University of York

LGBT+ Networks

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NHS Employers
Part of the NHS Confederation

Understanding LGBT+ employee networks and how to support them

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Acknowledgements

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Foreword

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It is worth recalling that in 2015, Stonewall published a report called Unhealthy Attitudes.[1] The research highlighted that over half of NHS staff didn't think sexual orientation was relevant to healthcare, and that one in every fourteen members of NHS staff said that they would feel 'uncomfortable' working alongside a trans colleague. Many NHS staff feel they don't have the knowledge or confidence to stand up for LGBT+ patients and colleagues who might need such support.

At the same time, the NHS has had a proud history of supporting employee-led staff networks. I have witnessed over the years how staff networks have improved the environment and outcomes for employees and the communities they serve. They have been a valuable source of building empathy, providing support to colleagues, challenging mindsets, influencing policy and increasing employee engagement, as well as providing valuable all-round support.

Despite the wealth of benefits, this research again demonstrates that whilst many LGBT+ staff networks undertake important activities, they tend to operate on the periphery of their organisations.

As the UK's largest employer, this research provides the NHS with a real opportunity to consider new ways to influence and change the attitudes and behaviours of employees through the work of LGBT+ networks. This includes how networks can foster a better understanding of their role, reinforcing this with formal mechanisms to ensure that structures, processes and systems support the operation of the networks. In addition, this research seeks to ensure that members have the skills and opportunities to behave in a more inclusive way and, finally, that members and leaders in the system exemplify new and more inclusive behaviours.

This research is also timely. During the research stage we saw, in Nov 2018, the

1 Stonewall. Unhealthy Attitudes: The treatment of LGBT people within health and social care services 2015. Available from: http://www. stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf

publication by the UK Government of the LGBT Action Plan.[2] The four-year plan contains more than 75 commitments aimed at improving the lives of lesbian, gay, bisexual and transgender people. In response, the NHS, in March 2019, announced the appointment of the first ever National Advisor for LGBT Health in the NHS, Dr Michael Brady, the Medical Director of the Terrence Higgins Trust and HIV consultant at Kings College Hospital. I welcome the links that the research team have developed with Dr Brady's team to ensure that the research influences future policy and practice within the NHS.

The report shows unequivocally that, whilst the NHS provides a very positive space for many LGBT+ networks, there is a real need for the sector to engage with LGBT+ networks and to review how it provides support for networks in order to ensure that NHS organisations maximise the benefits available from their LGBT+ networks.

Finally, as a Stonewall Ambassador and openly gay chief executive of an NHS organisation, I have been proud to stand up for LGBT people and I was delighted to be appointed the chair of this research so that I could play a greater role in this agenda nationally. I am determined to support the NHS to work better for LGBT people because no matter what your gender identity or sexual orientation is, you should be able to reach your full potential.

2 Government Equalities Office, LGBT Action Plan, July 2018. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf

Executive Summary

This report summarises the findings of a study into lesbian, gay, bisexual and transgender (LGBT+) employee networks within the NHS. Funded by the Economic and Social Research Council, the research was carried out by the University of York in partnership with NHS Employers, Stonewall and Employers Networks for Inclusion (enei), and generates a comprehensive picture of LGBT+ employee networks and their operations. Drawing on surveys of NHS trusts, over 4000 NHS employees within trusts in England, and 9 case studies of LGBT+ networks in NHS organisations in England (7), Scotland (1) and Wales (1), comprising observations of network activities (45) and interviews (66) with network members (45), HR representatives (5), EDI leads (8) and chief executives (8), the report addresses the purpose and function of networks; the composition of members; the sustainability of networks and their impact.

Our report shows:

- People join LGBT+ networks for different reasons. Most LGBT+ identifying employees join for strategic reasons (66.2%) or to meet people who share similar identities (61.2%), whereas allies join to be more aware of LGBT+ related matters (60%) or for strategic reasons (52.5%).

- LGBT+ networks lack both gender and sexual diversity, with the largest group being gay men (41.8%), then lesbians (22.4%), trans individuals (9.1%) and bisexuals (3.6%). Yet, reports of outreach programmes to improve the diversity of network members are rare (14%).

- Network members are more open (70%) about their sexuality than those who are not members (50%). Only 2% of network members are not open about their sexuality, compared to 37% of those who have never been involved in a network.

- Two in three network Chairs have no formalised time allocation to carry out the necessary duties for their staff network, and two in five reported that they complete all network-related work on top of their normal working hours.

Our findings further show that meetings are a central activity of most networks. Operationalising networks can afford organisational status and access to resources (e.g. time release and financial support), but neither is guaranteed. Formal agendas can also make meetings feel impersonal, prevent personal sharing and mute discussion around identities.

One major finding is that the purpose of networks seems unclear, and information that could help guide networks is typically not available. Networks also face pressure both to keep activity levels up and to evidence impact. Without concrete evidence of local issues that need addressing, activities tend to be generic. Many rely on rainbow material or other free merchandise to raise awareness, signal understanding of LGBT+ related matters, or to showcase the organisation as inclusive, with outcomes from these - and culture change more generally - difficult to measure.

Further findings suggest that LGBT+ networks are far from being diverse or representative of the groups that they claim to represent. Discussions around membership are given considerable space at (some) network meetings, but they are generally about numbers and the size of the networks instead of LGBT+ diversity or any other forms of diversity. Networks also lack critical information about their members. Consequently, under- (and over-) representation of individual groups remains hidden, and networks continue to fall back on a collective voice, which largely does not represent the wider or specific groups.

Overall, our analysis shows that the role and impact of LGBT+ networks concerns three main areas: raising awareness and visibility; influencing the organisation; and creating a supportive space and work environment.

However, with institutional responsibilities somewhat taking priority, networks may not currently offer a supportive space for gender and sexual minority employees to grow as a community.
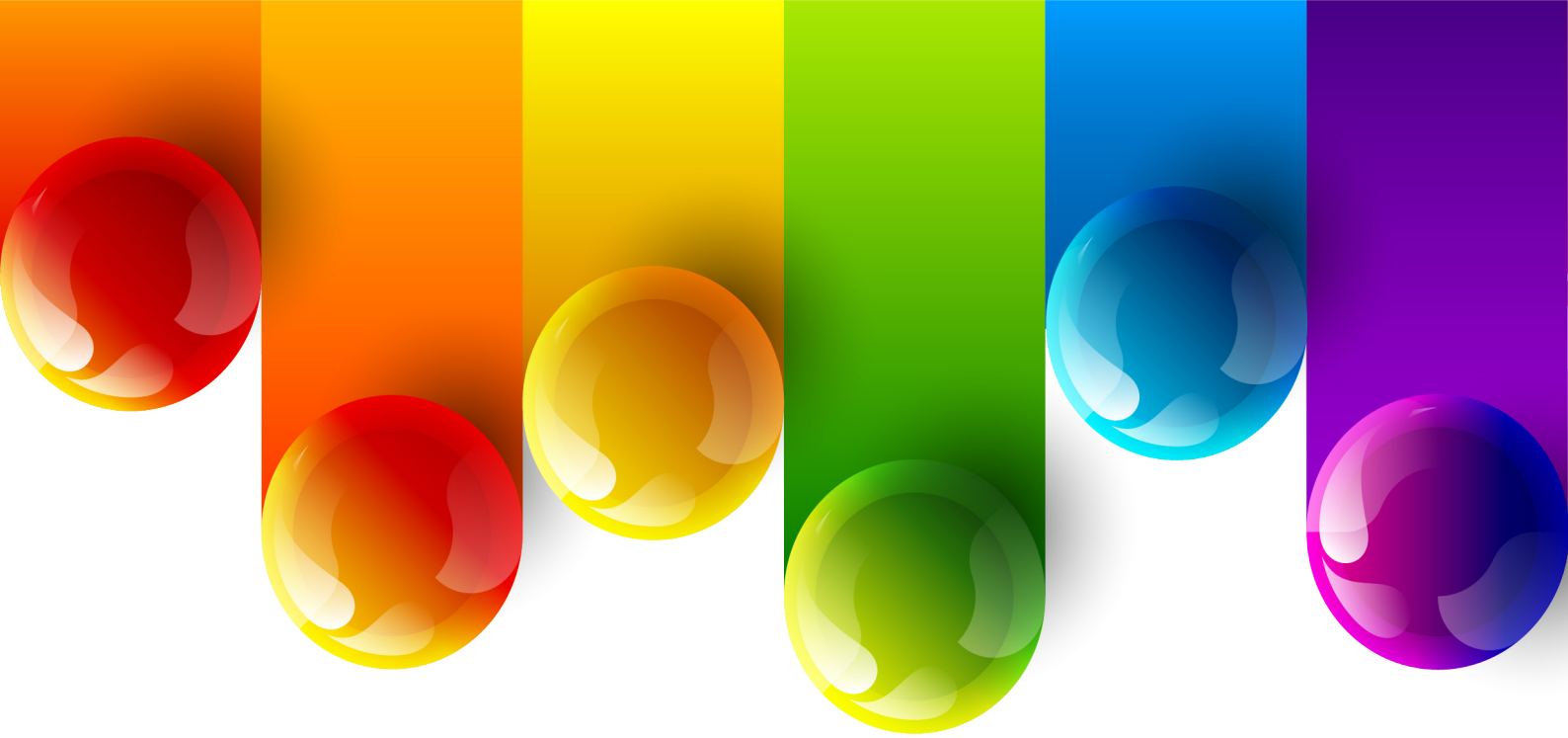
1. LGBT+ Networks

Gender and sexual minority employees form a part of wider organisational diversity in the British workplace. The rising number of lesbian, gay, bisexual and transgender (LGBT) employee networks and the injection of LGBT+ related matters into equality and diversity training are both clear indicators of the drive to promote inclusion of gender and sexual minorities at work and the need to address difference. Yet for many LGBT+ employees, their experiences at work continue to be clouded by bullying, harassment and discrimination (Bachmann & Gooch, 2018; Einarsdóttir, Hoel, & Lewis, 2015; 2016; Hoel, Lewis, & Einarsdóttir, 2014; in press), reinforcing doubts about the effectiveness of general equality and diversity training (Cocchiara, Connerley, & Bell, 2010; Jones, King, Nelson, Geller, & Bowes-Sperry, 2013), but equally, the alleged transformational and supporting capacities of LGBT+ employee networks (Colgan & McKearney, 2012; Jonsen, Tatli, Özbilgin, & Bell, 2013).

Despite the above developments, the evidence base on LGBT+ employee networks remains limited and partial, leaving a large knowledge gap on how networks function and their capacity to change the experiences of LGBT+ employees at work. To respond to these concerns, the project has two principal aims: First, to establish fuller understanding of how LGBT+ networks function, and second, to explore how networks may be mobilised as drivers for inclusive work environments.

Based on this, the following objectives were set:

1. Establish a baseline understanding of how LGBT+ employee networks operate;
2. Map network membership and explore ways of addressing the insufficient representation of different groups within the networks;
3. Understand what support formats are in place to achieve the network's vision and what barriers exist to realise this vision;
4. Identify ways of using LGBT+ employee

networks to address negativity towards gender and sexual minorities more effectively.

Involving the largest UK employer, the National Health Service (NHS), the research was launched in May 2017 and led by a team of researchers at the University of York: Dr Anna Einarsdóttir (Principal Investigator), Professor Karen Mumford (Co-investigator), Professor Yvonne Birks (Co-investigator), Dr Bridget Lockyer (Research Associate) and Dr Melisa Sayli (Research Associate). The project, hereafter referred to as LGBT+ Networks, builds on partnership with NHS Employers, Stonewall and The Employers Network for Equality & Inclusion (enei), and is further supported by a specially convened advisory board represented by professionals inside and outside of the NHS.

Research Advisory Board

Our advisory board includes academics, policy-makers and EDI practitioners in the NHS, and representatives working in trade unions and civil society organisations. Throughout the duration of the LGBT+ Networks project, we met eight times to discuss the project and its progress, and benefited from the advice and expertise of the advisory board members. The members share a commitment to the success of the research and its lasting impact. The advisory board members included:

- Tracy Myhill, Chief Executive Swansea Bay University Health Board – Chair
- Carola Towle – Unison
- Jackie Driver – Equality and Human Rights Commission
- Paul Martin – LGBT Foundation
- Emma Kosmin – Stonewall
- Peter Hall – Employers Network for Equality and Inclusion
- Lynne Carter – NHS Bradford District and Craven CCGs
- Prof Mustafa Ozbilgin – Brunel University
- Prof Surya Monro – University of Huddersfield
- Dr Jill Miller MCIPD – Chartered

Institute of Personnel and Development
- Ed Houghton – Chartered Institute of Personnel and Development
- Ciprian Arhire – Chartered Institute of Personnel and Development
- Dianah Worman OBE – Inclusive Talent
- Patrick Price – Northumbria NHS Trust
- Sandy Zavery – Leicestershire Partnership NHS Trust
- Priti Bhatt – Chelsea and Westminster Hospital NHS Foundation Trust
- Lucy Wilkinson – Care Quality Commission
- Paul Deemer – NHS Employers
- Jess Gregson – NHS Employers
- Mohamed Jogi – NHS Employers
- Samantha Martin – University of York

What we did

The LGBT+ Networks project generates two new datasets: quantitative survey data and qualitative case study material. [3] Adopting a mixed method approach to investigating LGBT+ employee networks proved critical, improving the overall robustness of our data and subsequent analysis. To begin with, the case study material helped to inform the design of our surveys and relevant survey instruments. Then, by merging multiple data sources, a more authentic and nuanced picture of LGBT+ staff networks was generated that included the environment that they operate in. With a single source, this would not have been possible.

Mapping the broad view, the survey data capture the current state of affairs on staff networks in general, and LGBT+ networks in particular. The survey data details the prevalence, position and shape of staff networks and records a series of employee characteristics of NHS staff working in trusts in England. In contrast, the case study material presents the finer details and complexities of LGBT+ networks, involving a total of nine LGBT+ staff networks in NHS organisations located across England, Scotland and Wales. These data allowed us to explore networks in operation, plus the

3 The datasets from our projects will be made available through the UK Data Service.

WHAT WE DID

Created two new data sets

Quantitative survey data

Qualitative case studies

| Prevalence | Position | Shape | Operations | Membership | Support |

of LGBT+ Networks

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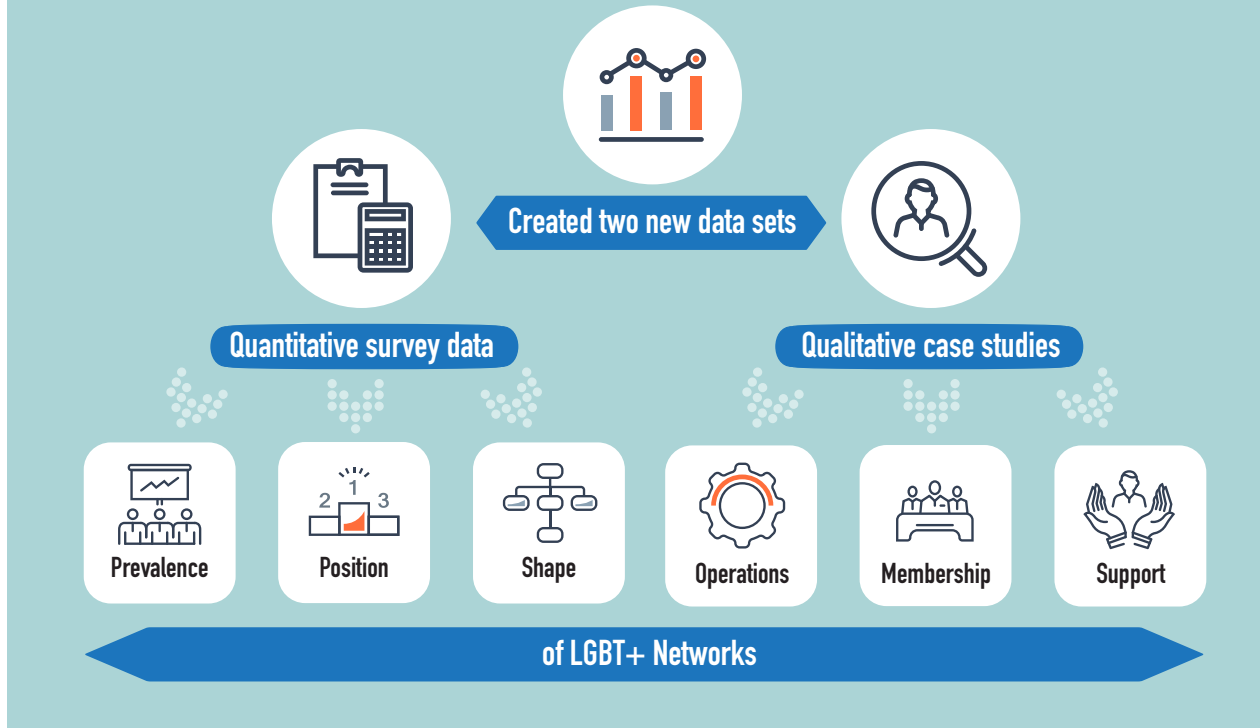
ins and outs of membership and available support. We now explore both datasets - the surveys and case studies - in more detail.

Surveys

Reaching groups with less visible and often stigmatised identities, including gender and sexual minorities, is a challenging task for researchers, who often refer to this group as 'hard to reach' and 'hard to research'. We used Qualtrics to design online surveys to reach all staff working in NHS trusts in England. An online survey is an effective way of collecting information for two reasons: (1) it provides anonymity and confidentiality for those who may require it. Individuals are not identifiable in our dataset; (2) it covers a large geographical area in a time and cost-efficient way. Our surveys comply with approved GDPR procedures and all data are securely stored in a password-protected University of York server.

We designed and implemented two surveys to understand the emergence and drivers of staff networks and their impact on employees. The first was for human resources professionals,

and the second was for all staff working in NHS trusts located in England.

1. The Human Resources & Equality and Diversity Survey was designed to collect information from HR departments on the trusts' workforces, staff networks, equality and diversity matters, and workplace environments. The data were collected in two waves: first from 29th October 2018 to 7th February 2019, and then between 24th April and 31st May 2019.

2. The NHS Employee Engagement Survey was designed to collect information from NHS employees in England about their trusts and their work environments, staff networks, views about their job and demographics. Data were collected from 24th January to 31st May 2019 (Einarsdóttir, Mumford, Birks, Aguirre, Lockyer and Sayli, 2020).

These two datasets can be linked to contextualise the function of staff networks operating in NHS trusts in England. Both surveys were piloted before their launch dates by academics at the University of York, selected NHS employees and members of

the project advisory board. Piloting enabled us to evaluate whether the questions were appropriate for their intended purpose. The feedback from the piloting process was further used to modify some questions that were unclear and to ensure that questions were tailored for NHS staff.

The surveys were disseminated via different channels, including, but not limited to, personalised emails to HR professionals and EDI leads, social media campaigns, online announcements (e.g., on the NHS Confederation website), and through publications in NHS staff and workforce bulletins.

NHS Employee Engagement Survey

The survey consists of seven question blocks capturing background information, trust and occupation, staff networks, job characteristics, labour market experience, views about jobs and workplace characteristics. For the purposes of this report we focus on the following measures:

- All our respondents were asked a series of demographic questions including:
    1. Year of birth
    2. Gender identity
    3. Sexual identity
    4. Ethnicity
    5. Long-term sickness, disability
    6. Qualifications
    7. Relationship status
    8. Dependent children

- Sexual minority employees were asked about how open they are about their sexuality at work and with whom they share their sexual identity.

- All our respondents were asked about the existence of staff networks and how they heard about them. Routed questions followed up views on staff networks and if the respondents are involved in any staff network. For those who engage with more than one staff network, we asked which staff network they prioritised.

- For employees who are involved in an LGBT+ network, we asked about the composition of their network, their role, engagement channels, activities and the time they spend on network activities.

Our NHS Employee Engagement Survey contains responses from 4,237 NHS employees from 212 different NHS trusts in England. The dataset includes 516 self-identifying LGBT+ employees, totalling 12% of our sample. In this subsample, 64.2% identify as gay/lesbian, 23.8% as bisexual, 6.4% as other, 4.3% don't know and 1.4% identify as heterosexual. This latter statistic results from the fact that our sample includes 29 transgender employees, 7 (24%) of whom identify as heterosexual.

Case studies

The qualitative part of the study involved networks from nine NHS organisations, located in England (7), Scotland (1) and Wales (1). We selected these case studies to ensure diversity in organisation type, location and performance on the Stonewall UK Workplace Equality Index. The sample included two community and mental health services trusts; two mental health trusts; two acute teaching hospital trusts; one service provider; an ambulance trust and a health board. Some of the organisations were located in large cities and others in semi-rural areas. There was also a range in geographical coverage. Three of the case study networks were from organisations that were placed relatively high on the 2017 Stonewall Index, three were placed lower, and three had not submitted an application to the index that year. To ensure anonymity, we named these case studies Trust A to Trust I.

Each network was visited seven times. First, we visited for an introductory meeting to explain our project and obtain consent for the networks' participation in the research. We then attended a further five times to observe and take part in network meetings or events, generating a total of 45 observations. The meetings were both audio and video recorded (with the exception of those that took place in larger, more public settings), transcribed

verbatim, and we also took substantial field notes. Our last visit involved a feedback meeting where we presented and discussed our initial findings with the network, which we also audio recorded and transcribed. The observation and feedback period took place over two years, from September 2017 to October 2019.

In addition to the observations, we conducted at least seven interviews at each trust. Five were with network members, one was with an EDI or HR representative and one was with the chief executive of the organisation. These ratios differed slightly in some networks, and in one network (Trust C) we were unable to interview the chief executive. Instead, we interviewed two senior managers. In total, we carried out 66 interviews, audio recorded and transcribed.

Interviewees

We interviewed 66 individuals working in nine trusts. Among these were 45 members, five HR representatives, eight EDI representatives (some EDI reps were also network members) and eight chief executives. Overall, half were female, 45.5% were male and 4.5% (3) were non-binary. Just over a third of the chief executives we interviewed were female (37.5%), 50 % of EDI representatives were female, with 12.5% (1) identifying as non-binary, and 100 % of the HR representatives were women. In terms of the members, 46.7% (21) were female, 48.9% (22) were male, and 4.4% (2) non-binary. Of the 66 interviewees, two did not share their sexual identity. Among those who shared, 6.3% (4) were bisexual, 48.4% (31) were gay men/lesbian, 43.7% (28) heterosexual, and one person identified as other. We also interviewed three transgender employees - one who identified as bisexual and two as gay/lesbian.

In terms of our network members, we attempted to make our interviewee sample as close to being fully representative as possible. For example, if the network had a large proportion of allies, we interviewed more of them then we would in a network that only

had a few. Overall, our sample is more diverse than the networks themselves, as we tried to ensure as diverse a set of respondents as possible.

2. Staff Networks in the NHS

Existence, awareness of and involvement in staff networks

Nearly half of our survey respondents (47%) were aware of staff networks in their trusts, 48% were unsure if there are staff networks and the remaining 5% reported that there are no staff networks in their trust. In 98% of these cases, at least one individual from the same trust confirmed the existence of a staff network in their trust.
The vast majority of those who are aware of staff networks heard about the networks from staff bulletins (71%), co-workers (41%), or posters and events organised by staff networks (22%).

Minority groups are more likely to be aware of staff networks. For example, significantly more LGBT+ employees are aware of staff networks in their trust (74%) than heterosexual/cisgender employees (44%). A similar pattern was evident for ethnic minorities (66% vs 45% employees from a

white background).[4] This may indicate that minority employees are more alert to the existence of networks in their organisation as a way to meet people from similar backgrounds, to share experiences at work and to support each other.

We considered tenure in the job as a potential explanation for varying awareness among employees. However, no significant difference was found between tenure in the position and awareness of staff networks.

4 There is no knowledge gap about the existence of staff networks in their trusts between lesbian, gay men, bisexual and trans employees. On the other hand, those who are 'unsure' and 'other' identifying employees are less likely to know about the existence of staff networks than LGBT+ staff.

Are there any staff networks in your trust?

Unsure 48%
Yes 47%
No 5%
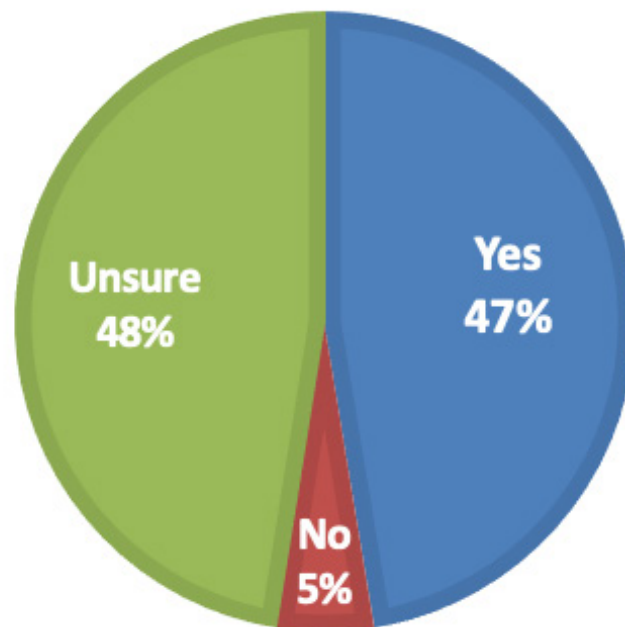
Are you involved in a staff network?

Yes	40%
No, but in the past	9%
No, never involved	51%
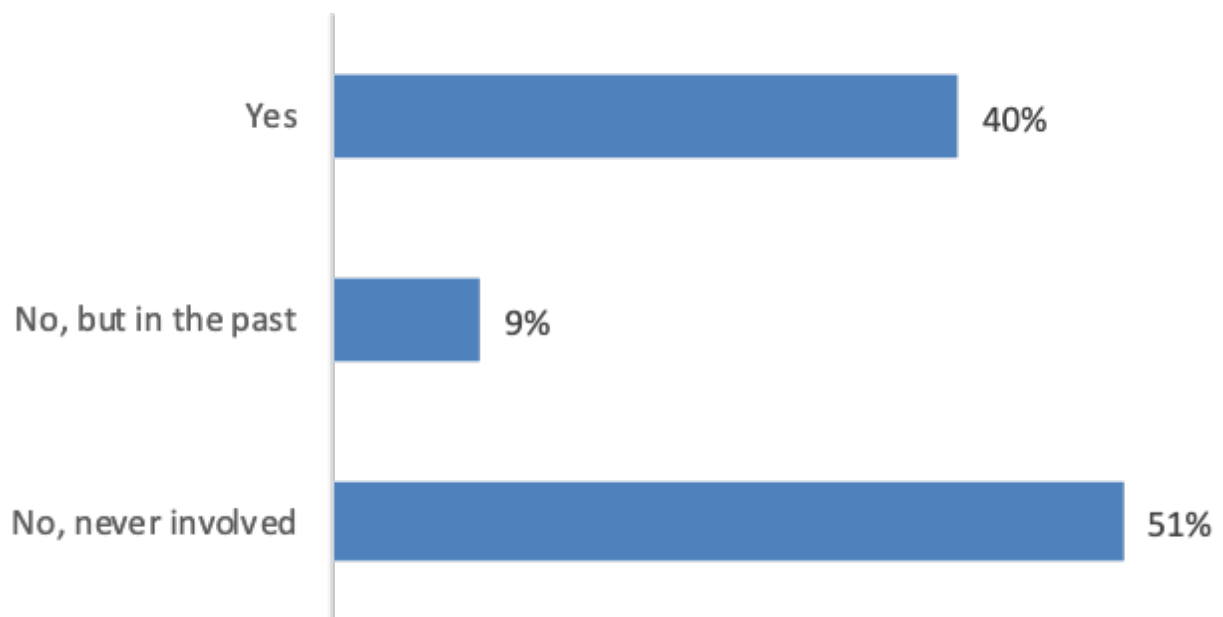
Involvement in staff networks

All the employees represented above are aware that there is at least one staff network in their trust, and the following section focuses on these groups only. Given our difficulties in ascertaining the size and composition of our case study networks, the survey offered a good opportunity to explore, in some detail, the reasons why people join, why they choose not to join and why they

INVOLVEMENT IN NETWORKS

Awareness of staff networks in the trust

(N=4,237)

Aware of at least one staff network

(N=2,008)

No staff networks

(N=216)

Unsure about existence of staff networks

(N=2,012)

Never been involved

(N=1,015)

Involved but in the past

(N=190)

Involved in a network

(N=803)

leave.

Never been involved

Half of the employees who were aware of the existence of a staff network in their trust had never been involved in a staff network. In exploring this further with our LGBT+ subsample, a common answer selected for never considering joining was that they 'can't get released from job' (42%), followed by 'not interested' (35%) and 'don't want to draw attention to my identity' (29%).[5] Difficulties
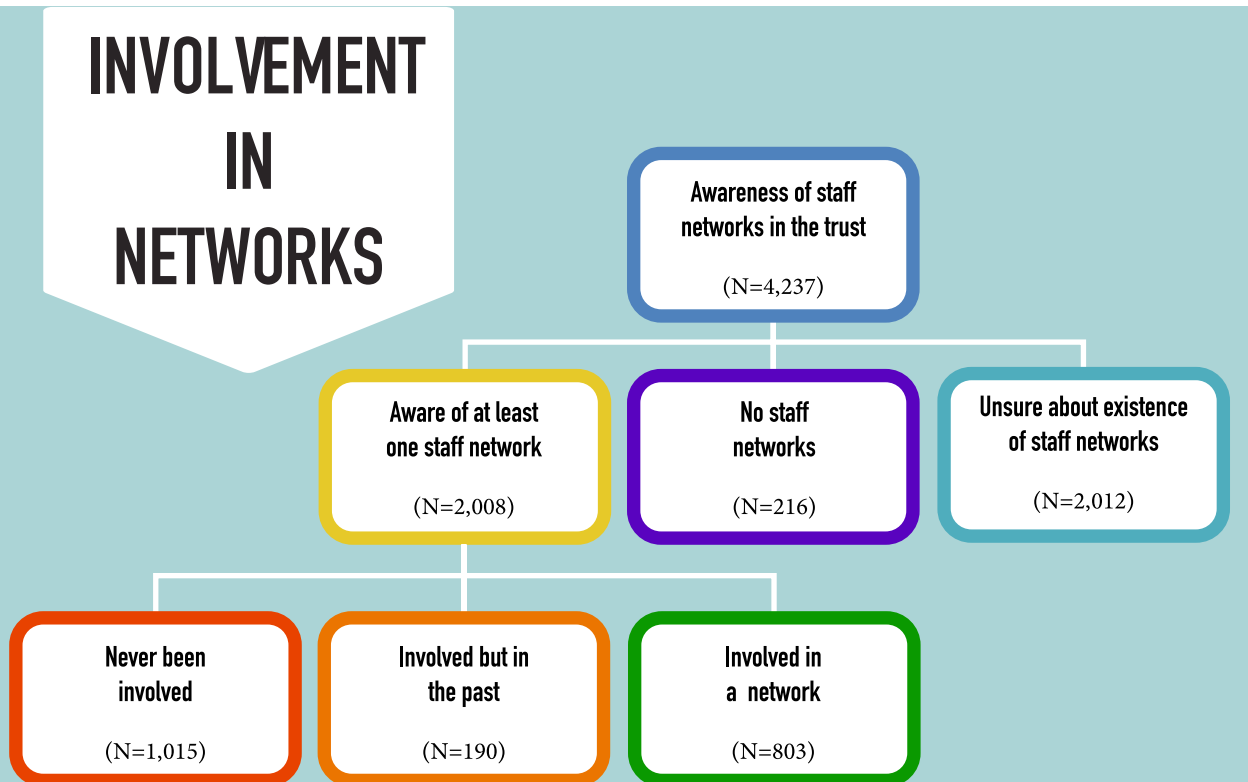
5 Other reasons for not joining a network include 'don't see the point of such a network as it will not change things for LGBT+ people at this trust' (17%), 'been put off by the people who are involved in the network' (15%), 'don't think networks can provide support for negative work experiences' (15%), 'networks don't help with career progression' (12%) and 'don't like what the network is doing' (4%). Only 3% of the LGBT+ respondents who responded to our question on reasons for not joining said that there is no need for networks' existence.

in attending meetings was a recurring theme in case studies, compromising involvement and membership. We will return to the third reason later in this report, when we discuss the relationship between sharing sexual identity and the role of LGBT+ networks.
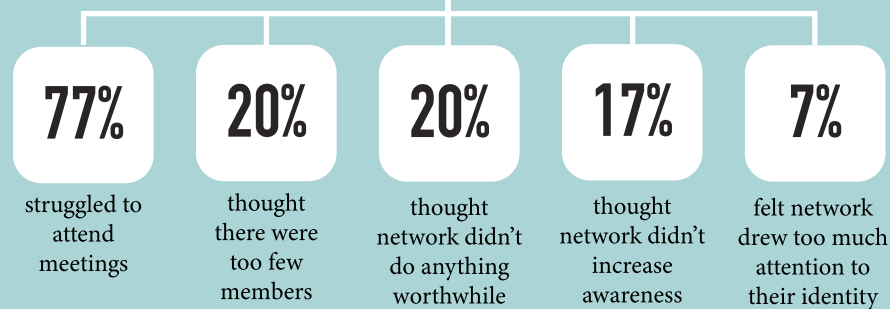
Involved, but in the past

Amongst those who were aware of staff networks in their trusts, around one in ten had previously been involved in a staff network.

In this sample, the most common networks that people had left are 'other' (27%), black, Asian and minority ethnic (BAME) networks (25%), LGBT+ networks (18%) and women's

TOP 5 REASONS FOR LEAVING A LGBT+ NETWORK

34 members left their networks

77%	20%	20%	17%	7%
struggled to attend meetings	thought there were too few members	thought network didn't do anything worthwhile	thought network didn't increase awareness	felt network drew too much attention to their identity

networks (14%). The most frequently selected reason for leaving their employee network was 'struggling to attend meetings' for all types of staff network. This resonates with the group who had never been part of a network, who felt that they did not have time to make it to the meetings.

## *Currently involved in staff network*

Of all employees who are aware of staff networks, two in five were involved in at least one staff network. They worked in 139 different NHS trusts in England. Throughout this report, we will focus on this group and a subsample of LGBT+ network members. Men were more likely than women to be involved in staff networks, but there was no particular age profile. Employees who are involved in staff networks are more likely to have a higher educational level (at least a first degree) than those who are not involved in staff networks.

Using pay bands as an indicator of being able to manage one's own time at work proves critical in the issue of taking part in staff networks and their activities. The figure on page 16 shows the distribution of pay bands by the groups we defined earlier. Visually, it is evident that individuals in higher paid roles are more likely to be in a staff network. We observe that employees in higher wage bands more often take part in staff networks, both

in LGBT+ networks and other staff networks. In contrast, the distribution of pay-bands for those who have never been involved in a staff network is skewed to the right (i.e., lower pay bands). Some examples of occupations in these bands are: (1) catering assistants, cleaners; (2) administrative assistants, health care support workers; (3) secretaries, occupational therapy assistants; (4) office supervisors, medical secretaries, assistant nurse practitioners; (5) junior managers, newly qualified midwives, staff nurses, entry-level biomedical scientists.[6] Employees in these groups may not be managing their own diaries at work, which would make it hard to participate and become involved in staff networks.

In our sample, people are mostly likely to be involved in LGBT+ networks (42.2%). Given the project focus and our communication channels, this is not surprising. We also had a good number of respondents who are involved in BAME networks (38%) and disability networks (31%). Around two-thirds are involved in only one staff network. When employees are involved in more than one staff network, we asked which staff network they prioritise (see figure at bottom page 16).

6 NursingNotesUK. (2017). NHS Agenda for Change Pay Scales 2017-2018. Archived from the original on 9 March 2018. [online] Available at: https://web.archive.org/web/20180309123702/http://nursingnotes.co.uk/web/20180309123702oe_/https://nursingnotes.co.uk/agenda-change-pay-scales-2017-2018/ [Accessed 20 Nov. 2019].
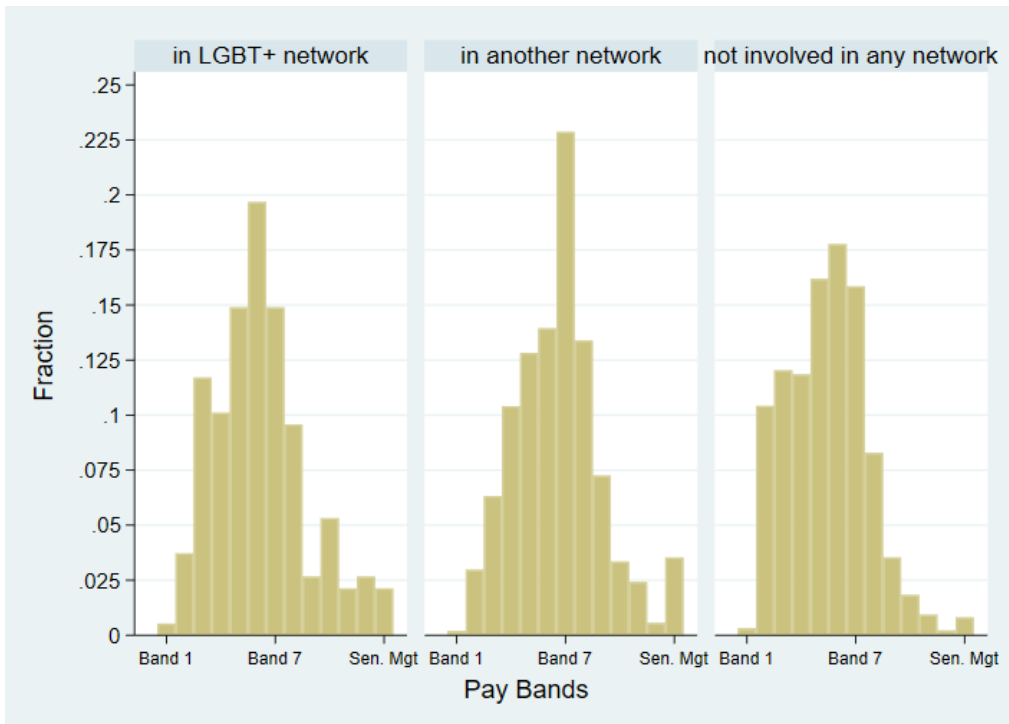
Among those who are involved in an LGBT+ network alongside other networks, 62% prioritise an LGBT+ network. Those in BAME networks prioritise their BAME network slightly higher (66%) and those in disability networks prioritised their disability network somewhat lower (52%).

A range of factors may explain staff network involvement. Each staff network may appeal to different groups with diverse needs, purposes and motivations. In general, we found that employees join a staff network to increase their awareness of matters related to the network (47%), to do something worthwhile (47%) and to have a strategic impact on policy (43%).

Despite the identity-based nature of some of the staff networks (e.g., BAME, LGBT+, women), meeting with individuals who share similar identities (40%) ranked lower than strategic reasons for joining. This contradicts some of the rhetoric surrounding staff networks as a way of building community. Moreover, only a few employees selected

Involvement and prioritisation of staff networks

Involved in the network %   Prioritised the network (member) %
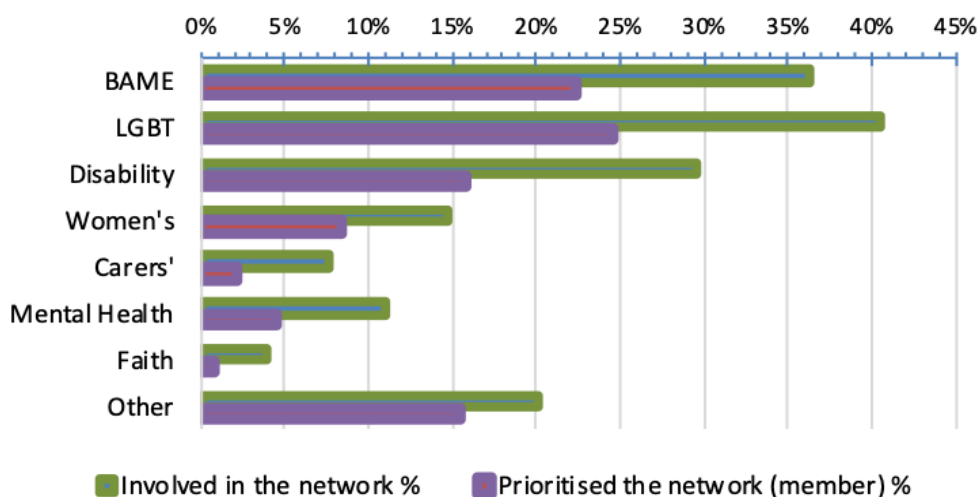
the provision of support (28%) among the reasons for joining a staff network.

As detailed later in this report, staff networks are made up of employees with different characteristics and from diverse backgrounds. Thus, even within the same staff network, individuals may have varied reasons for taking part in the network.

Why get involved in staff networks

As noted earlier, LGBT+ employees have a higher awareness of staff networks than heterosexual/cisgender employees do. We observed the same pattern in involvement levels. A significantly higher proportion of LGBT+ employees are involved in a staff network.

From our survey, we identified three commonly cited reasons for joining an LGBT+ network, both for allies and for LGBT+ identifying employees. The main motivation behind the involvement of allies was linked to generating impact, whereas meeting with others who share a similar identity was one of the main motivations for involvement from LGBT+ identifying staff.

Table 1 - Reasons for Joining an LGBT+ Network

	Allies	LGBT+ employees
#1	Wanted to be more aware of LGBT+ related matters (60%)	Wanted to have a strategic impact on policy related to LGBT+ staff/patients/ service-users in my trust (66.2%)
#2	Wanted to have a strategic impact on policy related to LGBT+ staff/patients/service-users in my trust (52.5%)	To meet people who share similar identities (61.2%)
#3	To do something worthwhile (35%)	Wanted to be more aware of LGBT+ related matters (55.4%)

While our survey presents an overview of why employees join LGBT+ networks in their trusts, our observations and interviews provided a more detailed account, allowing us to explore the variations between those identifying as LGBT+ and allies.

When we asked employees who identified as LGBT+ about why they were involved in the networks, many focused on personal and social motivations. This speaks to our finding from the survey on 'meet[ing] with people who share similar identities'. Our interviewees discussed the sense of community that being in a network offered and feelings of belonging, as the following interview extracts demonstrate[7]:

It was a point in my life when I thought, yeah, I want to get a bit more involved with things, try and sort of meet like-minded individuals I suppose around the trust. So, it's kind of discovering who I was a bit more.

Kate
Trust A

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7 All names have been replaced with pseudonyms.

> I think personally it's that sense of community, that now if I have an issue that feels like, this isn't great for LGBT people, it's not great for me, if there's something like that I feel there's people I can talk to and who will understand and be supportive.

**Alistair
Trust B**

> Oh, I think I get, um, I get a, a real sense of support, to be alongside people where you can just be yourself and that's okay is, is quite nice.

**Simon
Trust F**

> Just to feel like I belong somewhere 'cause, like, yeah you feel like, you feel like you belong somewhere, just, as I say, just to help you feel more confident about yourself.

**Gosha
Trust I**

These responses indicate that they felt, to varying degrees, like outsiders within their workplaces and had sought out the network as a place to feel included and bolstered. Most organisational environments and structures are inherently heteronormative and cisnormative, and the NHS is no exception. The effect of this is often not outright bullying, harassment or discrimination (although this does happen), but micro-aggressions such as assumptions, comments, jokes, silences and snubs.

During meetings and in our interviews, network members would bring up instances of work colleagues assuming their identities, asking whether they had an opposite sex partner/spouse, for example. One member from Trust C described overhearing a conversation where two colleagues were trying to discern whether he was gay, considering that he was 'smartly dressed'. The LGBT+ network was envisaged as a space away from this environment, where they could be themselves more fully. Their narratives about why they chose to be in the networks hint at a sense of isolation at work and a fear of negative experiences. Being part of the network was a way of building a support system at work and forging connections with people from different parts of the organisation, as Nina and Margo discussed in their interviews:

> I suppose I get to maybe speak to people I wouldn't necessarily speak to around the Trust just because the Trust is so big. I've developed some friendships with people. Um, there's a couple of members who I probably wouldn't have had any interaction with, but, you know, now sort of speak to them, you know, regularly and stuff. But, um, maybe just a sense of if I am feeling a bit… Or if I ever did feel awkward, I would have somewhere to go and talk about it.

Nina
Trust C

> There was also something about being able to connect with other people who identified as LGBT, because I think at that time I wasn't out to anybody in work, and I hadn't come across anybody else in work who was openly out. So I think it was something that was kind of about a bit of a connection from that email, kind of feeling like, oh, you're not the only one [chuckles], and so I think there was that kind of element to it as well.

Margo
Trust G

Margo suggested she was nervous about being 'out' at work, and joined the network as a way to feel connected with other people in a similar situation. Margo had subsequently told her colleagues about her partner and indicated that making friends and connections in the network had helped give her the confidence to do that. The low levels of LGBT+ staff sharing their identities in institutional scoping activities such as the annual staff survey is recognised as a problem within the NHS. Being 'out' at work is generally deemed as positive for individual employees' wellbeing and for the organisation. Sharing sexual and gender identities, however, is not a one-off event but a continual process, as LGBT+ workers may need to share with each new colleague they interact with. This can make 'coming out' not just frustrating, but an act(s) with potentially negative consequences, dependent on colleagues' reactions. For Margo, it was not that the friends and connections she made through the network offered her specific support in 'coming out' to her colleagues, but knowing they were there offered some comfort.

Why do allies and others join LGBT+ networks?

A number of allies we interviewed also had personal reasons for joining the network.

Often, they had a family member who identified as LGBT+ and they felt compelled to be involved and show support, like Erin and Karina:

> Erm, so I have er, erm, my oldest child, erm, told me about 18 months ago that they identified as non-binary and previously they'd told me that they were gay so since, ever since then I've kind of had like a protective interest and, and a concern about how people are treated…So I guess my personal interest came first to be honest, about thinking about, trying to see things through my child's eyes and what their experiences would be like and thinking, feeling a bit anxious, they probably wouldn't be very good.

Karina
Trust D

> I have teenage daughters, and my eldest daughter is gay, and I - it suddenly became something I could do, something positive for to support her and people of her generation. Um, so from being something that, of course, I support, you know, LGBT rights, it became a more personal thing for me, that actually, you, you know, you support it, but what can you positively do to support it, and so that's when I thought, actually, I could join the network.

Erin
Trust A
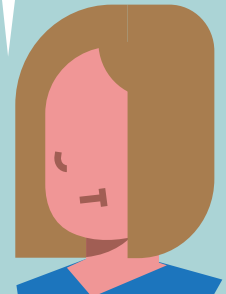
In these cases, their personal experience had led them to a fuller realisation of the issues that LGBT+ people faced within both their organisation and wider society.

Other allies discussed witnessing incidents of negative behaviour towards LGBT+ staff that had galvanised them to be part of the network. They discussed finding these cases handled badly or inappropriately at their current or previous organisation and saw membership of the group as a way to keep informed about how to manage future situations and to give them more confidence

to act when necessary. Similarly, there were also allies who were involved in the network because it was related to their role in some way, like Sally.

Sally wanted to effect change in her organisation and improve things for staff. She worked in recruitment and saw her that being part of the network could help make her more effective at her job, as she would increase her ability to attract LGBT+ staff. For the EDI staff, attending the meetings was also viewed as an important part of their job, ensuring she was kept up to date with LGBT+ related matters.

When they introduced the straight allies I saw it was an opportunity to participate and be part of the network to help improve things and make things better. Um, for me, it felt it made it an inclusive network rather than an exclusive network. Um, and it was an opportunity for me to find out how people who identify as LGBT can be impacted in the workplace so that I can translate that into my role and what I can do to improve it [Laughs].

Sally – Trust C

For Naz, going to meetings was not just a way of accessing knowledge; she felt it was significant that people saw her and interacted with her, and knew that she supported the network. The senior managers we interviewed often gave similar reasons for why they occasionally attended meetings, in order to foster goodwill and be seen to be showing support for the network, in the hope that it would bolster the group in some way. For the senior management, their involvement was conceptualised as helping the network rather than the network helping them.

It's just to gain knowledge, I suppose. To understand what's actually happening, erm, but, also, be present, so that people are aware who I am, so that if anything arises, they know who to approach. Erm, yeah, and, obviously, because, because I am the equality and diversity lead, so, erm, I think my presence there is very important.

Naz – Trust B

Almost all the network members we interviewed - LGBT+ identifying and allies - wanted to make a difference, which also shows in our survey responses as ranking among the most commonly cited reason for joining the network. They wanted to effect change in their organisation that would have a positive impact on LGBT+ staff and patients. They often found it difficult to articulate what the nature of this change would be and how the network would contribute to it. This was partly because they were often unable to identify the specific problems that their organisation faced, which we will discuss below. Many felt a sense of duty or responsibility to change things for the next generation, because now they felt safe

You know, I'm nearly 50. I suspect this will be my most senior job in the NHS. Erm, and it felt like it was time to put my head above the parapet, and step up, and make an effort.
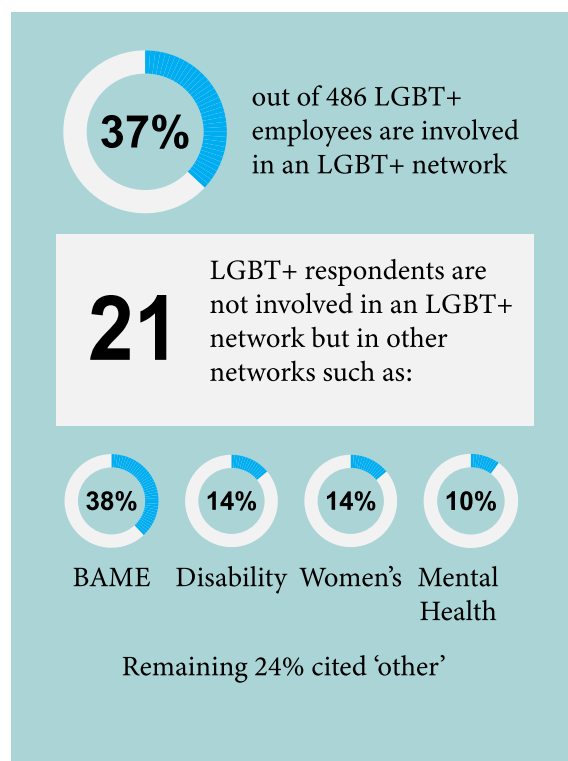
Michael – Trust C

3. LGBT+ Networks in a nutshell

and comfortable to do this, such as Michael:

Composition of Networks

From our survey responses, we identified 325 employees who are involved in an LGBT+ network across 92 different NHS trusts in England. Overall, three in five employees prioritise the LGBT+ network among other staff networks. From this point onwards, we make a distinction between those who say they are involved in an LGBT+ network and those who prioritise the LGBT+ network. For ease, we refer to the group that prioritise the LGBT+ network as 'members' and define their increased involvement as 'membership'.

The figure on page 23 demonstrates LGBT+ network involvement (bars) and membership (red line) by employees' sexual and gender identities. Almost half of the employees who are involved in an LGBT+ network are allies. This group is larger than any of the sexual and gender minority groups; however, allies give the least weight to LGBT+ networks and

are more likely to prioritise other networks above the LGBT+ network. Only 29% of allies prioritise LGBT+ networks. Among the LGBT+ identifying sample, bisexual employees were the least likely group to prioritise an LGBT+ network (50%), and in total they make up 5% of LGBT+ network members.

37% out of 486 LGBT+ employees are involved in an LGBT+ network

21 LGBT+ respondents are not involved in an LGBT+ network but in other networks such as:

38% BAME **14%** Disability **14%** Women's **10%** Mental Health

Remaining 24% cited 'other'
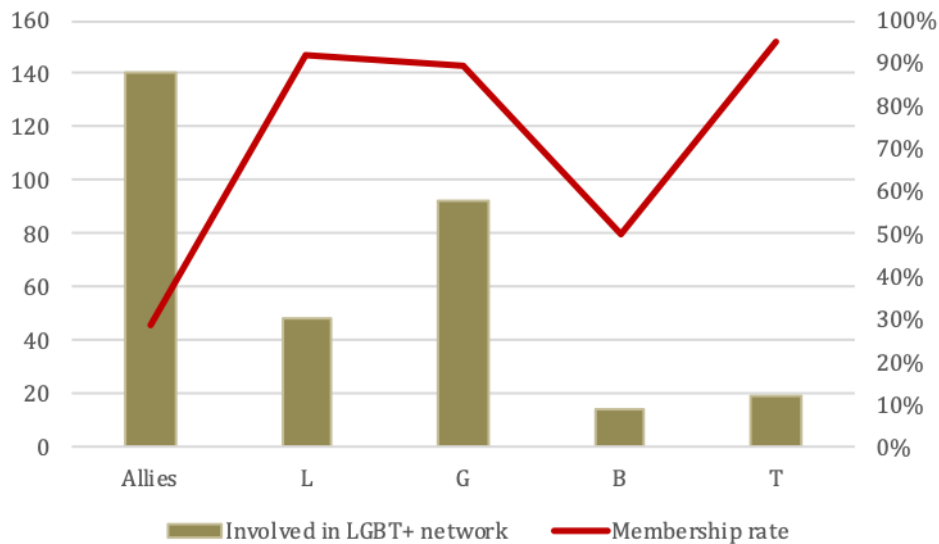
In terms of gender, 75% of male employees who stated involvement in an LGBT+ network are also members, whereas only 50% of the women are members. The lower rate of involvement by women compared to men is due to a smaller number of women identifying as LGBT+.

When exploring the sexual and gender identity composition of LGBT+ networks, we found that the largest individual segment of members are gay men (42%), as shown in the figure below.

Figure - Sexual and gender identity composition of LGBT+ networks
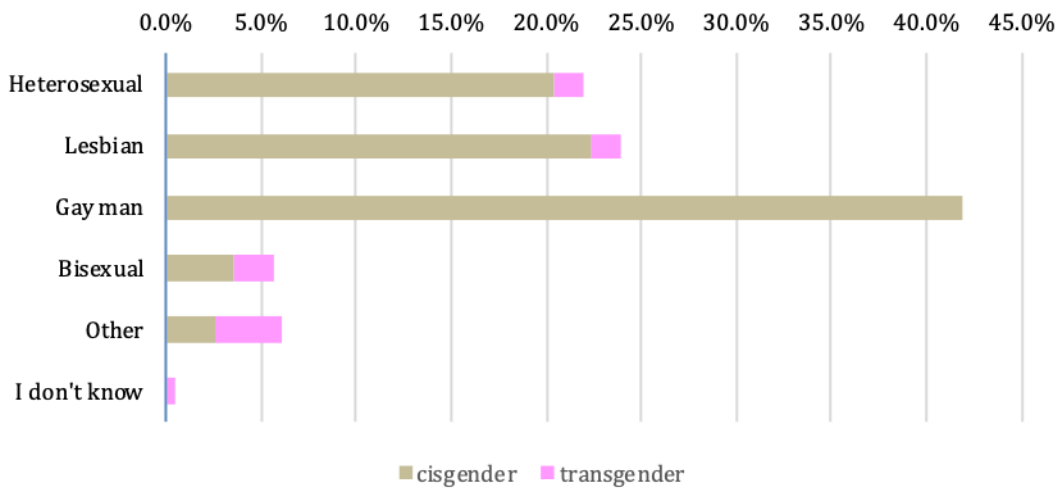
In our sample of LGBT+ network members, 40 are allies (33 female and 7 male). Among the 18 transgender members, 3 identify as heterosexual (female), 2 as lesbian, 1 non-binary gay, 4 as bisexual (1 male, 1 female, 2 non-binary), 7 as 'other' (2 male, 5 non-binary), and 1 female responded 'I don't know' when asked about sexuality.

LGBT+ employees who are members of LGBT+ networks are significantly younger than allies. However, within LGBT+ employee groups, age does not appear to play a role in network involvement.

In our sample, LGBT+ staff have higher education levels (e.g., first and postgraduate degrees) than heterosexual cisgender

employees. We observed a similar pattern among staff who are not involved in any staff network. However, heterosexual cisgender staff who are involved in a network (including allies) are significantly more educated than heterosexual cisgender staff who are not involved in any staff network.

In our case studies, our interviewees hold different positions at their trust and within the networks. All the CEOs we interviewed identified as heterosexual and cisgender, 75% of EDI leads identified as heterosexual and cisgender, with one identifying as bisexual and one trans. 80% of the HR representatives we interviewed were heterosexual and cisgender, with one (20%) preferring not to say. The sexual diversity among interviewed members appeared to reflect our survey findings about LGBT+ network members: 4% (2) bisexual, 35.6% (16) gay men, 28.9% (13) lesbians, 22% (10) heterosexual and cisgender, 4% (2) trans, one other and one who preferred not to say.

In terms of managerial responsibilities, 37.8% of the members did not have managerial duties, 8.9% (4) were supervisors and 51% (23) were managers. Around 87% of the complete set of interviewees came from a white background.

The table below shows some selected characteristics of our respondents, split between LGBT+ employees and allies and the degree of network involvement from our survey.

Table 2 - Respondent Characteristics

	Not involved in any staff networks		Prioritise other networks		Prioritise LGBT+ networks	
	Heterosexual cisgender	LGBT+	Heterosexual cisgender	LGBT+	Allies	LGBT+
% Male	19.0%	47.3%	19.2%	48.8%	17.5%	60.4%
Age	46.8	41.3	48.7	43.9	48.2	42.3
% ethnic minority background	10.0%	8.1%	31.7%	24.4%	5.0%	5.1%
% in couple	84.9%	74.5%	84.4%	67.4%	87.2%	76.4%
% first degree and higher	56.6%	65.7%	75.1%	75.5%	80.0%	66.9%
% with disability	32.2%	40.3%	41.2%	46.6%	32.5%	49.7%
NHS regions, %						
North of England	22.9%	24.4%	24.9%	20.0%	12.5%	22.3%
Midlands and East of England	35.9%	26.9%	26.9%	20.0%	22.5%	22.3%
London	11.9%	25.1%	29.9%	37.8%	12.5%	24.8%
South West	13.7%	7.1%	6.2%	4.4%	2.5%	8.9%
South East	15.5%	16.6%	12.2%	17.8%	50.0%	21.7%
% work full-time	70.4%	83.4%	78.7%	82.2%	75.0%	86.6%
% permanent contract	91.7%	90.8%	91.4%	86.7%	95.0%	94.3%
Average tenure in current post (years)	7.2	5.7	6.9	4.9	8.1	5.7
% experience regular bullying	6.3%	5.3%	7.8%	2.2%	2.5%	5.1%
Total number of observations	3,061	283	502	45	40	157

Notes: 'Ethnic minority background' includes Asian, black and mixed ethnicities. 'In couple' includes married, cohabiting and living-apart-together couples.

Disclosure of sexuality and network involvement

Sexual minority groups face a unique challenge in the workplace compared to their heterosexual colleagues, such as identity-management and 'disclosure' of identity. A common assumption on sexual identity is that it is hidden unless wilfully disclosed. In other words, it makes sexual minority employees invisible unless they want to come out. The absence and limited openness of sexual identity often result in a lack of visibility and voice from LGBT+ employees. Concealing one's identity at work adds additional stress, which might have a negative impact on well-being, productivity at work and satisfaction derived from work.

Co-workers often presume that an individual may identify as non-heterosexual from stereotypical behaviours or social cues. In this fashion, being involved in an LGBT+ network may seem like an explicit act of identity management. For LGBT+ employees who are open about their sexuality, LGBT+ networks provide a platform to voice concerns and also take action on behalf of 'closeted' sexual minority employees. Yet, being involved in an LGBT+ network may attract unwanted attention to one's sexuality, which is one of the most cited reasons for not being involved in a network by LGBT+ staff in our survey.

We asked LGBT+ employees whether they are open about their sexuality at work, and to what extent they share their sexual identity with their managers, co-workers and patients/service-users. We refer to a respondent as 'open' if they have chosen to respond as 'totally open' or 'make no secret' about their sexuality at the workplace. Respondents are referred to as 'semi-open' if they 'reveal [their sexuality] only if asked' (passive identity management), or 'avoid[ing] drawing attention to [their] sexuality' (active measures to conceal identity). We also have respondents who are 'not-open' about their sexuality at work. These respondents have selected that they 'give a heterosexual impression' at work or are 'not open at all'.

In our 486 LGBT+ sample overall:
- Just over half are 'open' about their sexual identity in their workplace
- 36% are 'semi-open' about their sexuality. One third of the 'semi-open' LGBT+ staff are passively open about their identities
- 12% are 'not open', with the majority giving a heterosexual impression at work

Among 152 LGBT+ employees[8] who are LGBT+ network members:
- 30% are 'totally open'
- 40% 'make no secret about it'
- 22% reveal only if asked
- 7% avoid drawing attention to their sexuality.
- 2% of the LGBT+ network members are 'not open' about their sexuality at work, compared to 37% for those who have never been involved in a staff network

Only 2% of the LGBT+ network members were not open about their sexuality, which is much lower than for employees who had never been involved in a staff network (37%). LGBT+ employees who are more open about their sexuality in the workplace are more likely to be in an LGBT+ network. While there is a positive correlation between openness about sexual identity and LGBT+ network involvement, it is not possible to identify the direction of causality. The figures on page 26 show the differences in openness between (a) LGBT+ network members and (b) other LGBT+ employees.

As shown in panel (a), all lesbian LGBT+ network members are either 'open' or 'semi-open' about their sexuality, whereas some LGBT+ members are 'not open'. Yet, compared to LGBT+ employees who are not members of an LGBT+ network (panel (b)), LGBT+ members are more open about their sexuality at work.

Regardless of network membership, around 10% of gay/lesbian staff are 'not open' about their sexual identity at work. For bisexual employees this proportion is much higher

8 We have 157 LGBT+ respondents who prioritise the LGBT+ networks among a battery of staff networks we listed in our survey. 5 respond–ents (3 heterosexual transgender and 2 respondents with "don't know") were not routed to the disclosure question due to their answers in the sexuality question.

(a) Openness about sexual identity among LGBT+ network members

Legend:
- Totally open
- Make no secret
- Avoid drawing attention
- Only reveal when asked
- Give heterosexual impression
- Not open at all

Categories: L, G, B, Other
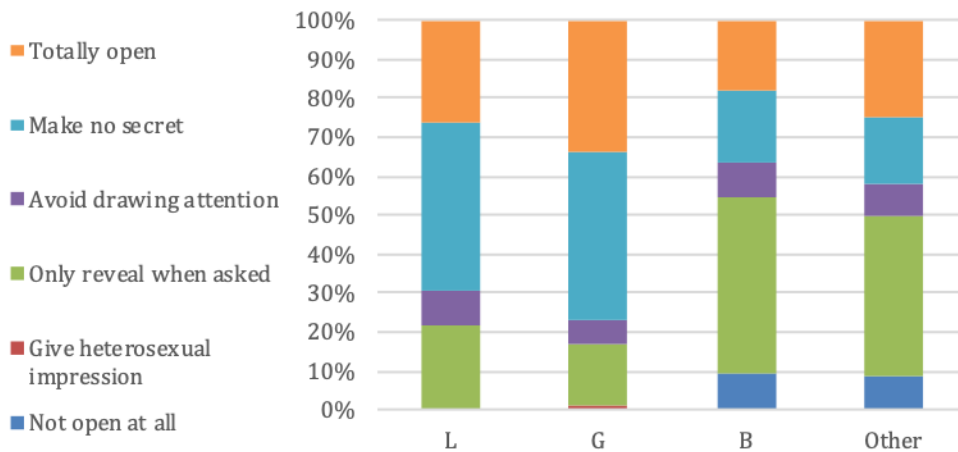
(b) Openness about sexual identity among not LGBT+ network members

Categories: L, G, B, Other

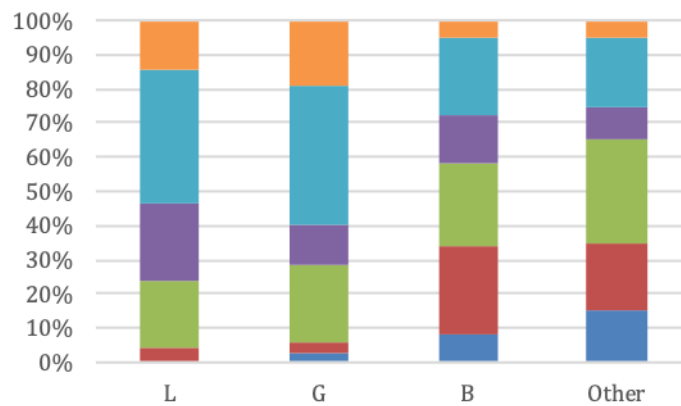(32% of bisexual women and 28% of bisexual men). Bisexual women are more 'open' about their sexuality at work (33%) than bisexual men (18%). As for LGBT+ network members, the openness pattern is reversed by gender, with more bisexual men being 'open' (40%) than bisexual women (25%).

Among 21 LGB transgender employees, all were either 'semi-open' or 'open' about their sexuality at work. All female transgender staff (4) were 'open' about their sexuality, whereas half of the male transgender staff were 'open' (3) and the other half 'semi-open' (3). The openness behaviour of non-binary LGB transgender staff (11) is more skewed towards 'semi-open' (72%). We found no significant difference between openness patterns for LGB transgender staff by LGBT+ network membership.

What do members get in return?

Members described a level of satisfaction in making a change or an impact in their organisation and the wider world. Zaid from Trust B, for example, talked about chairing and being a member of the network as 'fulfilling':

For me, it's just you're changing the experience of people's lives and that is very rewarding. (**Zaid**, **Trust B**)

Margo from Trust G discussed feeling 'proud of the stuff the network's achieved' but also highlighted the social aspects, and that she did not 'feel as isolated anymore'. Oliver from Trust C referred to the sense of 'comradery and achievement' he felt and specifically the opportunity to work with other LGBT+

people to try and address the issues that the community faced. Interestingly, the allies in our study were more likely to say they benefited from being more informed within their role and knowing where they could be useful to the network, rather than pointing to any personal advantages. From our survey, we found that more than three-quarters of LGBT+ network members were satisfied with their staff network.

4. Operation of LGBT+ Networks

Size, roles and (perceived) diversity

We asked 197 LGBT+ network members from 61 different NHS trusts in England about their LGBT+ networks. The key survey findings are summarised below.

- **LGBT+ networks are perhaps smaller than their members believe they are.** From our case studies, membership of the networks was hard to quantify, as what counted as a member is debatable. The networks would sometimes refer to how many people were on their mailing lists, but these were not always kept up to date and we did not have access to all of them. Our impression was that the networks had a range of 15-100 people on their mailing list (with 20-30 being average). In terms of attendance at meetings, this ranged from around five to fifteen people. To some extent, this was also reflected in our survey. LGBT+ networks have on average 200 members and 70 core members. These numbers are high due to

some outlier responses. When we look at the median, an LGBT+ network has 40 members and 10 core members, which is closer to our observations regarding network meetings and interviews. The large discrepancy between the mean and median network sizes may reflect the questions regarding what constitutes membership and the significance of virtual engagement in some networks, such as receiving newsletters and emails but not actively being involved in network activities.

- **LGBT+ networks have high turnover rates.** One in four members has recently joined the network (member <six months). Combined with those who have been members for up to a year, the network comprises a newcomers' percentage of 48%. Only 19% of members have been involved for at least three years. There is no significant difference in involvement tenure by sexuality. In the case studies, we found there was a core

group of members (around three to six people) who regularly attended meetings and organised network activities. The other members we saw at meetings were a mixture of newcomers, transient members and non-regular attenders.

One of the implications of high staff and membership turnover was that current members were often unsure about their network's history, when they were established and by whom.

Some of the networks had recently been **revitalised after a period of inactivity**, a few were relatively new (under two years) and others had been in existence in some form for over five years, or even ten years. **Equality, Diversity and Inclusion (EDI) teams had often been involved in forming more recent networks**, but not always. In contrast, some of the older groups had been instigated solely by members and had evolved **from support groups into formal networks.**

- **More than half of the LGBT+ network members are members only and do not have any additional roles in the network.** In our case studies, all networks had people who frequently attended meetings as part of their job role, such as staff from the EDI or Communications teams, admin support or senior managers who were acting as sponsors of the network for their organisation. Some occupied a 'dual-role', where they both identified as LGBT+ and were involved in the networks in a professional capacity.

- **Office-based occupations dominate networks.** From our observations in the meetings, the majority of those who attended the meetings were office-based staff, and the numbers of patient-facing, clinical or domestic staff were small. There was a lot of concern about the low numbers of non-office staff within the networks and strategies to incorporate frontline staff were discussed regularly at meetings. Our survey findings corroborate with our observations of the majority of the members having more office-based occupations, with the exception of registered nurses (16.2%). Only 4% of LGBT+ members are medical and dental staff, 3% are emergency care practitioners and paramedics. The highest membership in our sample is from wider healthcare (20.3%).

- **Not all heterosexual cisgender members identify as 'straight allies', and only some have formal responsibilities for the network** (e.g., being an EDI lead). 70% of 40 heterosexual cisgender members identify themselves as straight allies in the network, as shown in the figure above. The rest of the members are heterosexual cisgender members (10%), EDI leads (12.5%), in charge of network communications (5%) and other (2.5%).

Figure - distribution of network roles by sexual/gender identity
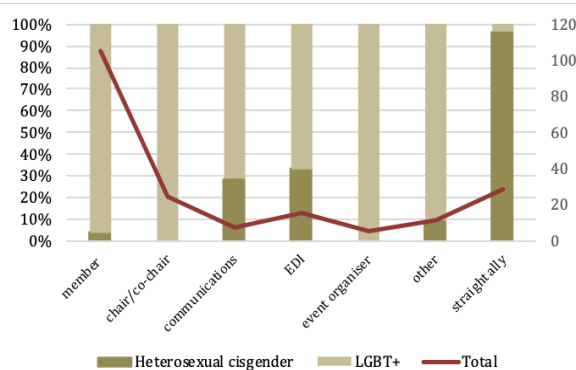
- **There was some LGBT+ diversity within the networks but there was limited discussion about it.** Understanding representation within networks was challenging, as people rarely discussed their identities in meetings. From our observations at network meetings and events, it appeared as though more men than women were involved in the networks, though this

over-representation was relatively minor. Men were more likely to be chairing the networks in our study. In our case studies, there was less outward concern about the lack of bisexual, trans and ethnic minority staff within the networks, although many did identify it as an issue within their interviews. It was our impression that those who identified as bisexual or trans were under-represented within these networks. Similarly, there was under-representation of ethnic minority staff within the LGBT+ case study networks. In part, our survey results support these observations. Two-thirds of LGBT+ network members find their network diverse in terms of age and sexuality, but members agreed there is a lack of diversity in terms of race and ethnicity (75%) and gender identity (67%).

Format and engagement

Our nine case study networks operate quite similarly, but with a few exceptions. Eight out of nine networks had a regular standing meeting. The frequency of the meetings would be either monthly, bi-monthly or quarterly. The network without a regular standing meeting (Trust F) would meet frequently to organise specific events like Pride or socials. Trust B was the only network in our study that met outside of NHS premises, as they met in a local LGBT+ community centre. Meetings would take place in meeting rooms, usually around a boardroom-style table and chairs. The duration of the meetings ranged from an hour to two hours.

Meetings were typically organised by the chair and/or co-chair through e-mails sent out to the mailing list. Each group had a chair, four of the trusts had co-chairs. Most of the networks did not have other defined roles, but where they did, it was usually around social media and communications support. Staff from EDI attended in seven out of nine trusts, and either offered admin support themselves or provided another member of staff who did - writing the minutes etc. Allies were involved and present at most networks. Trust C was the only network who

had sought to organise time in meetings where allies were not invited. The first half of their meetings were for LGBT+ identifying members only, and the second half was for everyone. They later changed this approach to alternating between separate meetings for LGBT+ identifying members and meetings for everyone, as the transition between the two halves of the meeting was quite awkward.

From our observations, we found the environment of the meetings friendly but somewhat depersonalised. The network chairs would often forget to initiate introductions, even though there would regularly be new members in attendance. In most of the networks, the meetings followed a formal agenda, with many items and some parts rushed through due to time constraints. This meant there was little to no time for personal sharing, general conversation or the debating of issues raised in the meeting. See the sample agenda on page 31 for more insights.

Activities and participation

The meeting was the central activity of most of the networks, with other activities taking place or being organised at the meetings. A number of the networks in the study organised their activities around an 'LGBT+ calendar of events', e.g., LGBT History Month, Trans Day of Remembrance, Bi-Visibility Day etc. This was reflected in the survey data, where we found that 72% of respondents were from networks which organised events to mark national and international LGBT+ days. These dates provided the networks with impetus to do some form of publicity or raise awareness in their organisation - for instance, raising the Pride flag during LGBT History Month or on the International Day Against Homophobia, Transphobia and Biphobia (IDAHO or IDAHOBIT). The flag raising would usually be conducted with a member from the senior management team and would be photographed and distributed internally and externally as a means of publicity for the trust. Often, networks would be struggling for ideas of activities they could do to mark these days, and they were often rushed in their planning. Although the calendar of

Even though this was a regular item on the agenda, chairs/co-chairs often forgot to instigate introductions

It was usually the chair/co-chairs that had taken part in external activities such as conference attendance or external training, but sometimes a network member had been able to go as well

Agenda | LGBT+ Staff Network | Date Time Location

Introductions	Chair
Apologies	Chair/Admin
Minutes of Last Meeting	Chair/Admin
Feedback from LGBT+ Conference	Chair/Network Member
Results and Feedback from the Stonewall Equality Index	EDI Representative/Chair
Calendar of Events	
• LGBT+ History Month Celebration	
• Transgender Day of Visibility 31st March	Chair
• IDAHO 17th May	
Pride	Chair
Communications Update	
• Intranet	
• Twitter/Facebook	Communications Representative
• Posters	
Orgranising socials	Chair
AOB	Everyone

The Stonewall Index was usually the domain of the EDI representative, with close input from the chair/co-chairs

Some networks had a specific network member who was co-ordinating Pride, but it was usually the chair who was most involved

This would often be a way of canvassing ideas about a social from those present, and usually took place at the end of the meeting

Any Other Business items were often rushed, as the meeting had overrun, even though this was sometimes the only time members could raise concerns

events was an organisational tool which sparked activity in the network, it often felt that organising multiple events throughout the year could be a burden for the network and that often they did not feel particularly meaningful.
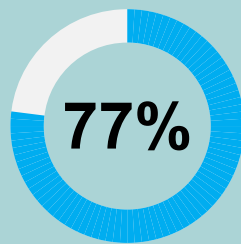
77% of LGBT+ network members attended meetings according to our survey

Most of the activities carried out by the networks focused on improving the organisation. With the presence of EDI staff, the networks were often consulted about trust policy and asked for their input. The survey found a similar pattern, with more than half of the members agreeing that they work with EDI leads, HR and senior management to improve policies for LGBT+ employees, patients and service users. For example, the network in Trust B was helping to develop and launch a new set of policies for trans staff and patients. The majority of the networks in our case studies were involved in their organisation's submission to the Stonewall Workplace Equality Index, although the depth of this involvement varied. Usually, the chair/co-chair would be working closely with the EDI representatives to collect evidence for the submission. The Stonewall Index would frame many of the network's activities, as they would receive comprehensive feedback on areas to improve. One activity recommended by Stonewall was reverse mentoring, which a number of the networks did. This was where a network member would work closely with someone from senior management to make them more aware of issues that LGBT+ people faced.

During our observations, a few of the networks organised larger events or conferences for staff and other external partners. These were well attended and organised, and they included external speakers and performances. The networks seemed to be in close contact with other LGBT+ networks in their area, from nearby

NHS organisations but also from other public and private sector organisations. They were more likely to organise events and activities with external LGBT+ organisations than they were with the other staff networks at their trust, such as the BAME or disability network. Socials were a regular part of most of the case study networks, although the survey showed that only 60% of the respondents came from networks that organised social events. The nature of the socials included visits to the pub, family picnics, film nights, sporting activities, museum visits, Christmas meals etc. It was often lamented that these were sparsely attended, and some networks did not prioritise them as a result. The socials that we were present at and observed varied in terms of attendance, but they were often the time where networks' members were able to do more personal sharing and the atmosphere was a lot more relaxed compared to the quite formal meetings.

Another major activity for all the networks was involvement in Pride. The survey results reflected this, with 84% of our respondents reporting that their LGBT+ network participates in Pride. A lot of time was spent in meetings deciding which Prides to attend (in the towns and cities nearby, and the smaller disability and trans Prides), how they would advertise it to staff, designing the float, banners or other materials, attending meetings with Pride organisers to get health and safety information. Pride was viewed as a celebratory activity, which would attract staff outside of the network and raise the profile of the organisation to the wider public. See figure on page 33 for more insights.

When we asked what or who drives network activities, the survey identified three major forces: network members (79%), national and international LGBT events (75%) and EDI leads in the trust (73%). This largely corresponds to our observations and interviews, where we found that activities were propelled by the ongoing calendar of events and that the network was largely driven by the members - in particular, the chair or co-chairs. The members recognised the influence of the EDI representatives or leads, but this was mostly regarded as positive:

I also think that we're influenced, and I don't mean that in a negative way, by our inclusion team. 'Cause clearly they have a trust perspective on this, and quite a lot of the bits of work that the network end up doing originate with them. So they'll contact us and say, 'Look, we need to review this policy,' or, 'We need to be thinking about training,' or whatever. Erm, and then Alistair and I will take it back to the network meeting and say, 'Look, okay, they're asking us to kind of do this.' So, erm, I would say the network makes its own decisions about the drives, with influence from the inclusion team, and with Alistair and I trying to drive it when we can. So I think those three things are quite different, really.
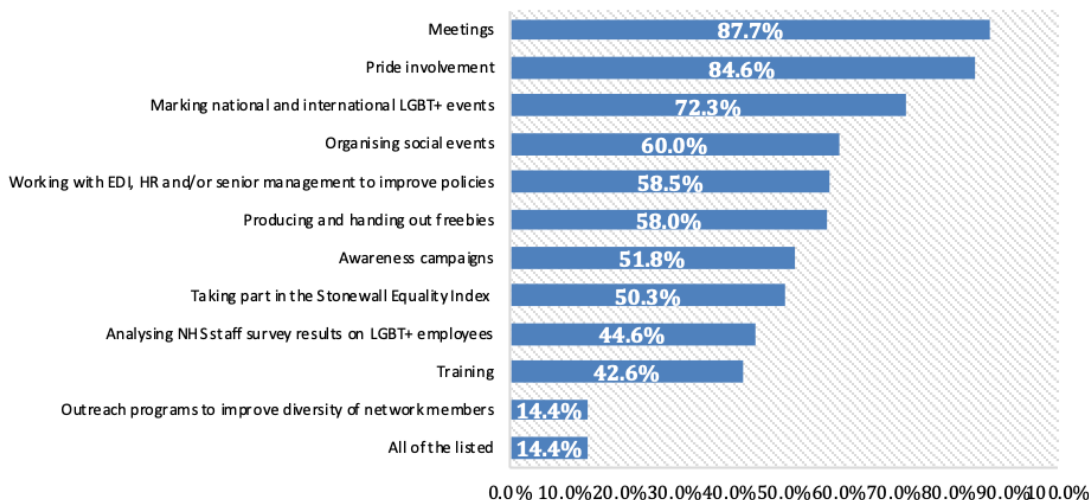
Jo
Co-chair
Trust B
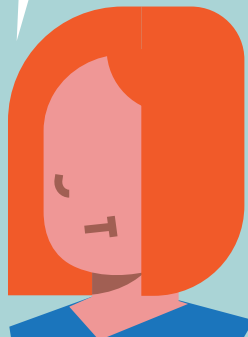
In the survey, we found that members agree that NHS EDI initiatives have an impact on the way LGBT+ networks organise their events (61%). In terms of other drivers of network activities, the survey found that 52% of members agree that the Stonewall Index Application drives and leads network activities. 46% of the members agree that senior management and HR drive network activities.

Materials

One activity that received a lot of attention within the network meetings was the design, production and distribution of materials. Correspondingly, the survey found that 58% of members are part of networks that produce and distribute these 'freebies'. These were usually lanyards printed in the rainbow colours, but also included rainbow badges, 'straight ally' mugs, rainbow and purple (for bi-visibility) shoelaces, rainbow window stickers, t-shirts for Pride, pens, wristbands and banners. We observed that the production of materials was a popular activity for networks because it was seen as a relatively easy, proactive undertaking, with perhaps more tangible results than other activities. Conversation around materials focused on how they were going to be funded and distributed. Funding for the materials usually came via a senior manager who had greater access to resources, but some also

LGBT+ network members were asked about network activities.
Members selected six activities on average.

Activity	%
Meetings	87.7%
Pride involvement	84.6%
Marking national and international LGBT+ events	72.3%
Organising social events	60.0%
Working with EDI, HR and/or senior management to improve policies	58.5%
Producing and handing out freebies	58.0%
Awareness campaigns	51.8%
Taking part in the Stonewall Equality Index	50.3%
Analysing NHS staff survey results on LGBT+ employees	44.6%
Training	42.6%
Outreach programs to improve diversity of network members	14.4%
All of the listed	14.4%

0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%

came through the trust's charitable funds and the EDI budget. The amount of materials produced varied from trust to trust; in the case of lanyards, for example, one trust only purchased around 250 (Trust B) and another purchased 4,000 (Trust I). The lanyards in particular were described as very popular items, in that people were 'vying for them' and they were 'flying out the door'. In the meetings, there were some assumptions made about what they achieved, without much supporting evidence. They were generally described as a way of raising awareness and making LGBT+ people visible within the organisation. For staff, the lanyards were intended to be a 'conversation starter' (Trust D) or a signal that 'at least I can be comfortable with that person' (Trust D). For patients, the lanyards were intended to signal that the person wearing it was 'a trusted person I could talk to' (Trust C). Although these statements were based on members' assumptions, in the interviews the participants described how the lanyards made them feel; Justin, for example, stated:

I wear the rainbow lanyard, and things like that. And, and seeing other people wearing it always gives me that little sense of, yeah, not alone.
(Justin, Trust A)

Jo talked anecdotally about the effect of wearing her lanyard around service users:

I really do believe that they've opened up the opportunity for people to feel able to kind of ask...And I think that's true for staff but also for service users. So I have a lot of questions from service users. **(Jo, Trust B)**

Some members were concerned that people did not know what it meant to wear the lanyards. In Trust H, for example, Deborah posed this question in a meeting:

I see you walking past me in a corridor. You've got this beautiful lanyard on. How am I going to know about this particular network? **(Deborah, Trust H)**

The response to this question was that she could look on the intranet or stop and ask the person wearing it, but she remained sceptical. Members also recognised that people wanted them because they looked nice, which Rachel discussed in her interview:

Don't get me wrong, they are quite bright and colourful and a lot of people miss the point of why they were created, so some people took the point and some people didn't but, er, you know, that's fair, you will get that.
(Rachel, Trust D)

There were also some fears about mainstreaming, and if the lanyards would lose their supposed effect if every staff member wore one, which is why Trust B had decided to limit the distribution of their lanyards:

Also, it's something about them being special, because if suddenly everyone had them they wouldn't maybe have much effect, if you see what I mean.
(Trust B)

Trust B was one of the trusts that were attempting to get people to sign a pledge when they received a lanyard so that they would fully understand what it meant to wear it and their responsibilities to others. Although there were critical voices around the topic of lanyards and materials more generally, we did find that they were mostly regarded as a really positive action for networks to take.

Allies

Allies or 'straight allies' were involved in seven out of nine networks in our case studies. In the two networks that did not include allies, there was discussion about how and when to involve them. Across the case studies, ally or 'straight ally' involvement was largely regarded as positive for LGBT+ networks and an indicator of success. To have allies as members was seen as an inclusive step, and to not include them would make the network 'exclusive' and defeat its overall purpose. Discussion around the purpose of networks within meetings indicated that the critical element of membership was 'to

support the inclusion agenda', 'regardless of how you identify' (Stella, ally, Trust A). It was not just other allies that felt this way. When we discussed ally involvement at our feedback meetings, an LGBT+ identifying member expressed:

I quite like the fact that allies are getting involved, and nobody knowing what anybody's identity is, and we're all here because we support LGBT rights. **(Trust D)**

Hence, individual identities were coded as less significant than general support for LGBT+ rights and inclusion.

In the survey, 80% of all LGBT+ network members said their network has straight allies (SA), with 13% not being sure. Members are generally positive about ally involvement and contribution, as the figure below shows, although heterosexual cisgender members (who we would normally expect to identify as allies) are more positive compared to the LGBT+ identifying members. Allies are significantly more in favour of LGBT+ networks to be open to SA (93%) than LGBT+ members (79%). We also asked the LGBT+ identifying members whether 'SAs create tension within the network', and only 6% agreed with this statement.

In terms of engagement, the survey found that heterosexual cisgender members, who we refer to as allies, are more likely to engage with the network through attending meetings (87.5%) compared to LGBT+ members (73.9%). All other engagement
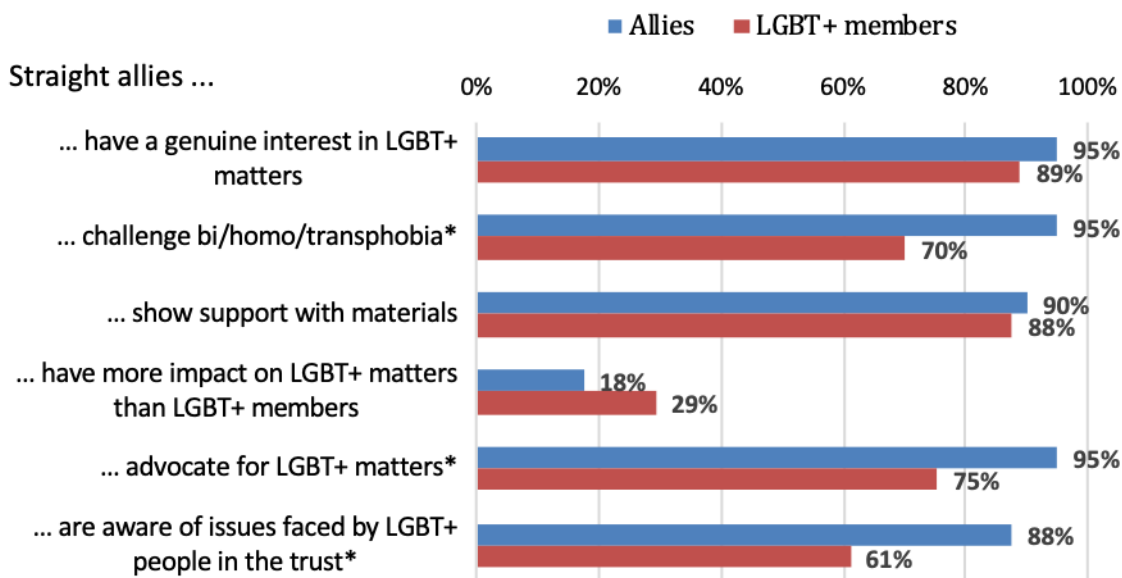
Notes: * indicates significant difference between proportions at p=0.05.

types (receiving emails, taking part in activities, organising events etc.) were more or less similar across the two groups. With regard to influence, 40% of members believed that allies drive their network's agenda to some degree. Interestingly, fewer LGBT+ members agreed that allies influence network activities (37%) than the allies themselves (55%). The case studies showed that most LGBT+ identifying members were not concerned about allies having too much of an influence in the network, although it has been suggested it would be a problem if their power did increase. In our observations,

we found that LGBT+ identifying members led the meetings, and that the allies present occupied more of a support or administrative role. In Trust C, which was the network that only allowed allies to join in the second half of the meeting, there were some concerns raised about the number and commitment of allies and their effect on the meeting:
Trust C was a bit of an outlier, partly because it had so many allies attending meetings (one meeting we observed had around 20, compared to three or four LGBT+ members). What it did demonstrate to us, however, was the problems that can surface when allies

I think they have too many. Erm, there's too many that have joined the network and it, and it's kind of overpowered. Like if you think, I dunno, the BME network, if there was more non-BME people than BME people would that really be a BME network? Possibly not. I understand the role. You know, I speak, I speak to colleagues all the time here and I'm like, 'oh, are you a straight ally?' 'Yeah, I'm a straight ally'. I was like, 'oh great, what does that mean?' And they're, and they're kinda like, 'oh, you know, we, we're just here to support'. Support what though?

Joe – Trust C

dominate the network, at least numerically, including scepticism from LGBT+ identifying members around ally involvement and their motives for being part of the network.

Challenges

In all our case studies, the LGBT+ networks faced similar challenges and barriers. The most common issue was around having the time to attend meetings and take part in network activities. The participants in the study did not identify any real negative consequences of being part of the network, except the extra pressure it put on their time. They often wished they were able to dedicate more time to the network but could not because of their role. In particular, those that chaired the network discussed the cost of this role on their life outside of work, as they would often have to work evenings and weekends to keep up with the requirements of the role. Zaid (Trust B) discussed feeling like he was 'failing the network' as he became more senior in his job and Peter (Trust I) talked about staying up until 3am on occasion in order to finish work for the network. A total of 25 LGBT+ network chairs/co-chairs responded to our survey. Two in three had no formalised time allocation to carry out the necessary duties for their staff network, and two in five reported that they complete all network-related work on top of their normal working hours. Only a quarter of LGBT+ network chairs had a set amount of time allocated to carry out network duties during work hours. This raises issues around the sustainability of the network if chairs are expected to do a lot of work for the network

outside their usual work hours, placing additional stress and pressure on them.

Time pressures were not just discussed by the chairs or co-chairs; the topic was also raised in the meetings and interviews as one of the main reasons why people did not attend meetings at all or infrequently. Usually this was discussed in the context of disclosure and release: if people were not comfortable sharing their sexuality/gender identity at work they would find it difficult to ask for release to attend meetings, particularly in the context of a highly pressurised environment like the NHS. When asked about the barriers to attending network meetings and events, Keith's response was fairly typical:

Yeah, it is obviously work pressure. Um, can add onto that travel time for sure, and stigma of course, you know. You know, you might not - if you're an OT [occupational therapist] where you're not comfortable about, um, being out for want of a better word, then how the hell are you going to explain you're going, you know [chuckling]?

Keith Trust B

Being unable to get release from duties or organise cover was cited as the main reason why there were very few frontline and/or clinical staff present at meetings. Those that did attend also talked of time pressures, but they usually had more flexibility in their roles and were more able to manage their own diaries. As we observed network meetings and only interviewed network members, it was difficult for us to ascertain exactly why people did not attend or become members, but the survey responses from those who were not involved or were involved in the past confirmed that time and release issues are a major factor in their non-involvement.

Related to time, membership and lack of attendance was a topic that dominated quite a lot of the meetings we observed. Some trusts were particularly focused on this issue, such as Trust A, where the chair seemed increasingly frustrated with the lack of attendance at meetings and other events organised by the LGBT+ network:

I suppose I'm still struggling to try to understand why LGBT colleagues are not part of the network group or interested in attending the meetings or the social events. And I don't know why that would be or the reasons behind that.

**Robert
Trust A**

The survey data also suggested that many members were not very engaged in the network. When we asked members how many network activities they had attended in the last year, we found that only 44% had attended at least three network activities (e.g., meetings, training, socials and special events). The survey also indicated that time spent on the network was not shared equally across the membership, as more than one-

third of members spend less than one hour a month on network activities, and a quarter spend one to two hours. 28% spend at least three hours a month, and these individuals are mostly chairs and co-chairs. This corresponded to our observations from the case study networks, where most activity was carried out by a small core membership.

Consequently, meetings often revolved around developing strategies to get more members and increase attendance, such as: creating and distributing a survey asking members for preferences about the time, location and frequency of meetings, speaking at staff inductions, organising staff-wide events, publicity campaigns and getting allies involved in the meetings. Encouraging new members to join was seen as part of the network's aims and a growing membership was seen a marker of success.

Another challenge discussed at network meetings was a lack of financial resources. The assumption was that organisational funding demonstrated investment and acknowledgment of the network by senior management, and a lack of resources was seen as something that held the networks back from achieving their aims. They accessed funding from EDI leads and their budget or from their senior sponsor's budget. It was rare for networks to have their own discreet budget that they controlled. Similarly, the survey demonstrated that there was limited funding and allocated budgets for network activities. Among the 25 LGBT+ network chairs and co-chairs, only seven responded positively to our question on budget availability for network activities. Funding was often discussed in the context of wider constraints on NHS budgets and the issues around spending 'public money'; for example, when discussing providing cakes at a network event, the EDI lead at Trust A said 'I'm just mindful how we - it comes across if we're too elaborate with it. I don't know what the context of the Trust is in terms of spending money' (Rhea, Trust A). We did not get the impression that networks felt competitive with other networks over resources, and in the survey, we found little evidence for this either. On a competitiveness

scale for resources, from not competitive at all (1) to very competitive (5), those who prioritised the LGBT+ networks claim that their network is not competitive, with an average of 1.8 points. LGBT+ networks were slightly less competitive than BAME, Disability and Mental Health networks, but there were no significant differences in competitiveness to other networks.
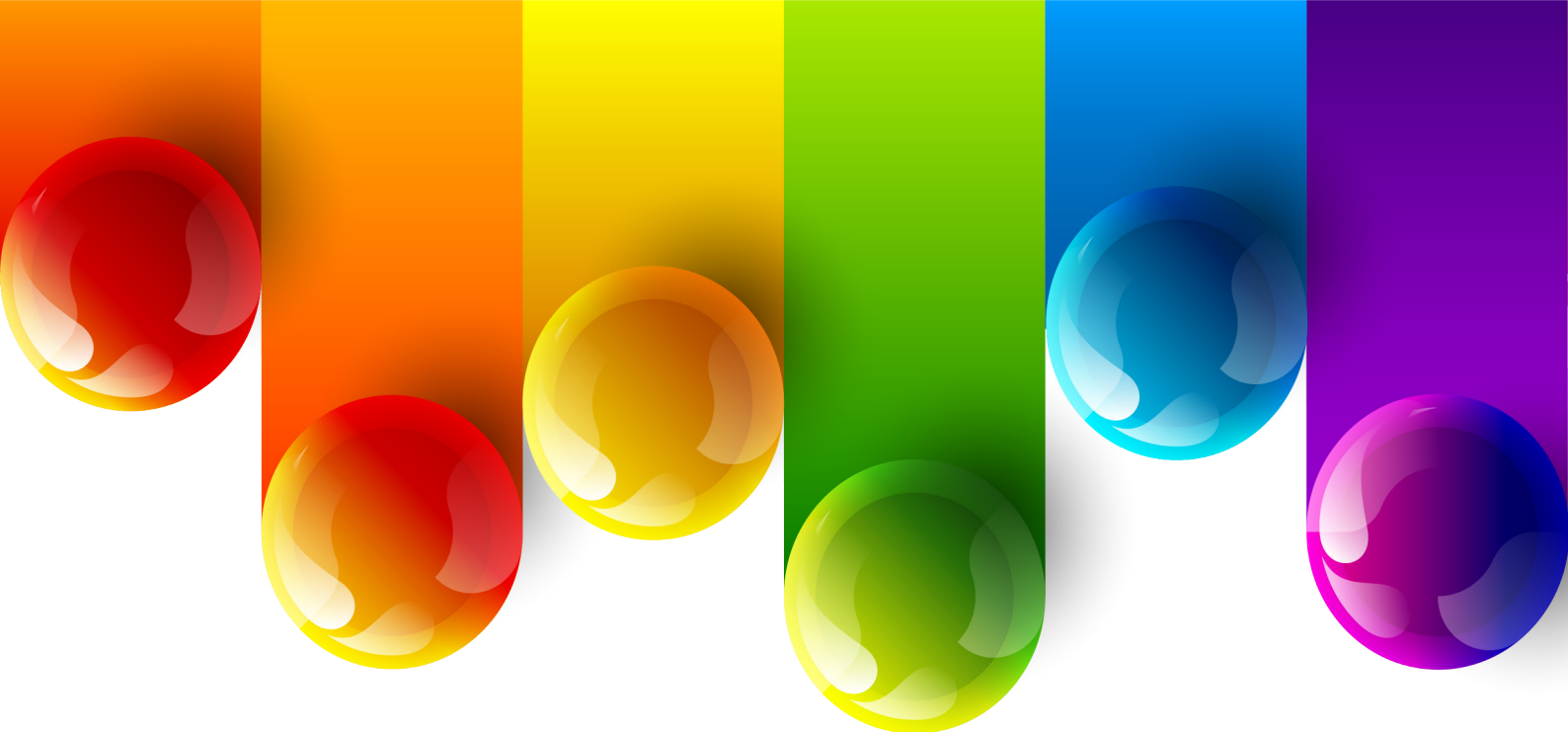
5. Role and impact of LGBT+ Networks

LGBT+ networks serve both managerial and individual needs to improve the work environment. However, the network members, EDI and HR representatives and chief executives we interviewed often found it hard to describe the role and purpose of LGBT+ networks. This seemed to stem from difficulties in articulating the issues that LGBT+ people faced in their organisation. Interestingly, the survey reported that 70% of LGBT+ and 80% of allies agreed that specific issues that affect LGBT+ staff/patients in their trust shaped their network activities. This proved not to be the case in the case studies. Members often referred to incidences of bullying, harassment or discrimination, but said that they personally had not heard of any of these happening in their organisation. When they had witnessed or experienced such incidences, it was unclear how the network had responded or how the existence of the network would reduce the prevalence of them.

Many referred to the low disclosure rates of LGBT+ staff in the NHS, and the problem of people not being able to 'be themselves' at work. This echoes our survey findings on disclosure and the difficulties of being fully or partially open or not at all. Part of the networks' role, therefore, was to provide a support place for LGBT+ identifying staff. However, the main problem identified was a lack of awareness amongst the general staff about LGBT+ issues, and this was something the networks could remedy through awareness campaigns and influencing organisational policy and climate. Our analysis of the role and impact of LGBT+ networks concern these three main aims: raising awareness and visibility, influencing the organisation and creating a supportive space and work environment.

29% had been bullied in last 6 months

3% were unsure
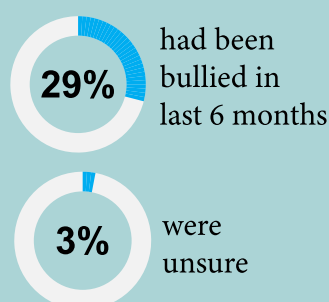
There is no statistical difference within LGBT+ groups. Members of LGBT+ networks are less likely to experience regular bullying than non-members by 2.4 points, but this difference is not statistically significant.

Raising awareness and visibility

'Raising awareness' was a term used frequently in meetings and in the interviews, and the ways of raising this awareness were through marking LGBT+ days every year, creating and producing lanyards etc. It was unclear exactly what they were raising awareness of and the effectiveness of this awareness-raising on staff not involved in the network. Sometimes this 'raising awareness' seemed to be centred on making the network more prominent in the organisation and would be talked about as 'raising the profile of the network' (Trust D). A higher profile would lead to more recognition by senior management and another marker of success - more members - as Robert, the chair of Trust A, discussed:

> I'd like to think that a successful network would be a dozen people around the table discussing LGBT within the organisation, promoting LGBT, getting involved in the events throughout the year, sociable events, being visible and making change within the organisation in that if things are not right we have the ability to suggest new ways of working or new ways of doing things. That would be a successful network group.

**Robert
Trust A**

Sometimes this raising awareness seemed to be tied to making the staff, patients/service users and wider public aware that the trust was a fair, inclusive place to work and be cared for, which the chief executive at Trust D suggested:

> To me, it's mainly, principally, about raising awareness of LGBT issues within the organisation. Um, I think, hopefully, it helps promote, um, [Trust D] as a, as a place where LGBT staff feel safe, feel valued; that helps us attract in the future LGBT staff who'd want to come and work for us. Um, and just raising awareness.

Tim | Trust B

In this way, the network was seen as part of the trust's publicity machine, and a tool to demonstrate a positive image and ethos. People also used vague phrases such as 'promoting LGBT across the organisation' (Erin, Trust A) when discussing the aims of the network. Behind these statements was the implication that LGBT+ people are less visible in the workplace in comparison to their heterosexual and/or cisgender peers, and therefore need to be promoted or made more visible. The networks therefore are meant as a mechanism for bringing the experiences of LGBT+ workers into greater focus, with the hope of making the working environment more inclusive.

The impact of these awareness-raising activities was difficult to measure and evidence. Many of the networks felt that their activities, such as attending Pride events, producing and distributing lanyards and marking LGBT+ days, had raised awareness successfully and brought about greater visibility, such as Robin, the chair from Trust G:

> I'd say, erm, that the network has, especially by using, erm, IDAHO as a vehicle, and by raising the rainbow flag in the three health boards, erm, in the three acute sites of, of the health board, erm, we've helped with visibility, and, and acceptance. Acceptance, I couldn't quantify, but visibility, I think, because the flag is there, erm, yeah, vi-, visibility, visibility, I'd say, is, is, is our main achievement.

**Robin
Trust G**

Again, it was not quite clear what was being made visible, beyond the presence of LGBT+ people in the organisation. That the network was better known in the organisation was also seen as a success and measure of impact:

> So they've done I think a fair bit in, in a short period of time, but er, certainly the biggest thing has probably been the awareness-raising. So I think, you know, when I've mentioned erm, er, this particular network to others, they've recognised it. It hasn't been news to them, they've seen it well publicised within the organisation, which is better than other networks I think we've, we've got.
>
> **Joe**
> **Trust H**

We repeatedly observed and were told that one of the central purposes of the network was to raise awareness and visibility. More than half of the LGBT+ network members in our survey sample strongly agree that their network increased visibility of LGBT+ employees in their trust. Furthermore, activities carried out with this intent were presented as evidence of the network's success, although few attempts were made to measure if awareness had increased amongst staff. In addition, the nature of the awareness remained ill-defined: was it awareness and visibility of LGBT+ staff, of LGBT+ issues or simply just of the network itself?

Influencing the organisation

Network members were keen not to describe themselves as activists, preferring to use softer words like 'advocate' or 'supporter'. They did not want to be seen as troublemakers within their organisations and this was echoed by senior management, who wanted the networks to act as a critical voice or friend but not be too disruptive:

> I'm going to say this, if the groups just want to become too challenging or lobbying, that can also be a problem. If you've got, if you've got networks that are constantly, um, seen to be in conflict with an organisation, in the end they almost get what they, you know, what, what, you know, what, what they generate.
>
> **Richard**
> **Trust B**

A successful network was seen as one that opened up friendly communication channels between minority staff and senior management and was able to influence the organisation. Rita, the executive sponsor of the network in Trust B, described the networks as a way to focus senior management on specific issues and 'hold the mirror up' to what was going on in the organisation. Rhea, the EDI lead from Trust A, said that the network was a 'mechanism or a conduit to find out what's happening in the trust for LGBT people, but also it's a conduit into the strategy to help us deliver it'. In this capacity, the network is a resource for the organisation, a way to access the experiences of LGBT+ staff and, in some cases, service users. For the network to have an impact then, it was regarded as crucial that they form and maintain this relationship in order to be influential:

> They [the network] help to draw a - attention to some of the issues, and I think they do influence policy making and so on as well. I think they have - they've got a voice with the sort of senior team and so on that's understood, and here, you know, in the same organisation here I'm not sure that's - all the networks have achieved that.
>
> **Keith, Ally**
> **Trust B**

For those that felt their network was not as achieving as much as it hoped, influencing senior management was a key ingredient in making the network a success:
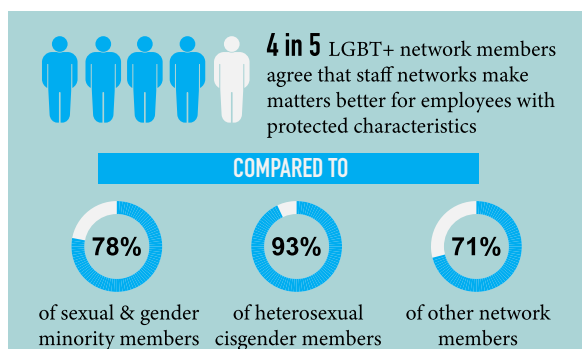
> I think a successful network would be well attended, and would be driving forward change within the organisation and influencing the executives to make decisions.

David, Chair Trust I

The network was envisaged as a group of experts and advocates for their organisation in respect of LGBT+ matters, and this was confirmed by our survey data. From our survey responses, we found that 84% of LGBT+ network members agree that staff networks offer advice to management on matters concerning LGBT+ staff and patients/service-users in their trust, and 82% agree that their LGBT+ network is consulted on policy and practice on issues regarding sexual minorities.[9] Over half of the employees in staff networks agree that staff networks contribute to the managerial decision-making process. Network members in general consider staff networks as an integral part of equality and diversity management (86%), although fewer LGBT+ network members agree (75%).

9   **This is mostly driven by heterosexual cisgenders' positive perception of their network (92%) than LGBT+ members (79%).**

4 in 5 LGBT+ network members agree that staff networks make matters better for employees with protected characteristics

COMPARED TO

78%
of sexual & gender minority members

93%
of heterosexual cisgender members

71%
of other network members

Supportive space

Raising awareness, profile, visibility and becoming influential in the organisation were seen as key aims of networks, and the markers of success. Although many members had joined the network to meet people and feel supported, the idea that the network should provide support to members and other LGBT+ staff was mentioned less often. Some, like Nina, felt it was the main goal of the network:

> I think it's somewhere for people to go and maybe, if they're not feeling included or they don't feel like they can be themselves, that they can go and be themselves. Um, and just to help people be able to feel themselves, I suppose in their work. And maybe support, a little bit of support that if they haven't told their work colleagues, that you've got someone there that maybe might be able to support you in, in doing that or feeling more comfortable, not in necessarily sort of, you know, coming out to them, but just casually talking about it and maybe dropping it into conversation. But, I, that's what I see it as. I see it as a supportive thing rather than anything else.

Nina Trust C
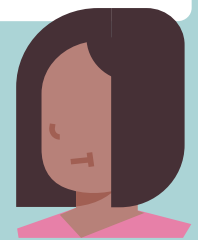
Interestingly, HR representatives and senior management were more likely to focus on the support element of networks. This is perhaps because they do not attend meetings regularly and therefore do not know about the fact that emphasis is largely on organisational issues. Rita, the senior executive sponsor at Trust B, had experienced this shift in focus first-hand, which she interpreted positively:

When I first went I thought the aims were about support, erm, and about being a safe space and, but possibly not doing any more than that. But now, now I think the aims are slightly different and they are about raising profile and, and being much more loud about saying, 'This is org...' So I think it's much more, it's shifted from being, I thought it was more personal but now I think it's more organisational.

Rita
Exec Sponsor
Trust B

Support was not prioritised by members, perhaps because they felt that focusing on support would make them less legitimate in the eyes of senior management. They could be right, as one chief executive told us it was very important that the network should not 'just be a talking shop' (Trust H). The network meetings were talked about as a 'safe haven' where members could feel comfortable (Trust G), but the meetings we observed did not necessarily reflect that. It was not that the meetings felt unsafe or there was not a friendly atmosphere, but they were not often opened up as places of support, largely because of the focus on the agenda. When members did seek support about issues they had experienced at work, it was usually towards the end of the meeting in the 'any other business' section. Here, they did receive supportive comments and advice, but this was often rushed and had to be picked up by the chair/co-chairs by email after everyone had left the meeting. Our survey told us that the majority (77%) of LGBT+ members agree that staff networks do take notice of members' complaints. What arose from our case studies were questions about whether the meeting facilitated this support.

The purpose, role and aims of the network were quite intangible, and as we have said, this was partly because the participants in this study found it difficult to identify the problems LGBT+ people faced in their organisation. As a result, the role of the network tended to drift towards acting as a useful resource for the organisation, and its aims were around increasing and maintaining its profile and influence. This meant that activities like a successful publicity event, involvement in a Pride or introducing a rainbow lanyard scheme were regarded as major successes for a network, precisely because these things were tangible and could be evidenced. Similarly, well-attended meetings and the growth of the network were achievements. The ability to offer support to members and other staff, although discussed relatively frequently as an aim, was more difficult to quantify, collect evidence for and be rewarded for within the organisation, and as a result it was deprioritised.

In the survey, we found that while the majority of the LGBT+ network members agree on the positive impact of their network on their trust's working environment, 30% state that staff networks make no difference to what it is like to work in their trusts. A further investigation shows that the positive impact of staff networks on the work environment is enjoyed slightly more by allies (83%) than by LGBT+ members (68%).

Through our case studies, we found very little evidence of networks promoting career support and progression for its members (through networking events and mentoring schemes, etc.) and this was not deemed a priority. This was reflected in the survey data, where we found that only 12% of members had taken up the mentoring opportunities in their LGBT+ network, whereas the proportion of mentors was double this in BAME networks (22%). While at the organisational level, staff networks appear to have a positive influence on the work environment, their effect does not permeate to individual experiences. For instance, only 41% of (LGBT+) network members agreed that staff networks reduce turnover intentions.
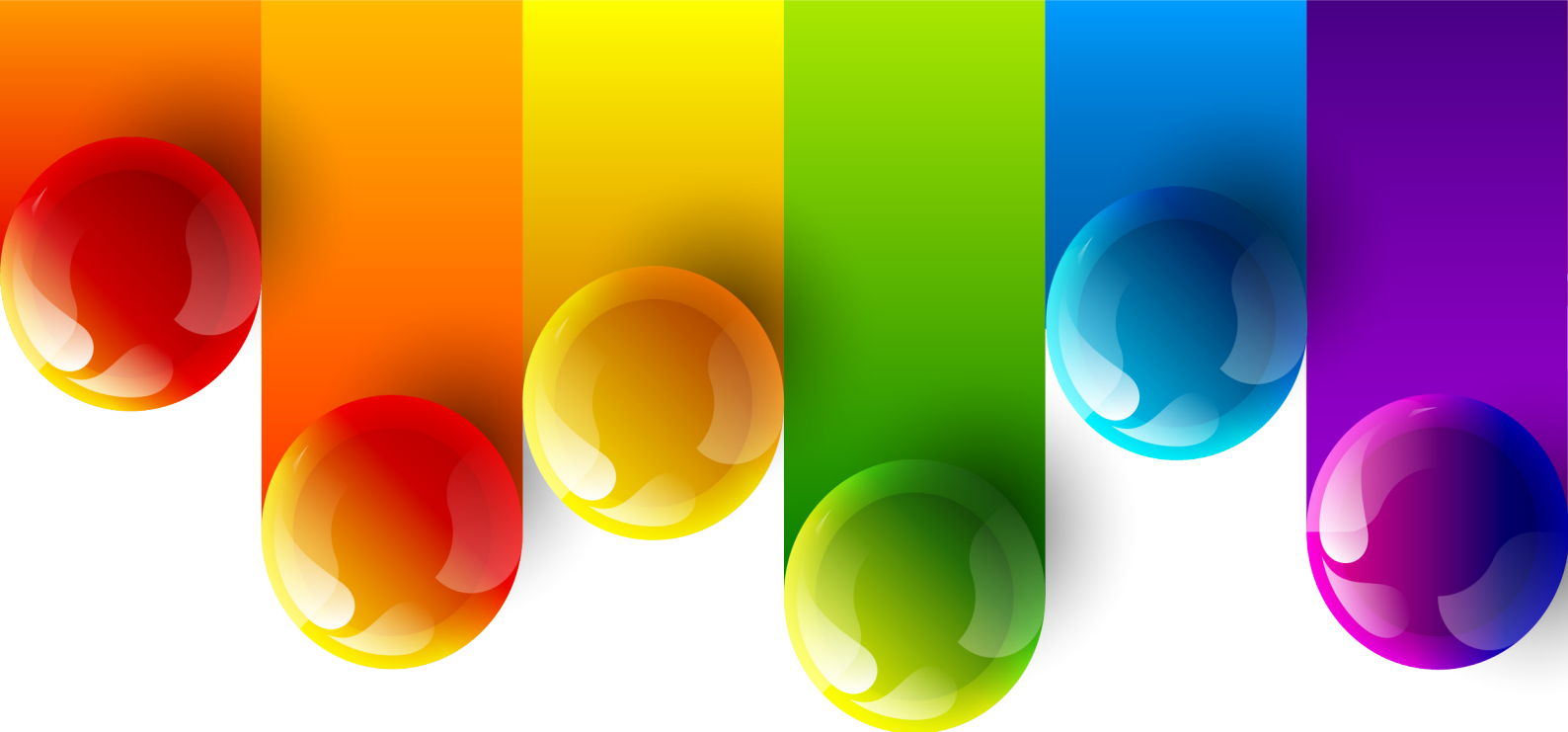
6. Voice, silence and (in)visibility

Voice and visibility were two common words used within both meetings and our interviews. The assumption was that within heteronormative and cisnormative working environments, LGBT+ people's voices are marginalised, and they are less visible. The network was described as providing a 'voice for LGBT staff, patients and the community' (Charles, Trust E) within the organisation. Our survey found that 79% of LGBT+ network members and 81% of other network members believe that staff networks enable individuals to voice their dissatisfactions. When voice was discussed, it usually referred to a collective voice, but not always. For example, Karen from Trust G, when asked what her role was in the network, said that she wanted to give a voice for bisexual people, who were under-represented:

Um, just to give a, a voice really. I mean your role really is as much as you want to take on. So, um, I don't know that there's many bisexual people there or that have - I mean not everybody's stated exactly where they lie, but, um, I know I have, but I don't know that many other people have stated themselves as being bisexual, so I suppose I might be a bit of a lone voice [laughs] on that one, I'm not really sure!

Karen
Trust G

Although the networks recognised that they were an umbrella group, and their members had a range of different identities and experiences, they were often placed in a position by senior management where they had to speak with one voice. Melanie, an HR representative, explained:

> So rather than us try and hear that voice from, from disparate groups of staff, it [the network] provides a focal point for them to be able to, to channel that voice and to channel that expertise.

Melanie, HR Trust F
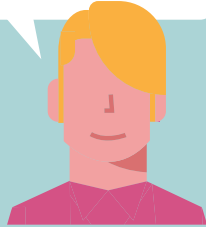
The danger we perceived here is that the networks were not always equipped to be a mouthpiece for the LGBT+ staff and others because they were not that representative themselves. As recorded above, there was a dominance of gay men - and to a lesser extent lesbians - within these networks, and this is symptomatic of wider issues within the LGBT+ community, where the strongest and most visible groups are white, homosexual, cisgendered and - usually - men. This culture has the potential to discourage identification and openness, because it is assumed that everybody is either gay or lesbian (or a straight ally) and therefore vocalising another identity (bisexual, queer, pansexual, asexual etc.) marks you out as different and your voice is less likely to heard, both within the meetings and as part of the collective LGBT+ network voice.

Networks were marketed as 'LGBT+', but this actually obscured the reality of who was a member, and the groups did not come across as particularly inclusive to those who were not gay men or lesbians. For example, people who identified as anything other than gay or lesbian were othered by the discourses used within the meetings, e.g., 'Obviously, we're keen to make sure that sort of, the, the queer, erm, the non-binary, sort of, broader sexual identities, erm, are properly represented, so we're not too old' (Trust F) and 'it gets very confusing, doesn't it? You know, when you hear of gender fluid, binary, non-binary, pansexual, a long list now' (Trust A). These identities are discussed as though they were something that the network has to get to grips with, rather than identities that those around the table may share. It was clear that although they knew these groups and individuals existed, they presumed that they were not part of the network and therefore they did not have access to these experiences. This had the effect of making other identities less visible and created a homogenous collective identity.

This collective identity was also overwhelmingly white, as BAME staff were rarely well represented in the network and discussion about the intersection of different identities was minimal. Karen, a BAME network member and EDI representative, discussed how this lack of representation offered a senior management a skewed view of the LGBT+ population and their needs:

> Because if we go from just personal experience and we look at the membership or the visible membership then it's primarily white. So, I have no guarantee that, um, BAME issues are going to be raised in terms of, um, um, the needs of LGBT people... the organisation also just sees the face of the network, which in tradition-ally LGBT networks, the face is white or white male. So, there isn't, they don't see the diversity within the LGBT community either. So, their view of what LGBT means is going to be white male or white female or whatever. They're not going to think, well they're, they're going to be people who are bisexual. There are going to be people who are trans. And we don't have that visibility. So, it's a two-way thing because if we really do want to change workplaces, we need to have diversity within the LGBT networks and diversity of thinking too.

Karen Trust F
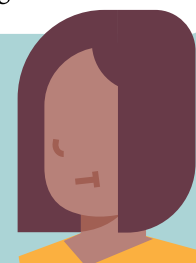
The collective voice which was amplified through the LGBT+ network was unrepresentative of the wider LGBT+ community.

Another factor which hindered the fostering of different voices and visibility was the silences around identities within the meetings. The absence of openness about members' sexual and gender identities and, for the most part, the absence of any kind of discussion around LGBT+ identities, was striking at the LGBT+ network meetings we observed. In most of the case study organisations (but not all) a depersonalised atmosphere was apparent at meetings, and people rarely discussed their lives outside of work. Whilst a minority of chairs always insisted on everyone introducing themselves, for much of the time, introductions were a forgotten item on the agenda, and it was difficult for us and other newcomers to even learn the names of those in attendance. In Trust D, for example, introductions never featured, and names were never offered, until a new chair took over towards the end of our observations. If introductions were carried out, members almost exclusively focused on their role in the organisation and where they were based; even information about their role in the network and how long they had been a member was not forthcoming.

The lack of conversation about sexuality or gender identity meant that we often did not know how members identified until the interview stage (and we did not interview all members). This lack of knowledge, however, was not just limited to us and new members of the group, as through interviews with network members, and particularly chairs, we realised that they too were largely unaware of who the membership was made up of. They made vague statements such as 'I think there's a good representation' (Trust D), 'I don't think it's overly represented by a particular group' (Trust C) and 'we did have somebody who identified as bisexual, but he's left, left the trust' (Trust C). There were also assumptions made about the demographics of the wider staff population, particularly around trans staff, e.g., 'I'm aware of two other trans people in the organisation'

(Trust B), 'We don't have anybody from a transgender point of view' (Trust C) and 'There is no trans in the group, I don't think there's a trans in the organisation' (Trust A).

Much of this unawareness appeared to stem from a disinclination to make people 'out' themselves at meetings; there was a culture of 'don't ask, don't know'. When we discussed representation and lack of knowledge around identities during the interviews and feedback meetings, it was generally regarded as positive that people were able to remain private about their identities, and it did not matter that allies and LGBT+ identifying members were indistinguishable because 'we're all here because we support LGBT rights' (Trust D). It is telling, however, that network chairs made little attempt to understand the identities and representation of their members via more confidential means. For instance, a number of the networks surveyed their members during the observation period but did not include questions about identity, instead concentrating on preference for location and timing of meetings. There was perhaps a reluctance to discover and discuss identities in case the unrepresentativeness of the networks was unmasked.

We identified that one of the causes of these silences was the shape and climate of the meetings, which felt procedural in content and tone. A typical entry from our field notes reads 'group is friendly but very much felt like a "meeting" (Trust A). The presence of equality and diversity leads, communications representatives, admin support and straight allies may have had a silencing effect. It meant that it was often difficult to tell who was an LGBT+ identifying member and who was not. Some members who were not 'out' at work and still wanted to attend meetings may have preferred this, but it also meant the chances of identities being discussed in any depth became less likely. In addition, the presence of non-LGBT+ staff meant the character of the meetings became more bureaucratic and focused on organisational agendas and members' professional roles. Meetings could often be taken up with discussion of wider HR initiatives, presented by equality and diversity officers, not

necessarily for input from the group but for their information. It was clear in a few case studies that the equality and diversity representatives were quite a dominant force in the network, and this may have also had an inhibiting and regulatory effect. One example was in Trust A, where there had been an ongoing discussion about the wording of a new poster for the network. The equality and diversity lead became quite forceful about this wording, wanting the network to use the trust's corporate branding and phrases:

Rhea (E&D): *Do we want to call them staff network groups? I mean, is it a staff inclusion group?*

Robert (Chair): *Well, that's what...*

Debbie: *Well, that was the other thing, wasn't it yeah?*

Because we're reframing it, is it a network, or is it - I don't, I don't know. I'm just asking, you know...

Well, it is, it is a staff network group, but I thought the inclusion bit was more the term used instead of using the term equality and diversity, wasn't it?

It was meant to be a bit broader than that. It's meant to mean every - the equality. It's about making sure everyone feels exclu [unfinished word] - included and valued.

So that word needs changing then.

Yeah. Because is it a network, though? That's my, my thing. The premise of it isn't just a network, if that makes sense. I don't - I'm just sort of thinking is it an opportunity, because we're building the brand and the paradigm shift around inclusion, it's not just...

I mean we could change that LGBT to...

*I don't know, I'm just thinking. I don't know.*

This exchange demonstrates the extent to which corporate vision could seep into the meetings at times. We can see that the network members put up quite little resistance to change, which should have been fundamental: the purpose of the network. The language used by Rhea effectively obscured the network's LGBT+ identity, branding it as a group based around including everybody in the organisation, rather than a space for LGBT+ staff and effectively erasing differences of any kind.

It was not just the attendance and interjections of non-members (although some equality and diversity representatives viewed themselves as members of the network) that underlined the omnipresence of organisational aims and constraints within the meetings. Remarks were frequently made by all who attended about the time pressures faced by members and other staff, the lack of financial resources and budgetary constraints within the trust and the overarching need to prioritise patient care. Obviously, these topics are important to staff and affect the operation of the network - for instance, if members cannot attend meetings because they are too busy. However, the pervasiveness of these conversations demonstrates the inability of members to switch off at least in part from their professional role within the organisation once they entered the meeting. Deborah, a chaplain at Trust H, discussed this during a discussion about identities in our feedback meeting:

Deborah Trust H
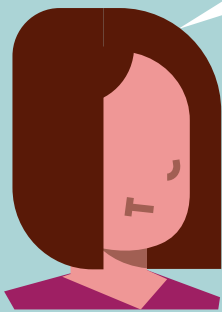
I guess I was thinking about what you were talking about before with regards to putting the cap on and off and, and you know if, if you're on a working day and you slip into a meeting room and you see this kind of environment, formal work, then it would be quite easy for me to maintain the mindset of work, and talk about patients and service provision and structure and policy and agenda; erm, whereas if I'm, you know, this is at home [referring to her clerical collar]. The badge is off. I'm there as me, then I'd probably be more likely to talk about, do you know what, that really, really annoyed me today. Erm, and my mindset would be different because my hat would be different.

Deborah's comments highlighted why members may find it challenging within a network meeting to express identities that do not obviously pertain to work. Within a formal meeting setting, it is difficult to switch off from the minutiae and complexities of the 'day job', and this permeates the tone and content of the meetings as a whole. We found that network meetings were structured and conducted in ways which encouraged absences and silences around identities. This had the effect of obscuring differences, creating a collective homogenous voice and making minority sexual and gender identities even less visible in the workplace.

7. Recommendations

The findings support a number of recommendations for the further development and progress of LGBT+ employee networks. The recommendations are aimed at those already involved in LGBT+ networks, those who are thinking about joining or setting up a network and the organisations that have networks. We accept that there are no set guidelines for supporting and running a successful LGBT+ network but, equally, we recognise that some factors are likely to help you and your colleagues.
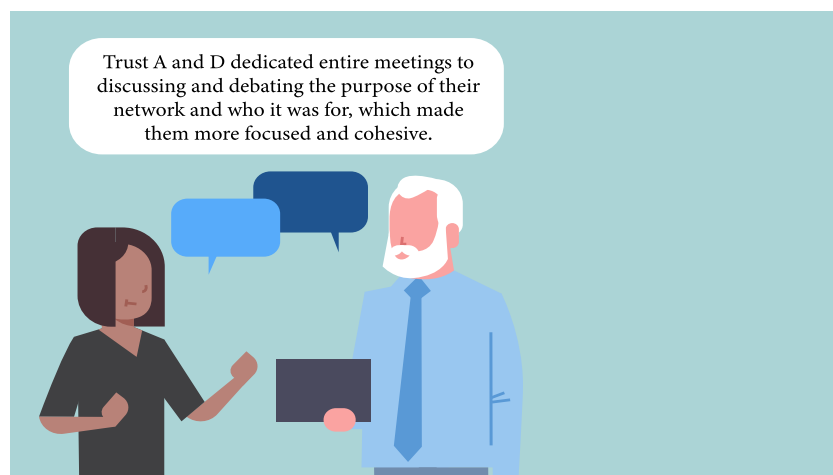
Networks

1. Be clear on your purpose

When asked the purpose of individual networks, the answer was not always clear: for example, whether the networks are essentially working for members and/or the employer? Having a clear vision helps to unite network members and to signal what support is needed from the organisation. Network

activities are also likely to be more effective and focused on the target groups.

Trust A and D dedicated entire meetings to discussing and debating the purpose of their network and who it was for, which made them more focused and cohesive.

2. Make space for sharing personal stories

Operationalising LGBT+ staff networks with formal agendas and organisational pressures to mark international LGBT+ days can limit space for personal sharing. Creating space and a platform to share personal stories is important for two key reasons. First, it enables members to get to know each other

and to build mutual support. Second, it provides vital information about the context that the networks operate in.

Trust F held an evening event with food and drink during LGBT history month, dedicated to hearing members discuss their personal histories and experiences of being LGBT+.

3. Get to know your members

Encouraging people to share identities and respecting their desire for privacy can be a balancing act. However, prioritising identities and openly discussing them helps to challenge the status quo. Knowing your members also provides vital information about the representation of groups and helps guide development of outreach programmes to address under-representation. Putting measures in place to balance over-representation of any group/s is equally as important.

4. Seek support when you need it

Support from senior management (e.g., executive sponsorship) can facilitate access to resources, raise the network's profile and help with giving staff allocated time to attend meetings and/or to contribute to network activities. However, support of this kind may place demands on networks to evidence their work, particularly around impact. Senior management support can also steer networks towards more strategic organisational goals, which may work well for some networks but move other networks further away from their own goals and the needs of their members. It is recommended to request information from your organisation about LGBT+ employees and patients/service users. This will help shape network activities and make them more focused. When input is needed from HR, EDI

or communication colleagues, ask them to attend meetings.

At Trust B, the executive sponsor did not attend meetings, but:

facilitated access to resources through her own budget

highlighted the activities of the network in her communications

advocated for the network with senior managers

5. Work with other staff networks and external partners

Share experiences and build alliances with other staff networks within your working environment. This opens doors for networks to explore how identities intersect and what different staff networks have in common. Working with other staff networks can also help to reach out to less represented groups and understand the (in)direct barriers to their participation. Working with networks and other groups outside of your organisation can also give you new ideas and have a greater impact in your communities.

Trust G worked closely with the local police and university networks in their area, as well as a local trans support charity. **These collaborations informed their activities in the network.** For example, they were involved in the making of a film about trans patients' experiences within their trust that was used as a staff training resource.

Organisations

1. Help raise the network profile

Our research shows that networks are often seen as part of the Trust's publicity machine, and a tool to demonstrate a positive image and ethos. Arranging or taking part in a photo shoot with a rainbow flag, tweeting about Pride or announcing the Trans Day of Remembrance is unlikely to benefit LGBT+ networks in any meaningful way or the communities they serve. Show your support in other ways. This could include promoting, resourcing and attending network activities and using every opportunity to commend and endorse work undertaken by LGBT+ networks. Give the network credit when it is due.

2. Support and consult networks

HR representatives and senior management are more likely to focus on the support element of networks. This is perhaps because they do not attend meetings regularly and therefore do not know that emphasis is largely on organisational issues. Our survey showed that 82% of LGBT+ network members agree that their network is consulted on policy and practice on issues regarding sexual minorities, and over half agree that staff networks contribute to the managerial decision-making process. However, tangible evidence of consultation of this kind was hard to come by.

At Trust D, the network is regularly **consulted on policy and processes and is asked for contributions to equality impact assessments.**

Engagement of this kind is triggered by the EDI lead who, otherwise, sees her role as supporting and/or helping the network.

3. Formalise time allocation and time release to support the growth and sustainability of networks

Two-thirds of network chairs have no formalised time allocation to carry out duties for their staff network, and two in every five complete all network-related work on top of their normal working hours. Only a quarter of LGBT+ network chairs have a set time allocation to carry out network duties during work hours. This raises concerns about the sustainability of networks and the wellbeing of chairs if they are expected to do a lot of the work for the network outside of their usual work hours. Dedicated time is also needed for staff to attend network meetings. Not being able to get release from duties or organise cover was cited as the main reason why there were very few frontline and/or clinical staff present at meetings.

In Trust E, the co-chairs had **negotiated a set time to carry out their role as chairs during their normal working hours.** In practice this worked well for one, but not the other, who completed network activities outside of contracted hours. Discussions around having time in lieu to attend meetings are ongoing.

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