

# Addressing LGBT+ health inequalities

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- LGBT+ Health inequalities - context
- Impact of COVID-19
- Priorities for action
  - What we as individuals and organisations can do

# Whilst we have made some progress towards LGB(T)+ equality.....



- LGBT people face considerable barriers to leading happy, healthy, and fulfilling lives
- LGBT people face discrimination, bullying, and harassment in education, at work in the media and on the streets. The NHS workforce is no different
- LGBT people face greater inequalities in health satisfaction, access, experience and outcomes and this has been exacerbated by COVID-19

# Intersectionality

Intersectionality describes how aspects of our experience and identities might combine to create both *discrimination* and *privilege*.

We need a better understanding of the relationship between our characteristics and how that impacts on marginalised individuals.

We need to ensure our efforts at addressing inequalities for one group is not at the expense of others and recognises and responds to these often complex interactions



# LGBT+ health inequalities



52% LGBT+ people experienced depression in the last year<sup>1</sup>

48% LGBT+ aged 18 - 24 self-harmed in the last year<sup>1</sup>

46% trans people thought about taking their life in the last year<sup>1</sup>

Worse mental health is demonstrable in LGB children as young as 10<sup>2</sup>

14% LGBT people avoid accessing healthcare for fear of discrimination<sup>1</sup>

1 in 4 LGBT people report a lack of understanding from healthcare staff<sup>1</sup>

LB women, trans men and non-binary people have lower rates of cervical screening<sup>3</sup>

LGBT people report higher rates of smoking, alcohol and substance misuse

Trans men are less likely to use contraception and have high rates of unplanned pregnancy

1. LGBT in Britain. Health Report [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_health.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf)  
2. [Depression and self-harm from adolescence to young adulthood in sexual minorities compared with heterosexuals in the UK : a population-based cohort study](#). Irish *et al.* Lancet Child and Adolescent Health, Vol. 3, No. 2, 02.2019, p. 91-98.  
3. Lesbian, Gay, and Bisexual Women in the North West. A multi-method study of cervical screening attitudes, experience and uptake. <https://s3-eu-west-1.amazonaws.com/lgbt-media/Files/38ffed72-7d94-471f-87ad-8ace8a92819/Cervical%2520Screening.pdf>

# Inequalities in experience

## **Lesbian, gay and bisexual people report:**

- Poorer communication from healthcare staff
- Assumptions of heterosexuality
- Overt discrimination

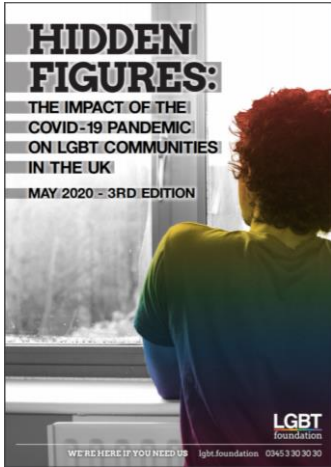
## **Trans people have particularly poor experience:**

- Gendered materials, such as leaflets aimed at women given to trans men
- Gendered spaces, such as maternity units
- IT systems which cannot record their gender

## **This makes LGBT+ people feel they:**

- Are not included
- Do not have relevant information or services
- May be treated badly or differently when accessing services

# COVID-19 and LGBT+ individuals



- COVID-19 has highlighted and exacerbated existing health inequalities
  - Mental Health
  - Suicide and self-harm
  - Isolation
  - Access to services
  - Domestic abuse
  - Substance misuse
  - Homelessness
- It will be a long time before services get back to normal  
.....if they ever do
- We need to re-frame our approach to addressing health inequalities post-COVID



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<https://lgbt.foundation/coronavirus/hiddenfigures>

<https://www.lgbthero.org.uk/lockdown-one-year-on>



# Addressing LGBT health inequalities

- Monitoring and data collection
- Training and workforce development
- Delivering LGBT inclusive services
- Supporting LGBT staff, ensuring the workplace is inclusive and being an 'LGBT ally'



# Monitoring and data collection

## Sexual orientation and gender identity / trans status monitoring

*“If you don’t count us, we don’t count”*

- Sexual orientation and gender identity / trans status monitoring are essential to fully understand inequalities and experience
- A national standard for sexual orientation monitoring exists and has been included in NHS patient experience and staff surveys – but has not been fully rolled out across the NHS and social care
- We are even further behind with gender identity / trans status questions
- Asking questions about sexual orientation and gender identity / trans status enables us to be more inclusive



# Training and workforce development

Supporting workforce development and improving training is key

- Training needs to be for all staff :
  - Understand experience and inequalities
  - Target our resources and information / interventions properly
  - Challenge hetero-normative and cis-normative culture
  - Gender affirming and supportive of correct pronouns
- Training needs to be:
  - For both undergraduate and postgraduate training
  - Embedded in continuing professional development
  - Delivered in a range of ways
    - E-learning
    - Face-to face
    - Informed / delivered by LGBT+ people

# Delivering inclusive services

- Visibility
  - Do LGBT individuals recognise themselves in the services we provide?
- Language
  - Non-binary related to gender
  - Inclusive language for trans and non-binary people does not 'exclude' or 'erase' others
- Imagery
  - Use of same-sex couples and trans individuals on websites, in patient information, health promotion etc
  - Simple signs such as rainbow badges and lanyards
- Meaningful representation and engagement with LGBT staff
- Engaging and working with LGBT Networks



# Rainbow badge project



The Rainbow badge comes with a number of commitments:

- That your organisation is an open and inclusive environment
- That you can help signpost to support and resources about LGBT+
- That you are an advocate for LGBT+ people of all ages, and their families
- That you help break down barriers that LGBT+ people face when accessing healthcare.



# Rainbow Badge Project – ‘phase 2’



- The NHS England LGBT Health team is committed to supporting and evolving the highly successful NHS Rainbow Badge project
- We have commissioned a partnership that brings together a range of sector-leading expertise. The initiative will be led by LGBT Foundation and Stonewall, with support from Switchboard, LGBT Consortium, and GLADD (The Association of LGBT Doctors and Dentists).
- The project will combine LGBT Foundation’s Pride in Practice experience in primary care and patient-focused support, Stonewall’s Diversity Champion experience supporting employers and staff, and Switchboard’s expertise in engaging with secondary care services.



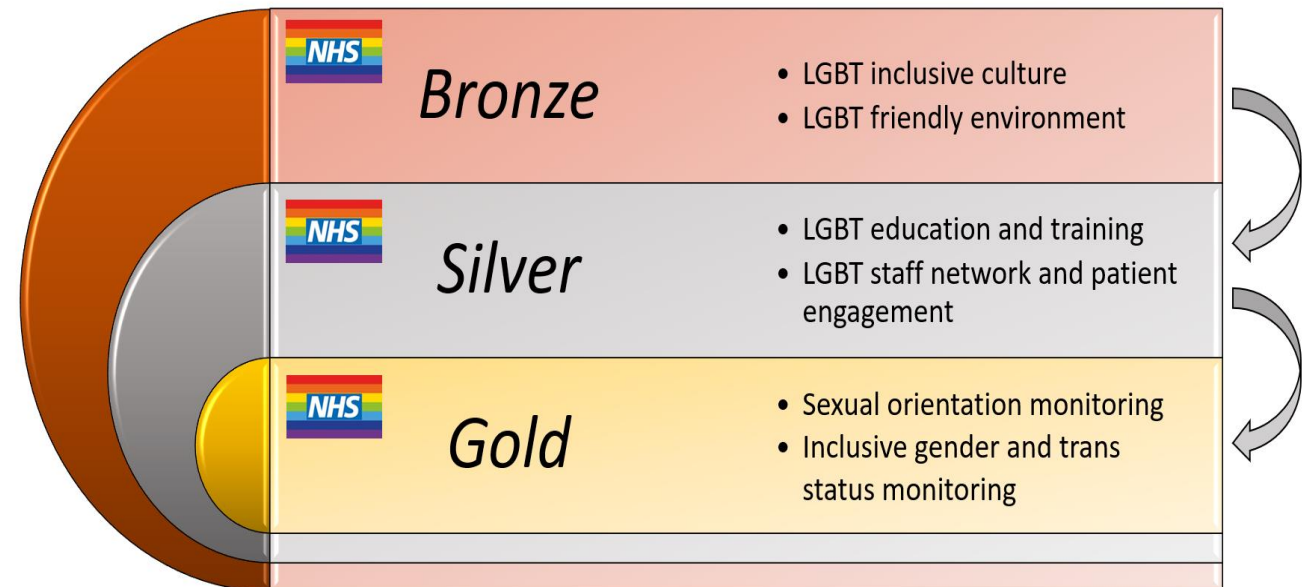
# Rainbow Badge Project



The aim of 'phase 2' of the project is to build in a more systematic approach to LGBT awareness and inclusion within NHS organisations, and to address issues around monitoring, culture, inclusive policies, education and training of the workforce and the experience of LGBT+ staff more consistently.

This will include quality assurance and bench marking across the NHS organisations implementing the programme.

Participating organisations will be awarded a gold, silver or bronze award depending on what they achieve



# Solutions.....

## **As individuals:**

- **Be an 'LGBT Ally'**
- **Respect and respond to the individuality and diversity of your colleagues / patients / target audience**
- **Call out and challenge poor behaviour and 'ask the questions' about LGBT+ equality**

## **As leaders / organisations:**

- **Committed and visible leadership**
- **Effective LGBT+ diversity training**
- **Monitoring of sexual orientation and gender identity / trans status**
- **Deliver truly inclusive services**
- **Support your LGBT+ networks**
- **Ensuring you are inclusive and supportive of LGBT+ staff**



# Contact us.....

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