Inclusive Language in the NHS

Why does it matter?

Our sexual orientation and the way we identify our gender are important elements of who we are, determining much about our relationships, our family and social lives, and our health needs. Despite the increasing legal protection and social recognition of the importance of lesbian, gay, bisexual and transgender (LGBT) equality in recent years, many people still make initial assumptions that everyone is straight. These assumptions are easy to make, but they can have a highly negative impact on LGBT people. If an LGBT service user is in a vulnerable position – as many people are when accessing health care and other essential public services – these assumptions can place a barrier between them and frontline staff, stopping them from sharing essential information. This can have a corrosive effect on their trust in the organisation, their willingness to use services, their quality of care and, ultimately, their health.

Stonewall’s research shows that:

- **7 in 10** LGBT people have had a public servant assume that they are straight
- **Over half** of LGBT service users have concealed their sexual orientation or gender identity when accessing a public service
- **68%** would feel more comfortable with a service if staff didn’t make assumptions
- LGBT people are **almost twice as likely** as heterosexual people to lack confidence and trust in their doctor
- **15%** of LGBT people have experienced difficulties in accessing mainstream healthcare
- **Only a third** of lesbian and bisexual women say that health care workers *did not* make inappropriate comments when they came out

In many interactions between health professionals and LGBT patients, using inclusive language can be a step towards making their experience of health care much better and in many cases, not creating further barriers for a vulnerable individual.
Health Inequalities

It is because of the impact on people’s health that issues like this matter. Research by Stonewall shows that there are significant differences between the health needs of lesbian and bisexual women and those of women in general, and complementary research is currently being carried out into the needs of gay and bisexual men.

- **One in six** L&B women aged 50-79 have been diagnosed with breast cancer, compared to one in twenty women in general
- **Over 50%** of gay or bisexual men have used illegal drugs at some point in their lives
- **15%** of L&B women under 20 have attempted suicide, compared to 0.12% of women in general
- **One in five** lesbian and bisexual women have self-harmed in the past year
- Lesbian, gay and bisexual people over 55 drink more alcohol, have more concerns about their mental health and are more likely to have been diagnosed with depression or anxiety

The Law

The Equality Act 2010 requires that service providers do not discriminate against service users on the basis of the nine protected characteristics: age, race, gender, marriage/civil partnership, disability, religion, pregnancy/maternity, **sexual orientation** and **gender reassignment**. The terms of the act cover both **direct discrimination** (refusing to provide a service to someone because they have a protected characteristic) and **indirect discrimination** (following practices that may disadvantage someone due to their having a protected characteristic). For the purposes of this briefing note, working practices that make it more difficult for someone to access a service on the basis of sexual orientation or transgender identity would be a clear example of **indirect discrimination**.

In addition, public bodies in Scotland are required to abide by the Public Sector Equality Duty. This duty requires that bodies proactively consider equality in carrying out their services and encourages the mainstreaming of equality into their core business. The specific components of this duty, which are currently in consultation, will provide organisations with a specific framework to promote equality of opportunity and access in their services, and enable them to set equality outcomes to achieve, assess the impact of policies and procedures and engage properly with LGBT service users, gathering evidence to inform change.

Good practice in language use

It isn’t difficult. Just a few changes can make a big difference. Our top tips on making your language inclusive are:
Try to avoid being gender specific. Use words like “partner” instead of “husband”, and “they” instead of “he” or “she.”

DON’T ASK: Do you have a wife or girlfriend?

*If addressed to someone who identifies as male, this question assumes that they would only be in an opposite sex relationship. For gay or bisexual men this can be a difficult position – they can either correct and challenge the person asking by pointing out that they are gay, bisexual or in a same sex relationship, or they can answer truthfully and say “No”, even when they have a boyfriend or civil partner.*

DO ASK: Do you have a partner?

*By removing the gender specific assumption from the question you aren’t placing the service user in a potentially difficult position. Many LGBT people say that these more ‘open’ questions allow them to be more open with service staff. It also means that LGBT people needn’t disclose their sexual orientation if they do not want to.*

This way of questioning is also more inclusive of all people who prefer to use the term ‘partner’ whether they are heterosexual, bisexual or gay.

Use language which carries the fewest connotations about the person you are talking to. If a word or phrase can have multiple meanings, think about how it can make people feel or what it may imply.

DON’T ASK: Who is your next-of-kin?

*Although legally the term ‘next-of-kin’ has a more inclusive meaning than its immediate sense suggests, using alternative words meets the needs of same-sex relationships as well as individuals who are not in a relationship, do not have family or choose not to involve their family in decisions about their healthcare.*

DO ASK: Is there anyone you would like to give as an (emergency) contact name and telephone number?

Don’t force people in to categories or disclosure. Make your questions as open as possible to give people the room to describe and express themselves in a way in which they are comfortable.

DON’T ASK: Are you straight, gay or bisexual? Are you male or female?

*Some LGBT people may not be comfortable referring to themselves by the words used in contemporary Scotland – especially if there are strong cultural or religious factors involved – so be guided by their preference. Similarly, people’s gender identity isn’t just determined by their physiology, but how they identify themselves – making it a binary choice excludes people who are intersex, androgynous, undergoing gender reassignment or questioning.*
DO ASK: How do you describe your sexual orientation? How do you describe your gender?

This will help to create an environment in which people can be comfortable in describing their sexual orientation or gender identity in the way they choose.

Be comfortable with the language that people use to describe themselves. Follow their lead. If someone states that they are a man who has sex with other men, don’t tell them that they must therefore be gay. If someone states that they are a lesbian or refers to their partner as their girlfriend, don’t be afraid to use the words they use in conversation with them.

People’s Experiences

Whether or not you make an effort to use inclusive language can have a huge impact on LGBT service users’ experience of your services. Here is what LGBT people told us about how non-inclusive language can make them feel:

“…it does make you feel like the service isn’t for you”

“I felt as though I should correct them, but I was too nervous”

“…public service workers are simply not LGBT aware and don’t get the right training...”

“Like a second class citizen...” “Angry and upset” “Dismissed, ignored – not a whole person”

A small shift in your language use can help change this for the better.

“I have received an excellent service recently from the mental health services... They were not afraid to use the word gay and at no time at all did their reaction or attitude change when discussing my partner”

“I’ve found it easier to come out to healthcare professionals when I’ve been asked open questions”

Next Steps

Stonewall Scotland can offer support via the Good Practice Programme.

• General Training: Stonewall Scotland are currently developing an e-learning resource for front line public service staff. This resource is available to all members of the Good Practice Programme and are designed to increase awareness of issues that LGBT service users face when
trying to access services, with self-test quizzes, key learning points in conjunction with your own thoughts, and video case studies showing good and bad practice in front line services. The resource is available at www.lgbtgoodpractice.org.uk.

- **Assistance with materials**: Stonewall Scotland can give input and assistance with the development of specific materials for NHS staff to highlight LGBT issues in health care and public service access.
- **Advice and support**: Our Policy Team are available via phone and email if you have any queries.
- **Good Practice Sharing**: A seminar programme offers the opportunity to meet and network with other Programme members and share best practice tips.

We can also offer specific training, including

- **Line Managers**: Helping line managers develop and build the skills to support frontline staff in assisting LGBT service users and to challenge discriminatory behaviour. Building upon the online learning resource.
- **Bespoke Training**: We can develop additional training to meet your specific needs.
- **Awareness-raising events**: Presentations and seminars can be delivered to members of staff at all levels to highlight LGBT issues in Scotland and public services today, and why it’s relevant for your organisations.

**Further Reading**

Available from [http://www.stonewallscotland.org.uk](http://www.stonewallscotland.org.uk)

- *Getting Started: A Route Map for Public Services in Scotland*
- *Service with a Smile? Do LGBT People get Fair Treatment in Public Services?*
- *Serves You Right: Lesbian and Gay People’s Expectations of Discrimination*
- *Prescription for Change: Lesbian and Bisexual Women’s Health Check*
- *Lesbian, gay and bisexual people in later life*