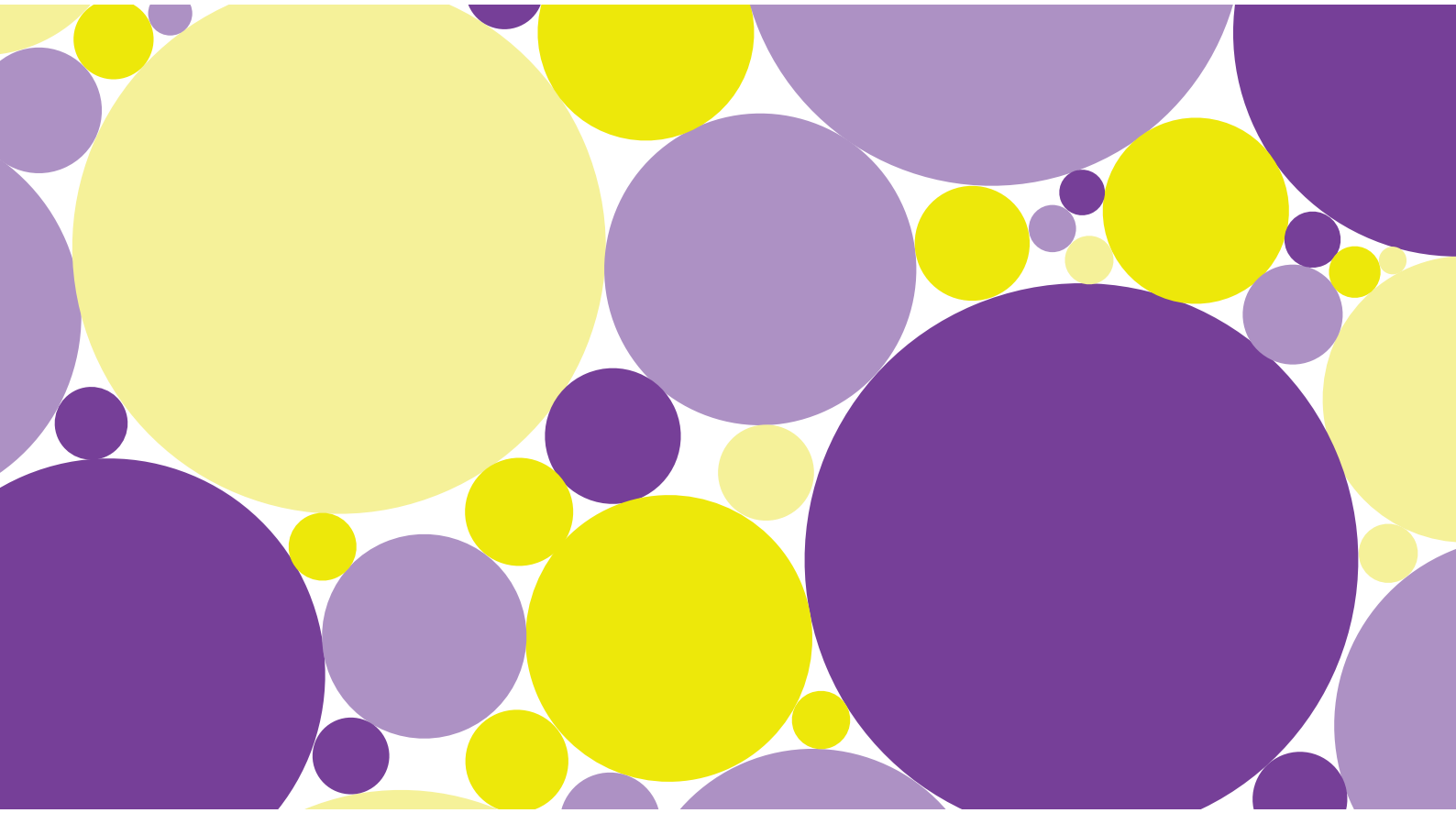
NHS

Briefing 1

Working with lesbian, gay, bisexual and trans (LGBT) people



Briefings for health and social care staff

DH Department of Health

(a) Who are LGBT people?

You cannot necessarily tell whether someone is lesbian, gay or bisexual (LGB) from just their appearance. LGB people come from all walks of life: they could be old or young, Black and minority ethnic (BME) people, women, disabled, from any class, or any faith group. They may be in a civil partnership with a person of the same sex (or even be married to a person of the opposite sex) and they may have children. They may also be asylum seekers, refugees, homeless, prisoners or people living in poverty. There are many LGB people working in health and social care services.

'Trans' (T) is an umbrella term for people whose identities do not conform to typical ideas about sex and gender. Trans includes transgender, transsexual and intersex people (see also Briefing 11). Trans people may be heterosexual, lesbian, gay or bisexual; they may be disabled; they may be old or young; or they could be from BME communities.

(b) What are LGBT people's health needs?

Healthcare and other professionals commonly assume that LGB people's health needs are the same as those of heterosexual people, unless their health needs are related to sexual health. LGB people do have unique healthcare concerns. They report that they are often treated differently in the health sector. Furthermore, discrimination, homophobia and heterosexism[1] (the belief that heterosexuality is naturally superior to homosexuality or bisexuality) have an impact on LGB people's everyday lives. LGB people are more likely to be victims of violence and verbal abuse. Young LGB people experience increasing levels of homophobic bullying in schools.

When young LGB people 'come out' to their family, they may even be forced to leave home. Levels of homelessness among young LGB people are a continuing problem. LGB people are more likely to live in private sector housing on short-term leases; some LGB people report problems in finding accommodation because of their sexual orientation.[2] These (and other) social determinants can adversely affect the health status of LGB people.

Like LGB people, trans people often meet with discrimination and prejudice in their everyday lives. They can experience social isolation and face limited understanding of their lives. These experiences place many trans people at risk of alcohol abuse, depression, suicide and self-harm, violence, substance misuse and HIV infection.

These Briefings make recommendations for improving access to health and social care for LGBT people (see Briefing 2) and address health issues relating to key life stages and groups of LGBT people, including younger and older LGB people's health, specific health issues within LGBT communities, BME LGB people and disabled LGB people (Briefings 3, 4, 5, 6, 7, 11, 12 and 13). They also bring together available evidence of health inequalities in relation to substance misuse, mental health and sexual health (Briefings 8, 9 and 10).

(c) Barriers to LGBT healthcare

Attitudes and behaviour of health and social care providers

Although homophobia and transphobia seem to have become less common, studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes.[3] There is evidence to suggest that healthcare staff and organisations have been judgemental and unsupportive towards LGBT people who use services, and that such attitudes mean that LGBT people do not receive effective health and social care.[4] In comparison, heterosexual people are much less likely to report adverse experiences of healthcare.

Obstacles to communication with healthcare providers

Many LGBT people fear that if they disclose their sexual orientation or gender identity status to a healthcare worker, they will receive discrimination and poorer treatment. Instead, many LGB people choose to stay 'in the closet' (ie they pretend to be heterosexual) and trans people may not access healthcare services.[5]

Research indicates that over half of gay men had not disclosed their sexual orientation to their GP even though GPs could deliver more appropriate healthcare if they knew.[6] A number of factors influence whether or not LGB people will come out, including confidentiality of patient records, and how information is recorded and who will have access to patient records (including employers, mortgage providers and insurance companies). They also may fear lower standards of care or a negative or inappropriate response where a health problem may be attributed to their sexual orientation.

Staff knowledge and understanding of LGBT health issues

There is a lack of knowledge and awareness among NHS staff about LGBT health needs; the undergraduate medical curriculum, nursing education and the training of allied health professionals include little input about sexual orientation.[7] GPs do not always know the questions to ask and their personal feelings may form a barrier to open discussion. Research highlights the need for training and experiential learning opportunities (eg the use of role play).[8]

Delayed attendance and reduced screening

The three issues identified above – attitudes, communication and knowledge – mean that LGB people delay seeking help for a health problem and are less likely to access routine health screening. This includes breast and cervical screening for women, and presenting with early signs of prostate or anal cancer for men. It also means that LGB people are less responsive to preventative healthcare messages because they think the health sector has little to offer them.

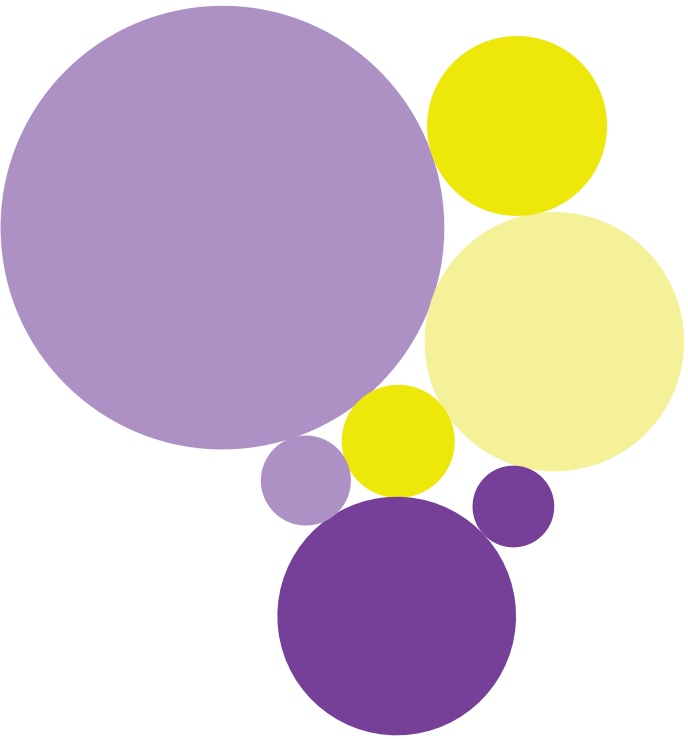
Delays in provision of care

For trans people, the biggest barriers include waiting times for surgery for gender reassignment and inappropriate general healthcare.

(d) Policy/legislation: what you need to know

In a speech marking LGBT History Month in February 2006, Sir Liam Donaldson, the Chief Medical Officer, acknowledged the health inequalities experienced by LGBT communities and cited UK health and social care needs assessments which revealed evidence of need.

This speech and other information about the Department of Health's work on sexual orientation and gender identity are available at:
www.dh.gov.uk/en/Policyandguidance/Equalityandhumanrights/Sexualorientationandgenderidentity/index.htm



Employment Equality (Sexual Orientation) Regulations 2003

These Regulations prevent employers refusing to employ people because of their sexual identity; they also protect workers from direct abuse and homophobia from colleagues. This legislation should reduce workplace discrimination and harassment.

Gender Recognition Act 2004

This legislation affords full legal recognition to a trans person's acquired gender which does not depend on medical treatment. The Act allows new birth certificates for trans people which recognise their new gender, and the right to marry can no longer be refused.

Domestic Violence, Crime and Victims Act 2004

The Act recognises that same-sex couples experience domestic abuse.

Choosing Health

The *Choosing Health* White Paper[9] puts in place the foundations for national and local NHS service planning and commissioning arrangements that recognise the needs of all parts of the population, and aims to develop services that reduce health inequalities.

Civil Partnership Act 2005

The Act offers the same treatment in a wide range of health and legal matters to same-sex couples who form a civil partnership as opposite-sex couples who enter into a civil marriage.

Our Health, Our Care, Our Say

This White Paper[10] integrates a range of health and social care planning, funding, system reform and practice development measures to improve health outcomes and reduce inequalities experienced by disadvantaged and minority groups.

Equality Act (Sexual Orientation) Regulations 2007

The Regulations, which came into force on 30 April 2007, prohibit discrimination on the grounds of sexual orientation in the provision of goods and services (including health and social care). They cover public, private and voluntary organisations.

This means, for instance, that a gay man cannot be turned away from a GP practice on the grounds of his sexual orientation, or a woman cannot be refused a smear test or testing for sexually transmitted infections because she is a lesbian. It also means that when a primary care trust provides a 'service' for heterosexual people, if appropriate, they should also provide a service for LGB people.

(e) Links and resources

Albert Kennedy Trust
Supporting LGBT homeless young people.
www.akt.org.uk

Broken Rainbow
Support for LGBT people experiencing domestic violence.
www.broken-rainbow.org.uk

Department of Health Sexual Orientation and Gender Identity Advisory Group
The Department is currently working with external stakeholders on the delivery of a programme of work to promote equality and eliminate discrimination for LGBT people in health and social care (as both service users and employees).
www.dh.gov.uk/equalityandhumanrights

GALOP
London's LGBT community safety charity.
www.galop.org.uk

Press For Change
Campaigning for respect and equality of all trans people.
www.pfc.org.uk

Stonewall
LGB campaigning organisation. Provides information about research on LGB health and social care needs.
www.stonewall.org.uk/information_bank/health/default.asp

(f) References

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2. Leicester Lesbian, Gay and Bisexual Centre (2005) *Sexyouality Matters: Sexuality Matters Community Strategy. A strategy for improving the lives of LGBT people in Leicester*, LLGBC, Leicester.
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4. Scott, P (2001) *Small Effort, Big Change – A general practice guide to working with gay and bisexual men*, Gay Men's Health Wiltshire and Swindon, Swindon/Salisbury.
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5. Bell, N and Morgan, L (2003) *First out: Report of the Beyond Barriers survey of lesbian, gay, bisexual and transgender people in Scotland*, Beyond Barriers, Glasgow.
www.beyondbarriers.org.uk

6. Keogh, P, Weatherburn, P, Henderson, L, Reid, D, Dodds, C and Hickson, F (2004) *Doctoring gay men: Exploring the contribution of General Practice*, Sigma Research, Portsmouth.
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7. Pringle, A (2003) *Towards a Healthier LGBT Scotland*, Stonewall Scotland and NHS Scotland, Glasgow.
www.lgbthealthscotland.org.uk/documents/Towards_Healthier_LGBT_Scot.pdf

8. Hinchliff, S, Gott, M and Galena E (2005) 'I daresay I might find it embarrassing': General practitioners' perspectives on discussing sexual health issues with lesbian and gay patients, *Health and Social Care in the Community*, 13(4): 345–53.

9. Department of Health (2004) *Choosing Health: Making healthy choices easier*, Department of Health, London.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

10. Department of Health (2006) *Our Health, Our Care, Our Say: A new direction for community services*, Department of Health, London.
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This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

283255/1 1p 5k Aug 07 (CWP)

Produced by COI for the Department of Health

www.dh.gov.uk/publications