



THE DIVERSITY DIVIDEND

Words Lowie Trevena

One in eight LGBTQ+ people say they have experienced unequal treatment from healthcare staff because of their sexuality or gender. How can podiatrists be more inclusive of their LGBTQ+ colleagues and patients?

Lesbian, gay, bisexual and transgender equality has come a long way in recent decades. But while the Equality Act 2010 makes discrimination because of sexual orientation illegal, many people in the UK still face significant barriers to healthy, happy and fulfilling lives. LGBTQ+ will be used throughout this article to refer to non-heterosexual people.

Discrimination in healthcare remains all too common. The *LGBT in Britain health report* by Stonewall (2018a) found that one in eight of the 5000 LGBTQ+ people surveyed (13%) had experienced some form of unequal treatment from healthcare staff.

This included a healthcare professional making no eye contact with a female patient and her wife after finding out they were married, a transgender patient being compared to a paedophile, and experiencing homophobic bullying at work. Almost half (48%) of trans people surveyed said they had experienced inappropriate curiosity, while 10% of all people surveyed had been 'outed' in front of other staff or patients.

There is much research evidence to demonstrate that LGBTQ+ people experience significant health inequalities in terms of health outcomes, healthcare service provision and health risk factors (McDermott et al, 2021). Being welcoming towards LGBTQ+ patients and staff is vital to ensure this group can access the healthcare and treatment they need.

Sexuality

In *Sexual behavior in the human male*, published in 1948, and later *Sexual behavior in the human female*, 1953, Alfred Kinsey and colleagues debuted the Kinsey scale, which

gauges sexuality. The scale ranges from 0 – exclusively heterosexual – to 6 – exclusively homosexual. Options 1 to 5 represent bisexuality and pansexuality (see *Glossary*, below). At the time it was a crucial way for professionals to understand human sexuality.

Almost 80 years later, understanding of sexuality and

gender continues to develop. In 2023, sexuality is seen as more fluid than binary. Although tools like the Kinsey scale can still be useful in certain circumstances, being LGBTQ+ is a more expansive experience than ever – especially with the development of new language, which moves away from medicalised terms such as 'homosexual'. Queer – or genderqueer – is a reclaimed, socially acceptable umbrella term, often used instead of the acronym LGBTQ+ to reflect the fluidity even of these categories.

Glossary

- **Pansexuality:** an attraction to people of all genders. This is similar but not identical to bisexuality, which is an attraction to men and women.
- **Transgender:** a person's gender doesn't match their sex assigned at birth.
- **Cisgender:** a person's gender does correspond with their birth sex.
- **Non-binary:** an umbrella term describing anyone whose gender identity falls outside the binary of 'woman' or 'man'.

Gender identity

As well as increasing ways to describe human sexuality, there's a continuing fight for transgender – or trans – rights.

Trans people, for whom their gender does not match the sex they were assigned at birth, are a group undergoing intense scrutiny, especially from the mainstream media. It's vital that they can access healthcare that they need and feel comfortable doing so. ➤



Stonewall (2018a) found that one-third of trans people (32%) had experienced unequal healthcare treatment. One in seven of all people surveyed (14%) said they had avoided treatment for fear of discrimination because they're LGBTQ+, rising to almost two in five trans people (37%).

LGBTQ+ people represent a significant part of podiatry's workforce, patients and paying customers. Intolerance and discrimination, even in small ways (see *What are microaggressions?*, opposite page), can undermine trust in the profession.

Inclusive workplaces

'As a profession, whether it be as a registered podiatrist, an assistant practitioner or a clinical support worker, we are encouraged to provide a holistic standard of care to our patients, ensuring that we treat the person as a whole – not just attending to their feet,' says Nik Hill, a trainee assistant practitioner at Torbay and South Devon NHS Foundation Trust. 'How can we be achieving this if we are not mindful of equality, diversity, and inclusivity [EDI]?'

Nik advises asking patients if they have a preferred name, which might be different to the birth name they put on forms, and asking what their pronouns are. 'It may seem a bother to some but to those who identify differently from their gender or

name at birth, it means the world to be acknowledged,' they say.

Nik adds that language used in clinical settings is 'appropriate and is inclusive of all, and not discriminating against our colleagues or our patients'. Doing so means reaching high standards of EDI: 'You will be providing a much higher standard of care and you really will be treating a person as a whole, and not just as a foot.'

Matthew Hill is a PhD student at Staffordshire University and advanced musculoskeletal specialist podiatrist at Midlands Partnership Foundation Trust. He says: 'I feel that there are robust measures to tackle ignorance and prejudice internally within the NHS and academia. However, our rights and responsibilities to tackle those attitudes voiced by service users need to be made clearer, and we should have the confidence to take a zero-tolerance approach.'

'I feel that better training and a clear understanding of how to challenge such attitudes from patients would help to effectively tackle discrimination inclusive of matters on racial prejudice as well as LGBTQ+.'

Dr Chris Morriss-Roberts is a College fellow and professional editor of *The Podiatrist*. He established a network for LGBTQ+ podiatrists in 2013 – at a time when 'we were one of the only



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Nik Hill



healthcare professions not to have set up an LGBTQ+ group or have an LGBTQ+ representative,' Chris says. 'There are lots of LGBTQ+ people in podiatry, but it meant we weren't represented and were behind the times.'

'When I tried to set up the group, there was a lot of backlash. People were asking: "How does your sexuality impact on your work?" and saying we don't need a voice.'

The group was eventually established. Chris says it's important because 'homophobia still exists'. He adds: 'Talk to your LGBTQ+ colleagues and ask questions. It's about sexuality, not sex. It's about the whole person.'

A 2017 Government Equalities Office survey of UK-based LGBTQ+ people received more than 108,000 responses, which highlighted violence, bullying and routine discrimination.

In response, the government created the LGBT Action Plan (Government Equalities Office, 2018), which included promises to improve health policy and healthcare provision for LGBTQ+ people.



What are microaggressions?

Almost one in four LGBTQ+ people (23%) said they had witnessed discriminatory or negative remarks against LGBTQ+ people by healthcare staff (Stonewall, 2018a).

A microaggression is a subtle but offensive comment or action directed at a member of a marginalised group. It is often unintentionally offensive or unconsciously reinforces a stereotype: for example, saying 'It's just a phase' or 'How did you turn gay?' Other common LGBTQ+ microaggressions include inappropriate curiosity about LGBTQ+ sex, asking people in same-sex relationships to keep their affection private, and asking a trans person irrelevant personal or medical questions.

Avoid microaggressions by taking a moment to think whether the comment is appropriate, and whether it would be said to someone who wasn't LGBTQ+. Even if you feel you're being complimentary, consider the history behind your words and actions and how these could be received as negative. For example, a phrase like 'that's so gay' implies that gay people are bad.

Be open to learning. If someone calls you out on something you've said, simply apologise.

One review found few actionable suggestions had been made before funding ran out in March 2020 (McDermott et al, 2021).

However, one action that has been taken from the plan is the appointment of Dr Michael Brady – former medical director of the Terrance Higgins Trust – as national LGBT health adviser for NHS England and NHS Improvement. 'The focus is very much on three different areas: data collection and monitoring; education and training; and delivering inclusive services,' he has said about his role (LGBT Hero, 2021).

Training and tools

Workplace EDI training is an important tool for developing a thorough understanding of LGBTQ+ inclusion, as well as how intersecting minoritised identities can increase the risk of discrimination. For example, while one in eight people experienced some form of unequal treatment from healthcare staff because they're LGBTQ+, this rose to one in five people who self-identified as Black, Asian or another ethnicity (Stonewall and YouGov, 2018).

Using non-gendered language and challenging the assumption that every patient is heterosexual

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Nina Davies

and/or cisgender (see *Glossary*) is another great place to start. Easy ways to do this include using gender-neutral language like 'patient', 'partner' and 'person receiving care'.

Outward demonstrations of LGBTQ+ inclusivity are helpful too. Staff can wear badges showing their pronouns, and add pronouns into email signatures; a practice can display posters. This signals to patients and colleagues that effort is being actively made to include them.

Allyship is also vital. If you see instances of homophobia, biphobia or transphobia – and you feel safe to do so – call it out and help educate your colleague or patient.

Difficult experiences

Stonewall's *LGBT in Britain: work report* (2018b) found that almost one in five LGBTQ+ staff (18%) have been the target of negative comments or conduct from work colleagues in the last year because they are LGBTQ+. This rises to a third of trans people (33%) and one in four LGBTQ+ disabled people (26%).

One in eight trans employees (12%) said they had been physically attacked by colleagues or customers in the past year. Just over half of trans people surveyed (51%) said they had hidden their identity at work for fear of discrimination or abuse.

'As an openly pansexual, non-binary, genderqueer member of staff I feel that I am raising awareness and understanding – but why should I need to?' says Nik. 'I would like better education, a change in the language used, and a fundamental understanding of how important EDI is to the people that it is affecting. Education is definitely the key.'

Matthew adds: 'What can be challenging is the attitude and ignorance of a minority of service users. Although I have not been directly confronted by homophobic attitudes of patients, I have been informed



References are available to view online by scanning this QR code



of derogatory comments that patients have made in my absence. I sometimes feel disappointed that my work colleagues did not feel more empowered or supported to challenge these attitudes.'

Supporting LGBTQ+ staff

The first step to supporting LGBTQ+ colleagues is to get educated. Equality and diversity training should be put in place and updated regularly. Books such as *Trans Britain*, edited by Christine Burns, and *The Transgender Issue* by Shon Faye, offer insight into what it's like to be trans; *Queer: A Graphic History* by Meg-John Barker and Jules Scheele is an accessible entry into lots of LGBTQ+ topics, and *United Queerdom* by Dan Glass

RESOURCES

- The College's guide to making your practice LGBTQ+ inclusive: rcpod.org.uk/blog/how-to-make-your-practice-lgbtqi-inclusive
- Stonewall's 2018 report on the health of LGBTQ+ people in Britain: bit.ly/Stonewall-health-report
- NHS England's LGBT+ staff network: bit.ly/NHSEngland-LGBT
- Stonewall's Workplace Equality Index: bit.ly/Stonewall-WEI
- Scotland's charter marks programme: bit.ly/Scotland-LGBT-charter

shines a light on the LGBTQ+ experience in the UK. Stonewall's health report (see *Resources*) gives a powerful overview of what it's like to access healthcare in the UK as an LGBTQ+ person, with useful statistics and recommendations.

'The workforce comes first,' says Nina Davies, clinical system pathway development lead at Leeds Community Healthcare NHS Trust. 'If you have a happy workforce, you can provide good care to people. If you are inclusive of everyone, no one gets left behind.'

Actioning change in private practices can be challenging in different ways compared to the NHS. The size of the NHS can make it easier to find other LGBTQ+ staff or an LGBTQ+ network to be a part of, but also means change can be slow. Private practices can be more agile because of their smaller size but may not have the support in place for minoritised identities.

'Leeds Community Healthcare NHS Trust is a wonderfully inclusive workplace,' says Nina. Campaigns include I Can Be Me, which encourages practitioners to put information about themselves on their staff badge, and a growing LGBTQ+ staff network. 'We talk openly about issues that affect our diverse workforce and we work together to do the right thing. I can achieve my best in my role – for myself and others – because of all the good things that take place around inclusivity. It should be no different, whether it is a public or private organisation.'

Nina says they have had negative experiences in previous roles. They praise LGBTQ+ charity Stonewall for their work advocating and highlighting the issues that present in health and social care – especially through their 2007 publication *Being the Gay One*.

'*Being the Gay One* was published in a time when being gay in the workplace was uncomfortable,' says Nina. 'Sharing your sexuality within an NHS workplace was not the done thing. The biggest impact it had on me was it told me what I was experiencing was unacceptable and that I had rights. It gave me validation.'

In a private practice, proud acceptance of LGBTQ+ people may put off patients with outdated, homophobic and transphobic views. But with one in seven (14%) LGBTQ+ people saying they have avoided healthcare out of fear of discrimination, rising to almost two in five trans people (Stonewall and YouGov, 2018), having spaces that are clearly LGBTQ+ friendly offer a vital space to ensure LGBTQ+ people get the healthcare they need.

There are several tools to help assess your practice's LGBTQ+ inclusion. The Workplace Equality Index (Stonewall, 2022) is a benchmarking exercise that delves into organisations' commitment to LGBTQ+ employees and can help form an action plan. In Scotland, LGBT Youth's charter marks are programmes for organisations, including universities, to proactively include LGBTQ+ people in every aspect of their work.

LGBTQ+ people need accepting workplaces and healthcare environments. Start by taking small steps, whether it is introducing yourself to a patient with your name and your pronouns, or politely educating a colleague who is making an assumption or using an offensive term. Through everyday active allyship, healthcare spaces can become a safer, happier places for LGBTQ+ people. 🌈

What is active allyship?

If you agree in equality and fair treatment in society of people who are LGBTQ+ then you are already an ally.

It's easy to be a passive ally – knowing and being comfortable in your allyship for the LGBTQ+ community is good – but active allyship helps to create change and make the world safer for LGBTQ+ people.

These are five ways to actively support LGBTQ+ people:

1. Get up to date with language.
2. Learn about LGBTQ+ history.
3. Understand the issues being faced today.
4. Stand up against discrimination.
5. Be an ally, even when there are no LGBTQ+ people to see.