relation to LGBT employees, 33.3% (N=8) stated that there were current preparations or focus; and 8.3% (N=2) have future action planned. 16.7% of respondents (N=4) stated that it was not a priority/no progress as yet; 41.7% (N=10) reported that there would be future focus on meeting this requirement.

NOTE: THIS IS A LEGAL REQUIREMENT FROM 1ST DECEMBER 2003.

☆ 54.2% of the sample (N=13) reported that within their designated service, employees who had completed the staff survey questionnaire had indicated they felt discriminated against because of their sexual orientation. 25% (N=6) of the sample reported this question was not applicable to their service and 8.3% (N=2) did not have this information available to them when the stocktake was completed. 12.5% (N=3) were coded as missing data.
When asked about what action would be taken to address discrimination against LGBT staff, 75% (N=18) of the sample provided responses. These ranged from vague and unclear responses to very specific programmes to tackle discrimination (including the use of confidential contacts, the employee counselling service, diversity/awareness raising training and following general grievance and harassment procedures). 38.9% (N=7) of this sub sample provided details of developing/future plans to tackle discrimination.

Only 25% (N=6) of the sample indicated they were aware of access to group support for LGBT staff. ‘Groups’ ranged from in-house employee support services to voluntary organisations. 29.2% (N=7) stated there was none available and 45.8% (N=11) did not answer. Further detail requested within the context of group support yielded yet more missing data.

Only 41.7% (N=10) of the sample stated there was written support available for LGBT staff. Descriptions of written support included Equal Opportunities policy, Dignity at Work, general employee policies and the availability of Occupational Health written support. Further detail requested within the context of written support yielded yet more missing data.

54.2% (N=13) of the sample were able to identify grievance and harassment procedures which could support LGBT NHS employees. 33.3% (N=8) went on to express who would be responsible for the implementation of these policies and in the main HR, management and staff, partnership committees and Trade Union (TU) representatives were identified as responsible for such procedures.

**The Future**

When asked about future training support required to address LGBT issues in employment, 75% (N=18) of the sample responded. Issues relating to training identified by respondents included a need for general awareness raising (N=6), best practice guidance (N=2), the opportunity to use general EO training for diversity issues (N=2) and a need for additional funding and supportive legislation. 58.3% (N=14) of the sample went on to indicate who would benefit from training. These included all staff, managers, TU representatives, HR staff and members of partnership forums. 21% (N=5) stated there were no resources for training whilst the Health Promotion Department and Employee Counselling Department were both identified as potential resources for training delivery.

The need for future training for managers was only indicated by 29.2% (N=7) of the sample. Types of training suitable for managers included ad hoc awareness raising, legislation and inclusion issues, best practice guidance and specific management modules as part of management training.

Future additional useful information was specified by 41.7% (N=10) of the sample. Suggestions included relevant literature, expert input, statistics, websites and information on legislation.
**ACTIVITIES**

<table>
<thead>
<tr>
<th>Number of activities reported per service</th>
<th>Number of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>11-13</td>
<td>1</td>
</tr>
</tbody>
</table>

Total no. of activities reported = 101

🌟 101 activities were reportedly carried out by statutory and voluntary sectors. NHS Boards were most likely to report knowledge of multiple numbers of activities compared to Trusts and national services.

🌟 There were 26 activities taking place related specifically to sexual health, 14 further activities were Board/Trust funding allocations to LGBT voluntary organisations, 15 reported activities were carried out specifically by LGBT voluntary sector services, 4 activities related to reported general joint planning between statutory and LGBT voluntary sector organisations, and 4 activities described related to practice where ‘life rights’ such as LGBT fertility treatment and gender reassignment services were identified.

**Innovation and Good Practice**

There were a further 15 activities where innovation and good practice was identified. 5 of these were carried out jointly between voluntary and statutory sectors, the data implied 6 were carried out by health services, and, 4 by voluntary sector services. Examples of innovative and good practice included: LGBT self-harm focus and awareness; needs assessment carried out for LGBT young people; the inception and development of the LGBT Healthy Living Centre; the Healthy Gay Scotland Initiative; Gay Men’s Health including regionally funded posts and secondments; an LGBT Youth pilot project focusing on mental health and esteem; the development and dissemination of the FPA “Challenging homophobia” resource pack; the range of work carried out by Reach Out Highland; the completion of a recent NHS Board Transgender population needs assessment.

**Funding and service delivery**

🌟 Information regarding the funding source of each activity was much sparser and often incomplete. Only 58% (N=14) of the sample indicated how the 1st activity taking place in each area was funded, only 41.7% (N=10) reported how the 2nd activity was funded and again responses dwindled further. Participants that completed the stocktake exercise (in the majority of cases) did not complete funding source information to correspond with the number of activities reported. This may benefit further exploration. Ranges of funding sources were identified. The main budgets allocating LGBT activity funding were reported as Blood Borne Virus Budgets (frequency=10), Health Promotion Budgets (frequency=10) and HIV budgets (frequency=7).
Again there was a high proportion of incomplete corresponding data relating to activity and service delivery. Only 27 of the 100 activities were reported to be delivered by NHS services and only 31 of 100 activities were reported to be delivered by NHS partner agencies.

Only 28 of the funded activities provided corresponding data relating to current funding levels. These ranged from £901,214 decreasing to £900 and the majority (N=10) indicated current funding of below £10K, 4 received between £10 and £50K, 7 received between £50 and £100K, 5 received between £100K and £250K and 2 between £300K and £900K.

Levels of LGBT involvement in design, development and delivery of services

58.3% (N=14) stated there was some degree of LGBT involvement in the design, development and delivery of activities. 1 of the providers that stated there was no involvement went on to explain that this was because of the isolated and rural nature of the community and stigma issues.

NHS Lothian reported significantly more involvement across a range of services than any other Health Board area this was followed by NHS Greater Glasgow and Tayside. The nature of involvement ranged from formal and informal links with LGBT voluntary organisations and groups and also extended to considerable partnership working in a minority of cases.

Targeting and research relating to LGBT people

When asked about population wide targeting of LGBT populations only 50% (N=12) of the sample provided examples. The level of targeting varied across regions and included consultation with voluntary organisations, via needs assessment, through young peoples services, LGBT involvement in a Sexual Health Strategy Group, Gay Men's Development Worker and a patient/user forum.

Over the last 5 years only 15 pieces of research have been carried out across the whole of the sample. All of this research has been carried out across 6 NHS Board areas and 1 national agency. NHS Lothian had carried out the majority (N=5) of these research projects. 3 were in urbanised NHS Board regions and 3 were more sparsely populated. Research had been used to inform statutory and voluntary service development (including across disciplines).

91.7% (N=22) of the sample identified challenges for their agencies in developing appropriate and accessible health service provision for LGBT populations. Challenges identified included: a lack of information on LGBT health needs; heterocentric dominant cultural perceptions at macro (society) and micro (health service) levels; staff training needs; a lack of resources and issues relation to confidentiality and anonymity (particularly in rural, island areas and in young people's services). Specific issues for rural and island areas included accessing LGBT people, unwanted exposure and magnified stigma and religious fervour.
When asked to consider support required to address agency challenges only 20.8% (N=5) of the sample provided a response. Support needs that were identified included: increased funding to services; training to improve responses to LGBT health needs; national moves to address homophobia and increase awareness raising; media support; strategic health service accountability for LGBT needs; evidence; examples of best practice in engaging LGBT communities and good practice to help tackle homophobic attitudes.

**Planning and Commissioning of Services**

50% of the sample provided no responses when asked to rate between 1 and 5 (1=not at all, 3=limited reference, 5= explicit) the extent that current planning and commissioning targeted the needs of LGBT people across all policy and planning areas covered in the stocktake.

Very few respondents reported policy and planning areas that scored above 3. Areas of policy where the majority of respondents scored 3 or above mainly related to policies relating to HIV prevention (N=13), Sexual Health (N=11), Men’s Health (N=11), Health Promotion (N=10), Health Inequalities (N=8), Patient Focus Public Involvement (N=8) and Women’s Health (N=6). Again this may indicate that policy and planning within health services still consider LGBT populations through a sexual health lens as opposed to policy and planning developing holistic coverage of LGBT health and health needs. This focus seems particularly significant in relation to the proportionally high scores for HIV Prevention planning and policies compared with the range of other areas of health identified in the questionnaires.

Data identifying policy documents, specific target group information and related allocated resources yielded even fewer responses and this ranged from 46% of the sample not providing information on policy documents extending to up to 100% missing data relating to resources allocated for this purpose.

Opportunities to support LGBT organisations to participate in planning and policy structures across NHS services were identified by 70.8% (N=17) of the sample. Opportunities included through existing Board and Trust consultation mechanisms e.g. Sexual Health and PFPI frameworks, as well as Reach Out Highland, PHACE Scotland and other regional and national LGBT organisations.

Existing obstacles were only reported by 41.7% (N=10) of the sample. Obstacles included: a lack of staff knowledge of LGBT issues and how to engage people effectively, homophobia being present in group settings, a shortage of funding and staffing resources, LGBT representation in rural/isolated communities being difficult and stigma very severe, and Boards and Trusts not always appreciating the significance of specific LGBT involvement in policy developments.

75% (N=18) identified ways to support improvements to policy and planning within the NHS. These included: national guidelines/legislation from the Scottish Executive, training, good practice in the Equality
and Diversity process for LGBT people, information on LGBT health needs and organisations, advice and support from the INCLUSION Project were all identified.

**SUPPORT**

**LGBT evidence currently held by NHS services**

★ 66.7% (N=16) of the sample provided information on evidence held by their organisation in relation to LGBT issues whereas 25% (N=6) of the sample reported that there was no information held. Glasgow NHS services reported holding 6 types of evidence relating to LGBT populations, Lothian NHS services identified 4 types, Highland, Lanarkshire and Health Scotland NHS services all identified 3 sources each, Tayside and Dumfries and Galloway NHS services reported 2 examples, and Grampian, Borders, Forth Valley, Fife and the Western Isles NHS services each reported 1 example of evidence held. Types of evidence identified by the sample included: ISD and national data, regional research findings on Gay men and young LGBT people, academic and organisational research and literature, information on sharing best practice, sexual health promotion literature, sexuality teaching packs and needs assessments for LGB and young people.

★ When asked to identify additional information required (in addition to evidence already held) 70.8% (N=17) of the sample responded. 6 respondents requested ‘health needs information’. Other types of information requested included: more information on specific needs beyond sexual health, case studies to demonstrate LGBT issues, advice from specialist service providers, banks of information and contact details of organisations to promote communication and consultation, strategies on working with young LGBT people and families (with training support), better statistical information, risk factors for LGBT communities, examples of good practice in promoting LGBT peoples health, how to integrate LGBT needs into the Equality and Diversity agenda, Scotland wide LGBT health profiling, up to date evidence based resources, and demographic information.

★ 66.7% (N=16) of the sample suggested ways in which information could be communicated to NHS organisations. Strategic and operational communication routes were identified by respondents:

**Strategic routes** included: national research from the Scottish Executive, researched explicit guidance on how and when to achieve LGBT targets in line with other developments from the NHS, information provided through web based sources (including through a dedicated SHOW site), a PFPI national database giving information on activities and contacts could be set up. Also it was suggested that NHS Boards could co-ordinate approaches to Equality and Diversity issues and properly inform policy developments.

**Operational routes** included: LHCCs & CMHT general managers could communicate examples good practice and relevant information, staff consultation days/seminars/workshops could be used, as could written information (including email), and training support.
Training
79.2% (N=19) of the sample indicated that further training was required in order to effectively meet the health needs of LGBT people. For the purpose of the analysis initial identification of training needs have been categorised into 2 types: general and specific training topics.

General training
79.2% (N=19) of the sample identified general LGBT training needs. These included suggestions such as: All staff required LGBT awareness-raising training that included a focus on diversity (including specific reference to the participation of Primary Care reception staff, GPs and senior managers). It was stated that Diversity training should be provided at staff induction, and training on employment issues was considered; as was young people, safety and confidentiality; and general confidentiality; and finally, it was stated that inequalities training packages should link LGBT issues to multiple discrimination issues.

Specific Training
* 33.3% (N=8) of the sample identified specific LGBT training needs. These included: senior managers required awareness-raising and “how to value diversity” training; A&E ward staff required mental health needs training for LGBT people; training for youth workers in care situations was identified, as was training for staff who work with older people, people with physical impairments and people with learning disabilities. Also LGBT training for HR was identified in the form of “best personnel practice” and it was suggested that service planners received LGBT health needs training.

Borders and Tayside NHS Boards indicated there was work in progress relating to training. Tayside stated that Gay Men’s Health provided training across the region and that an Equalities Manager at Board level would be pursuing additional LGBT training.

Participants were then asked about further types of training. Only 20.8% (N=5) of the sample indicated that anti-discriminatory practice training was required (2 indicated it would be useful for managers whilst all 5 stated it would be useful for staff in general).

* Only 16.7% (N=4) indicated that training on challenging homophobia would be useful (1 respondent for management level and 3 for staff in general).

* 33.3% (N=8) indicated again that training on understanding LGBT needs would be useful. These respondents identified that training should be pitched at staff, managers and directors. 1 participant also indicated that training for trainers and community development skills for working with LGBT people would be useful.

Useful training methods

When asked specifically about what training methods would be useful the majority of the sample did not provide a response.

25% (N=6) of the sample indicated that seminars/workshops/conferences would be useful. 12.5% (N=3) of the sample stated that on-site training was appropriate.
8.3% (N=2) of the sample identified web-based/e-learning as a helpful medium.

**LGBT organisations**
- 87.5% (N=21) of the sample identified 48 national and regional LGBT organisations and groups across Scotland. 54.2% (N=13) of the sample were able to identify 2 groups.

- Lothian (N=9) and Highland (N=8) NHS Board areas identified the highest number of LGBT organisations across the sample. NHS Glasgow stated that there were too many to cite although the Sexual Health Team at the Board held a comprehensive list.

**Support required to effectively engage LGBT people and groups**
75% (N=18) of the sample identified 4 areas where support was required in order to effectively engage LGBT people in health service design, development and delivery of services. These 4 areas have been defined as Guidelines/Strategic support, Resources, Training and Community Development issues.

**Guidelines/Strategic support**
Participants’ suggestions included utilising the PFPI action plan, Performance Assessment Frameworks and the Involving People team and reviewing current policies. Also, ideas included establishing a role for a Public Involvement Department, ensuring there is a holistic framework based on rights and equality, not just sexual health. Finally, national guidance on how to access hard to reach groups locally.

**Resources**
Support identified in terms of resources included: the means to offer non-GUM healthcare and advice, library and web-based information and services, better provision of training and clear funding structures for health promotion and prevention work targeting LGBT needs. Funding for dedicated NHS Board development worker posts to focus on LGBT health needs was considered as was more staff time to facilitate better engagement of LGBT people.

**Training**
Training needs was another prevalent theme indicated by the sample. Training issues identified included: homophobia as a problem and education and awareness for staff and public is required, training for staff to better facilitate engagement with LGBT communities would be beneficial. An increased knowledge for health service staff to prevent excluding people was also cited, as was the need for general information and advice.

**Community Development issues**
Specific community development issues raised in relation to effectively engaging LGBT people included an acknowledgement that LGBT needs should be represented in local Equality Forums and local plans must reflect needs. Staff must be skilled enough to avoid singling out one particular group, appropriate methods for engaging LGBT groups must be identified and building on contacts within local populations is an important factor as is seeking advice and guidance in order to work effectively with isolated rural LGBT populations. Also, linking into national organisations which can help identify or set up local individuals and groups. Boards that served isolated rural communities voiced concern over visibility issues for LGBT people.
Conclusions

This information provides us with an initial, if incomplete, baseline on current levels of NHS activity in relation to the health and service needs of Scotland’s LGBT population. The majority of activity targeting the needs of LGBT people remain focussed on HIV and Sexual Health, primarily with gay and bisexual men. While these issues are important, they are only a small and very medically focussed part of the health needs that have been evidenced.

The INCLUSION Project will be working closely with the Health Department to look at the support requirements that have been identified through this stocktake. Individual feedback to each NHS Board will be provided by the Project and meetings organised to discuss ways of taking this agenda forward.

Recommendations

A full set of guidance and recommendations will be available in October 2004. However, NHS Boards and Departments may want to begin to consider how they take on board the issues raised in this report as well as the evidence from ‘Towards a Healthier LGBT Scotland’ as part of their evolving commitments to equality and diversity.

The 3 key areas for action are:

**Challenging Homophobia and Transphobia**
- Continue campaigning for positive changes in legislation
- Mass media work
- Anti-homophobic / transphobic bullying policies

**Improving accessibility and appropriateness of mainstream services**
- Include sexual orientation and gender identity in population data gathering e.g. census
- All public sectors need to consider the role they can play
- Mass media work
- Anti-homophobic / transphobic bullying policies

**Development & support for specialist services**
- See recommendations from HIV Health Promotion Strategy Review Group
- See recommendations from Scottish Needs Assessment Programme report on services for...
Transsexuals

- Improving funding for local LGBT organisations e.g. Lesbian & Gay Switchboards
- NHS LGBT staff Network
- Consider findings from INCLUSION Project demonstration work into other areas of specialist provision
- More research is needed into a range of LGBT subgroups to be able to consider specific needs e.g. LGBT people from black and ethnic minorities, mental health needs, older LGBT people, LGBT people living in rural or remote areas

References


