LGBT foundation

GOOD PRACTICE GUIDE to Monitoring Sexual Orientation

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IF WE'RE NOT COUNTED WE DON'T COUNT

As of 5th October 2017, NHS Digital has published a new Information Standard for sexual orientation monitoring which aims to better meet the health and social care needs of lesbian, gay and bisexual (LGB) people through improved data collection.

It provides the mechanism for recording the sexual orientation of all patients and service users aged 16 years and over across all health services and Local Authority social care providers in England.

Getting to this stage has taken years of lobbying, hard work and persistence, coupled with some brilliant co-production with many organisations and individuals. Back in 2010, as part of the Department of Health funded Voluntary Sector Health & Wellbeing Alliance, we started the process of introducing the idea of sexual orientation monitoring by persuading people across the Department of Health and the broader NHS that monitoring was important.

At the same time we realised that if we were going to make this happen, we would need some senior allies who could push forward the case for sexual orientation monitoring inside the health and social care system. We put together a Task and Finish Group because we thought the process would take 6 months, or a year at the very most.

That obviously didn't happen! We underestimated the time required to make a system as complex as the NHS change in the way we needed it to and especially when it was undergoing some pretty fundamental changes itself. It's now 2017, and we're only just about to go live but thankfully the Task and Finish Group continued to meet over the years, growing in both size and momentum and never faltering in its commitment. Membership of the group included not only the system sponsors, but also partners such as NHS Digital, colleagues from NHS Trusts, Association of LGBT Doctors and Dentists, British Medical Association, UNISON, Health Education England, NHS Employers, Local Government Association, Royal College of Nursing and Government Equalities Office. Slowly but surely we built up a group of supportive peers, all with the shared end goal of introducing a sexual orientation monitoring Information Standard.

We continued to push and apply pressure on the Department of Health, NHS England and Public Health England, until eventually a couple of years ago we were able to bid to apply for an Information Standard. Even the process of applying to bid was a new and challenging experience for us. To be successful we had to hit the ground running and to learn how to create an Information Standard. Thankfully the bidding process coincided with some research the EHRC had done around the best way to ask sexual orientation monitoring questions, and so this formed the basis for the evidence of our submission.

Throughout the journey we've encountered more structural challenges than we ever imagined - from changes in Government and Ministers (and therefore changing priorities) to a lack of resources and investment, to a need to persuade already busy people that this was something that they should be paying attention to. At worst we had to deal with seemingly insurmountable obstacles for which we were unable to identify even the correct person to talk to or a workable solution. At best it was a true partnership of co-production, where different parts of the alliance we formed were working well and all pulling in the same direction. The relentless optimism and belief in the importance of sexual orientation monitoring as a mechanism for reducing the invisibility of evidence for LGB people's needs pushed the Task & Finish Group through and used collective creativity and problem solving to find alternative and ultimately successful routes.

As a charity we aren't bound by the same restrictions as those working in the public sector, and so when things were moving slowly we were in the unique position of being able to articulate our frustrations at roadblocks and the slow pace by really pushing back and lobbying those responsible.

We also had on our side a unique band of talented and committed public sector colleagues who continually identified solutions, kept up internal momentum and really pulled through at key points to ensure that in the end we reached the finish line.
It was only with a massive amount of tenacity and patience, along with the commitment and energy of a number of brilliant people coming together that has allowed us to achieve our shared goal.

So why did we bother putting in over 6 years of relentless hard work, often with frustratingly slow

IF WE'RE NOT COUNTED WE DON'T COUNT

> ## "It's not good enough that LGB people still feel that their needs are being ignored when accessing services."

processes and a number of pushbacks in order to make sexual orientation monitoring happen? To put it simply, if we're not counted we don't count!

We already know that that LGB people are disproportionately affected by a range of health inequalities and experience significant barriers to accessing health and care services. Research by LGBT Foundation has shown that:

- Just 8% of LGB people in Greater Manchester report they have never experienced a mental health problem.

- LGB people are twice as likely as the general population to commit suicide.

- It's estimated that 1 in 11 gay and bisexual men in Manchester are living with HIV, approximately 14% of whom will be undiagnosed.

- LGB people are seven times more likely to use drugs, twice as likely to binge drink, and show higher levels of substance dependency compared to their heterosexual peers.

It's just not good enough that these health inequalities are far too often overlooked or ignored and that people accessing services aren't given the right support as their health care professionals are unaware of their service users' sexual orientation. It's not good enough that we're still lacking a substantial evidence base around the inequalities and needs that LGB people face. It's not good enough that LGB people still feel that their needs are being ignored when accessing services.

Sexual orientation monitoring isn't going to fix all of this overnight, but it's certainly a huge step in the right direction. We are a relatively small charity and with the support of allies we've made along the way have fought to change the system and as a result we're now a step closer to real change for LGB people and this brings us an immense sense of pride.

Of course next on our agenda is Trans Status Monitoring…

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EXECUTIVE SUMMARY

Monitoring might not be the item at the top of the public health agenda in 2017, however understanding the health and social care needs of some of the most marginalised groups in our society is.

Tackling this issue starts with monitoring. Quite simply, if you're not counted you don't count. It is now commonplace for public bodies to monitor protected characteristics such as age, race and gender of both their service users and staff. Monitoring is important, as it is a legal requirement for public organisations to consider how they treat all people fairly and equally in accordance with The Equality Act 2010. Knowing which individuals are interacting with services is a vital first step towards meeting this obligation.

One protected characteristic that can often be overlooked or identified as too difficult to monitor is sexual orientation. In order to comply with the law organisations must be able to demonstrate that they are taking into account the needs of lesbian, gay and bisexual (LGB) people. Monitoring the sexual orientation of staff and service users is essential in achieving this. Whilst some may assume that asking questions about sexual orientation may have a negative impact compared to other demographic questions, research has shown that it is similar in terms of acceptability to asking demographic questions which are now commonplace such as a person's religion.

EXECUTIVE SUMMARY

> **"Due to a lack of monitoring** sexual orientation there is a dearth of evidence within the public sector around the specific needs and experiences of LGB people."

In recent years we have seen huge strides towards greater rights and broader acceptance for LGB people. However, due to a lack of monitoring sexual orientation there is a dearth of evidence within the public sector around the specific needs and experiences of LGB people.

Monitoring is a fundamental first step to building this insight and will help build an evidence base on the specific experiences of this community, as well as better meeting the needs of all of your service users and staff.

Whilst this guide has been written with reference to Health and Social Care, it is relevant to all organisations who want to benefit from sexual orientation monitoring. By the end of this guide we hope you will understand the purpose and value of sexual orientation monitoring and importantly, feel confident to do so.

This guide is based on extensive consultations with service users. It includes case studies to highlight the benefits of monitoring and covers potential barriers you may face and how to overcome them.

This guide will help you understand:

- How and when it's best to collect data;

- How you can analyse the data you collect to help improve your services; and

- The risks you need to think about and minimise, when implementing sexual orientation monitoring.

The benefits of monitoring can include:

- Better unstanding of the numbers of LGB service users, and the issues these service users are facing

- Provides the opportunity for service users to discuss issues relating to their sexual orientation, taking onue away from service users to have to initiate the conversation

- Can inform the service offered, such as additional signposting options

- Helps to build equality of access and opportunity at work

Suggestions for analysis:

- Monitoring across sexual orientation allows you to break it down into its component parts. These differences in experience and need should be used to improve service user outcomes

- Cross reference data on sexual orientation with other employee information such as occupation, pay grade, satisfaction, grievances, and even response rates to monitoring. Use this to understand the barriers LGB people might face, and develop action plans to improve outcomes

- Analyse service use to see who is using your organisation's serviceand how. Compare your data with data available on the area's wider population to discover potential differences, and target work to improve equality of access.

Suggestions for use:

- Develop targets and objectives from your analysis and use these to improve service delivery (for example, designing targeted interventions).

- Use the data as evidence in commissioning and planning services for specific groups

- Assess all proposed work programmes and interventions for their potential impact on equality. Use monitoring data as a basis, and engage with groups who might be affected by your organisation's decisions.

Implementing sexual orientation monitoring within your organisation is an essential step towards understanding the needs and experiences of LGB service users and staff. By following the recommendations set out in this guide you can help improve the outcomes for LGB people.

This guide focuses exclusively on monitoring sexual orientation, and throughout this document we therefore refer to LGB people, and not LGBT. For more information on trans status and gender identity monitoring please visit www.lgbt.foundation/monitoring

[1] Office for National Statistics, July 2017, Sexual Identity: update on research and testing, Census Roadshows. Available at: https://www.slideshare.net/secret/HwBiX0XCGQSAGN. Accessed 22 September 2017.

INTRODUCTION

Over the last two decades, lesbian, gay and bisexual (LGB) communities have seen significant legislative change promoting equality and greater acceptance in society.

However, there's still a considerable lack of evidence about LGB people, their needs and experiences. By monitoring sexual orientation, you'll be able to build an evidence base on the experiences of LGB people, enabling you to better understand your staff and service users, and provide for their different needs.

This guide offers advice and practical tips for your organisation on how to best monitor sexual orientation. It covers:

- how and when it's best to collect data;
- how you can analyse the data you collect to help improve your services; and
- the risks you need to think about and minimise, when starting to carry out sexual orientation monitoring.

The guide has been written to give public sector bodies, their staff and their service users confidence in the purpose and value of sexual orientation monitoring. The guide references often to the NHS, but procedures and principles equally apply to other sectors.

Monitoring staff sexual orientation alongside other protected characteristics has been routine practice across the NHS for many years, and is increasingly common in other sectors too. However, monitoring service user sexual orientation is less common, whereas other characteristics like disability or faith are often monitored.

The guide is relevant to organisations from all sectors wanting to recognise the benefits monitoring sexual orientation will bring. This includes organisations who:

- want to introduce monitoring but are unsure how to do it;
- may have been put off from monitoring because the reasons for doing it are not clear;
- already monitor, but want to improve how they do it.

> **"By monitoring sexual orientation,** you'll be able to build an evidence base on the experiences of LGB people, enabling you to better understand your staff and service users, and provide for their different needs."

An original version of this guide, called *'Everything you always wanted to know about sexual orientation monitoring but were afraid to ask'* was published by NHS North West and LGBT Foundation in 2011, with the support and advice of equality and diversity champions working across North West England.

This 2017 update has been produced to support the implementation of the sexual orientation monitoring Information Standard published in 2017. The Information Standard is used across NHS services and Local Authorities with responsibilities for Adult social care to help collect and process data on sexual orientation in a consistent way. Whilst applicable to the health and social care system, the standard can be used as good practice in organisations from all sectors.

Our recommendations are based on extensive consultation with service users and the public; LGBT organisations; health and social care services; and leaders in the health and social care system. We've additionally worked with NHS Employers to pilot the Information Standard for sexual orientation monitoring. The experiences of these organisations are reflected in case studies featured throughout this guide.

Sexual orientation monitoring is important because it helps to protect many groups of people from being treated unfairly, to improve working practices, and to ensure services are provided where they are needed. Monitoring sexual orientation can seem difficult or even embarrassing for public sector bodies and their service users. Many people are not sure what the purpose of collecting the information is, whilst employers are often not sure how they can use the information they collect effectively.

We recognise that not all staff or service users who identify as LGB will want to disclose their sexual orientation, (just as not all heterosexual people will want to disclose this information either). However, monitoring is supported by LGBT organisations that campaign for and support the community, such as LGBT Foundation, The National LGB&T Partnership and Stonewall. Monitoring is also supported by the trade unions and associations that represent the workforce, such as the BMA, RCN and UNISON. Furthermore our research indicated that 90-95% of people, both LGB and heterosexual, would be comfortable disclosing their sexual orientation as part of demographic monitoring, if they understood why it was being collected. Research by the ONS has shown that a demographic question on sexual orientation is broadly the same in terms of acceptability to other demographic questions such as race [2] [3]

When asked inappropriately and incorrectly, monitoring can be more harmful than helpful, so it's incredibly important that it's approached in the right way. This guide aims to help you to do just that.

[2] The Lesbian & Gay Foundation, Lesbian, gay and bisexual patients' experiences of their GP: Greater Manchester findings. Building Health Partnerships, The Lesbian & Gay Foundation: 2014. The Lesbian & Gay Foundation, unpublished research with GP practice, 2014.

[3] Office for National Statistics, July 2017, Sexual Identity: update on research and testing, Census Roadshows. Available at: https://www.slideshare.net/secret/HwBiX0XCGQSAGN. Accessed 22 September 2017.

USEFUL TERMS

This section offers some useful terms and definitions to help you collect data on sexual orientation in a way that's inclusive.

They can also be used to help make clear to staff and service users what sexual orientation monitoring is all about and why it's important for them.

SEXUAL ORIENTATION: describes who an individual is emotionally and sexually attracted to. Some of the most common orientations are heterosexual or straight, lesbian, gay, and bisexual, but these are by no means exclusive. For example, some people may identify themselves as queer (this is used by some as an umbrella term to describe individuals who don't identify as straight), asexual (an individual experiencing little or no sexual attraction to others) or pansexual (a person who experiences attraction for people of all gender identities).

LESBIAN: a woman who primarily experiences romantic love or sexual attraction to other women.

GAY: describes a person, usually a man, who primarily experiences romantic love or sexual attraction to other people of the same gender.

BISEXUAL: a person who experiences sexual and/or romantic attraction to people of more than one gender, also referred to as "bi".

HETEROSEXUAL / STRAIGHT: a person who experiences romantic love or sexual attraction to people of a gender other than their own.

GENDER IDENTITY: describes an individual's gender, for example, woman. Everyone has a gender identity and it is important to note that an individual's gender identity is not related to their sexual orientation.

TRANS: An umbrella term to refer to individuals whose gender identity doesn't completely match the gender they were given at birth. This includes trans women, trans men, and non-binary people.

CISGENDER: someone whose gender identity is the same as the sex they were assigned at birth.

HETERONORMATIVITY: the view that heterosexuality is the normal sexual orientation and the marginalisation of non-heterosexual lifestyles.

HETEROSEXISM: attitudes, bias and discrimination solely in favour of heterosexual orientation and opposite-sex relationships.

HOMOPHOBIA: the hatred, fear, or discrimination of people who are or are perceived to be lesbian or gay.

BIPHOBIA: the hatred, fear, or discrimination of people who are or are perceived to be bisexual.

TRANSPHOBIA: the hatred, fear, or discrimination of people who are or are perceived to be trans.

PROTECTED CHARACTERISTIC: characteristics, for example race, sexual orientation or disability, that are legally protected from discrimination under the Equality Act 2010 (see *Why Monitor?* on page 13, for more detail). They do not define an individual but are a useful method for safeguarding against discrimination based on these characteristics.

WHY MONITOR?

Organisations routinely monitor protected characteristics such as the age, gender and ethnicity of their staff and service users.

Like these characteristics, sexual orientation is part of an individual's identity, but does not wholly define them. These characteristics can have an impact on an individual's health risks and outcomes, and so monitoring sexual orientation should be approached in the same way as monitoring other characteristics.

Monitoring all characteristics is beneficial for organisations, staff and service users. Some of the direct benefits it can bring include:

● Better understanding of the numbers of lesbian, gay and bisexual service users, and the issues these service users are facing
● Provides the opportunity for service users to discuss issues relating to their sexual orientation, taking onus away from service users to have to initiate the conversation
● Can inform the service offered, such as additional signposting options

UNDERSTANDING EQUALITY

Current estimates of the LGB population in the UK range from 1.7% - 2.5% with other research indicating up to 5-7%. [4] LGB people collectively are a significant minority. However, comparatively little is known about LGB people's experiences and needs, often due to a lack of comprehensive monitoring.

Research suggests LGB people face far poorer health outcomes than the general population, and that negative experiences and fears of discrimination act as barriers for many LGB people to access public services. Within general practice for instance, research has shown that up to 60% of LGB people thought their GP could improve its service to its LGBT patients. [5]

A lack of patient monitoring means that these inequalities and related specific patient needs are often not acknowledged or addressed in mainstream service provision. Carrying out monitoring and data sharing where appropriate will help build this evidence base.

This in turn will help organisations to understand their staff and service users and to provide for their specific needs.

WHY MONITOR?

INEQUALITIES

- Lesbian, gay and bisexual adults are more likely to be current smokers, less likely to have never smoked, and less likely to have stopped smoking than the general population (LGBT Foundation, 2011).

- Older LGBT people are more likely to live alone than older, heterosexual people, and may struggle with nominating someone to make decisions about their end of life care (Almack et al, 2014).

- 1 in 6 lesbian, gay and bisexual people have experienced a homophobic or biphobic hate crime or incident in the last three years (Stonewall, 2013).

- Black, Asian and minority ethnic men who have sex with men (MSM) are three times more likely to test HIV positive and six times more likely to have an undiagnosed HIV infection than other MSM (PHE, 2016).

- LGB people are seven times more likely to use drugs, twice as likely to binge drink and show higher levels of substance dependency compared to their heterosexual peers (LGBT Foundation, 2014)

- LGB people are twice as likely as the general population to commit suicide (LGBT Foundation, 2013).

- Bisexual people have worse health outcomes than lesbians and gay men, particularly in relation to mental health. (BiUK, 2012).

DELIVERING BETTER PATIENT CARE

Understanding a patient's background and current needs will help practitioners to deliver person-centred care. Like someone's ethnicity, age or marital status, sexual orientation is a characteristic that doesn't define them but can have an impact on their health risks and outcomes, and so is useful information in the care and treatment of the individual.

For a variety of reasons, professionals can feel uncomfortable discussing issues surrounding sexual orientation with service users. However, in the case of health and social care, research shows that service users want to talk about sexual orientation, and actually want the healthcare professional to initiate these conversations.

Within service delivery, asking the question provides validation that LGB people exist. It additionally takes the onus off the service user to come out to the worker, enabling them to raise issues relating to their sexual orientation. In face to face settings, such as patient consultation with a GP, asking about sexual orientation can lead to more open conversations and increased trust in the practitioner-patient relationship. Using open questions and gender-neutral language (e.g. partner rather than girlfriend/boyfriend) can help to facilitate the conversation.[6]

> **"Monitoring sexual orientation** of staff members will make sure that LGB staff members know they work in an inclusive and fair environment."

COST BENEFIT ANALYSIS

An independent cost-benefit analysis of LGBT Foundation's services conducted by New Economy in 2013 found that:

- For every £1 invested in the gay and bisexual men's sexual health service, £6 of potential savings were generated for public agencies as a result of fewer HIV and STI infections.

- For every £1 invested in the LGB specific counselling service, £4.90 was saved, along with £17.10 in economic benefit for clients and the Greater Manchester economy via increased employment rates.

BUSINESS CASE

Monitoring makes good business sense, as it means organisations can provide services where they are needed, and in a way that gives value for money. For example:

- Monitoring sexual orientation in sexual health services has shown that men who have sex with men are disproportionately more likely to be affected by various STIs. Being aware of this inequality, local authorities can commission specific, targeted services to meet this specific need for men who have sex with men.

- It has also shown that lesbian and bisexual women are less likely to attend cancer screening tests than heterosexual women. In the knowledge of this, healthcare providers could then run a targeted awareness campaign to encourage these women to go for screening.

Recording sexual orientation across health and social care will enable policy makers, service commissioners and providers to better identify health risks at a population level. This will support targeted preventative and early intervention work to address health inequalities, which is shown to reduce expenditure linked to treatment costs further down the line.[7]

Comprehensive monitoring means health and social care organisations will be able to demonstrate the provision of equitable access for LGB individuals, and support them to be compliant with the Equality Act 2010.

It will contribute to the improvement of care providers' understanding of inequalities in health and care outcomes for different populations.

Monitoring sexual orientation of staff members will make sure that LGB staff members know they work in an inclusive and fair environment. It demonstrates an organisation's investment in the workforce, and can lead to increased employee retention.

Successful monitoring has shown that LGB people are more likely to experience discrimination and harassment at work and are less likely to report it when it occurs.[8] Monitoring sexual orientation is the first step to demonstrating you value and recognise people's identities and experiences in the workplace.

Sexual orientation monitoring of staff has been routine practice in the NHS and other sectors for many years as part of employment equalities monitoring and staff surveys. Sexual orientation monitoring of service users should be a natural follow on from this, and can be implemented alongside other equalities monitoring with consideration of the points covered in this guide.

WHY MONITOR?

POLICY CONTEXT

It is a legal requirement for public organisations to consider how they treat all people fairly and equally. The Equality Act 2010 includes a Public Sector Equality Duty which covers the protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Public authorities need to have due regard to these characteristics, as well as the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.[9]

Monitoring for protected characteristics, including sexual orientation, can play an important role in helping organisations demonstrate that they are complying with the Duty.

The key requirements of the public sector Equality Duty are to:

● eliminate discrimination, harassment and victimisation;
● tackle prejudice and promote understanding; advance equality of opportunity;
● remove or minimise disadvantages that are connected to a particular characteristic;
● take steps to meet the needs of people who share a protected characteristic, based on real life experience and evidence of need

The NHS Constitution states that, *"the NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status."* Monitoring will help to ensure that NHS services can demonstrate that they're providing this service.

The Equality Delivery System (EDS2) for the NHS further supports monitoring through its outcomes covering patient care, access and experience. NHS providers can analyse performance against these outcomes for each group afforded protection under the Equality Act.

The Equality Framework for Local Government comprises five performance areas for addressing equality for both staff and service users:

● Knowing your communities
● Leadership, partnership and organisational commitment
● Involving your communities
● Responsive services and customer care
● A skilled and committed workforce.

Monitoring will ensure that local authorities can demonstrate that they're performing against each area. In addition to this, many organisations will have

"Monitoring for protected characteristics, including sexual orientation, can play an important role in helping organisations demonstrate that they are complying with the Public Sector Equality Duty."

a commitment to equality of access and opportunity in their existing policies. Monitoring will ensure that these commitments are fulfilled.

The EDS2 framework can help NHS organisations deliver on the Public Sector Equality Duty, and is mandatory in the NHS Standard Contract. Monitoring sexual orientation can help organisations to progress EDS2 outcomes and better understand the needs of the LGB community.

Quality Accounts are published every year by each NHS healthcare provider and detail the quality of services. Progress on monitoring sexual orientation can be an integral part of your Quality Account. Quality Accounts advisory guidance recognises good quality information underpins effective patient care and that improving equality data will improve patient care and value for money. It also suggests that data in the reports should be disaggregated for equality groups, and monitoring sexual orientation enables this to be done for LGB groups.

NHS Employers' pages on LGBT equality in the workplace provides a variety of tools to support NHS organisations improve LGBT equality in the workplace: http://www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce/lgbt-equality-in-the-workplace

[4] Office for National Statistics, Statistical bulletin: Sexual Identity, UK 2015, ONS 2015 https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2015; Public Health England, Producing estimates of the size of the LGB population of England, PHE 2017. Available from: https://www.gov.uk/government/publications/producing-estimates-of-the-size-of-the-lgb-population-of-england; Department of Trade and Industry, 2004.

[5] LGBT Foundation, 2014.

[6] Krychmal, M and Kellogg, S. Sexual Health Fundamentals: Talking with patients About Sexuality and Sexual Health. Association of Reproductive Health Professionals. California. 2010.

[7] www.lgbt.foundation/bhp

[8] Stonewall, Gay in Britain, Stonewall 2013 https://www.stonewall.org.uk/sites/default/files/Gay_in_Britain__2013_.pdf

[9] https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty

SEXUAL ORIENTATION MONITORING INFORMATION STANDARD

An Information Standard for sexual orientation monitoring (SCCI2094) was published in October 2017 by NHS Digital and NHS England. An Information Standard is a document used across the health and social care system to help collect and process information in a consistent way.

This Information Standard provides the mechanism for recording the sexual orientation of all patients and service users aged 16 years and over. It is applicable across all health services and Local Authorities with responsibilities for Adult social care in England. However, the Standard can be used as good practice in organisations from all sectors and for all age groups, demonstrating a commitment to appropriately and comprehensively monitor the sexual orientation of staff and service users.

The Information Standard was commissioned by NHS England and developed by LGBT Foundation working with NHS Digital, the Department of Health, Public Health England and a cross-system group with representation from leaders across health and social care as well as organisations representing the workforce. Extensive consultation was undertaken with organisations across the health and social care system that would be affected by this standard; the owners of datasets that already collect this information; and with service users and the public.

This guide is based on the feedback from that consultation.

RECORDING CATEGORIES

In settings and circumstances where dataset owners and health and social care organisations record patient or service user sexual orientation, the data should be recorded as follows:

Classification Number	Classification Narrative	Description
1	Heterosexual or Straight	Classifications 1-3 are those which people are most likely to be familiar with, and are intended to simplify the question and answer.
2	Gay or Lesbian	Classifications 1-3 are those which people are most likely to be familiar with, and are intended to simplify the question and answer. Classification 2 is 'gay or lesbian' as this category will include some women who identify as gay rather than lesbian. Analysts will need to cross-tabulate gender with sexual orientation in order to understand the different responses of different groups within LGB.
3	Bisexual	Classifications 1-3 are those which people are most likely to be familiar with, and are intended to simplify the question and answer. Analysts will need to cross-tabulate gender with sexual orientation in order to understand the different responses of different groups within LGB.
4	Other sexual orientation not listed	Classification 4 allows the individual to identify as other than heterosexual/straight, lesbian, gay or bisexual, including but not limited to asexual or queer (estimated to be a small minority of non-heterosexuals). Where it is feasible to collect and analyse free-text data, organisations should include an option here allowing respondents to identify their own sexual orientation.
U	Person asked and does not know or is not sure	Classification U allows recording where an individual does not know or is not sure, consistent with terminology in the Data Dictionary used by the health and social care system.
Z	Not stated (person asked but declined to provide a response)	Classification Z allows the individual not to disclose this information, as is their right.
9	Not known (not recorded)	Classification 9 is not intended to be visible to the patient or healthcare professional but is needed to account for missing data in analysis, i.e. where there is no record of sexual orientation. Categories U, Z and 9 are designed to record different data, and should not be merged as one 'non-response' category.

SEXUAL ORIENTATION MONITORING INFORMATION STANDARD

The categories used in the standard have been worded so as to more fully encompass sexual orientation, sexual attraction and sexual behaviour, and to reinforce the fact that sexual orientation is about identity rather than sexual partners. The categories are based on research into monitoring sexual orientation conducted by the Office for National Statistics and the Equality and Human Rights Commission, and on current practice by organisations which monitor sexual orientation.[10]

Sexual orientation is always a matter of self-identification and self-disclosure. In situations where this would not be possible, (e.g. patients requiring care under the Mental Capacity Act, where they are not able to give consent and therefore would not be able to declare their sexual orientation), only classification 9 could be recorded. System suppliers and organisations implementing this standard must ensure that they update their clinical safety case reports and their privacy impact assessments to accept any potential impact and set out steps to manage it. The Information Commissioner's Office can advise on privacy impact assessments.

COMPATIBILITY WITH CURRENT SYSTEMS

IT system suppliers have confirmed that the above categories are compatible with the products they provide to health and social care organisations. The categories are compatible with the SNOMED CT codes which will be adopted by all GP practices by 2018.

Some existing datasets will require health and social care organisations to return data on sexual orientation monitoring as per this standard, listed below. Your organisation may already return data to the following datasets and so will be asked to comply with the return by the date specified:

● Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) Standard Specification (by 2017) Improving Access to Psychological Therapies

● Dataset - Version 1.5 (by 2018)
● Deprivation of Liberty Safeguards (DoLS), under the Mental Capacity Act 2005, Data Collection (by 2018)
● Cancer Outcomes and Services Dataset (by 2020)

Over the next few years, further datasets will include sexual orientation as required data to be collected.

IMPLEMENTATION

Implementation Guidance on the Information Standard can be found on NHS England's website at: http://www.content.digital.nhs.uk/isce/publication/scci2094

Organisations implementing the standard should record sexual orientation data using the same recording and reporting method for other equalities data (such as age, gender, etc.). We recommend that organisations should take a phased approach to implementation and make any necessary changes to IT systems as part of broader system updates, therefore reducing the costs of implementation.

The Information Standard will be reviewed by NHS England 12 months after publication, to assess its uptake and impact. It's currently anticipated that the standard will be adopted across all health services and Local Authorities with responsibilities for Adult social care in England by 2020.

This guide sets out recommendations to help organisations successfully embed sexual orientation monitoring, illustrated by case studies of organisations already making use of it.

[10] Office for National Statistics, Statistical bulletin: Sexual Identity, UK 2015, ONS 2015 https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2015; Public Health England, Producing estimates of the size of the LGB population of England, PHE 2017. Available from: https://www.gov.uk/government/publications/producing-estimates-of-the-size-of-the-lgb-population-of-england; Department of Trade and Industry, 2004.

PREPARATION

"Make sure that you and your staff understand the purpose of sexual orientation monitoring and build your systems and processes around that."

Laying the groundwork is the key to successful monitoring. Monitoring is a process, and any barriers that you meet can be overcome by targeted preparation.

It can be helpful to think about preparation in the four following broad areas:

(i)   Leadership

(ii) IT systems

(iii) Workforce training and development

(iv) Communication to service users.

(i) Leadership:

Organisational drive must be present and monitoring needs to be supported and implemented across the whole organisation. For monitoring to be successful, it needs the political will of leaders and managers, and the drive to make changes to operational systems if necessary. This may take time, so be strategic and choose those areas where you can start to monitor sexual orientation and prove its benefits.

Make sure that you and your staff understand the purpose of sexual orientation monitoring and build your systems and processes around that. Monitoring works best when seen as part of a wider intelligence strategy; you can use whatever data is available, including 'grey literature', to compare with your datasets and further understand the needs of LGB people. 4

CASE STUDY: Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) – internal briefing for paper focused on getting buy-in from key colleagues to respond to piloting the Standard
AWP is a significant provider of high quality mental health services covering Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. At the start of the sexual orientation monitoring pilot project, nearly 95% of service users' sexual orientation data collected at AWP was categorised as 'Unknown', meaning data was often not being recorded. It's believed many staff were not confident in asking service users sexual orientation as a routine monitoring question, rather only if it was directly relevant to the service users' treatment or care. An internal briefing paper was subsequently prepared in November 2016. This summarised the necessary, next steps in their commitment to implementing the sexual orientation monitoring Information Standard. The briefing was circulated to key colleagues, including the Director of Operations, Associate Director of Human Resources and Workforce, Head of Information and Performance Management, Patient Experience Manager and Clinical Systems Manager.

The briefing introduced the team to the key considerations for everybody throughout the implementation process, before bringing this group together to plan the approach to implementation. Considerations included needing to:

● ensure staff and service users understand the value of monitoring and its role in delivering person-centred care; and

● considering how the monitoring question can be asked in a sensitive way.

PREPARATION

(ii) IT Systems:

Data on sexual orientation should be collected using the same recording and reporting method for other equalities data. Therefore, it's essential that your demographic monitoring systems can also record sexual orientation. Additionally, make sure that security and data protection measures are in place to assure patient confidentiality.

It may be necessary to update the IT system used by your organisation to be able to properly collect the data. Consultation with health and social care organisations, as part of the sexual orientation monitoring Information Standard development, found that organisations were able to make these necessary changes to IT systems when other system updates were due, reducing the financial burden on the organisation.

CASE STUDY: Northumbria Healthcare NHS Foundation Trust Pilot – how they've amended their IT system to reflect the need

Northumbria Healthcare NHS Foundation Trust (NHCFT) covers one of the largest geographical areas of any NHS Trust in England. They joined the SOM pilot in order to continue their work in embracing equality and diversity and a desire to share their experiences both locally and nationally.

NHCFT identified early in the process that work needed to be done on patient record systems. Two of their patient record systems routinely collected sexual orientation data (IAPTUS and Blithe Lilie), and there was potential to collect data with another system (Swift). However, the main patient data systems did not have the facility to record the data.

NHCFT implemented a plan of action around implementation of monitoring more widely. Firstly, after discussions with the executive leads and the IT systems team, NHCFT committed to trialing sexual orientation in one of the systems that did not yet routinely incorporate sexual orientation monitoring. At the next IT system upgrade, the IT team will enquire about including sexual orientation monitoring data, including replacing the social care system (Swift) and endeavoring to incorporate routine sexual orientation monitoring in the new system. As part of their next steps, NHCFT are targeting training to those staff most likely to register patients. They are also committed to working with the training department more broadly to support this work, and ensure both staff and service users fully understand the reasons they are embarking on this initiative.

(iii) Workforce development and training:

It's likely that various people in your organisation will be responsible for conducting monitoring, especially if yours is related to service provision, and not everyone will be clear at first on the process for monitoring. It's important to understand how someone asking a question on sexual orientation might make unconscious exclusions with service users. For example, assuming that LGB people have to look a certain way, or assuming that some sections of the community either do not have a sexual orientation or will automatically identify as heterosexual/straight, (such as older people, trans people, people with a particular faith or particular ethnic background, or disabled people).

For this reason it's important that staff training is provided before you start monitoring to ensure that your staff are confident and comfortable in discussing sexual orientation.

Training needs in your organisation should be identified based on people's role in monitoring. All staff can benefit from general LGB awareness training, and staff who will be working with service users will likely need specific training on why and how to monitor protected characteristics. This might need to also include guidance on how to record sexual orientation on each specific IT system in use.

Remember that monitoring is a process, and that your first monitoring exercise may identify many more areas to develop; learning through doing is invaluable. Health Education England has developed an e-learning resource on sexual orientation monitoring specifically for health and social care organisations, in partnership with LGBT Foundation and Stonewall. E-learning resources

PREPARATION

colleagues feel more comfortable at work. This included encouraging staff to self-certify their sexual orientation and to talk to people they line manage about completing the sexual orientation question in their Electronic Staff Record account. Their top tips for individual managers in creating an inclusive culture included:

- keeping gendered language neutral;
- not to assume anyone's sexual orientation; and
- to remember that patients can hear what staff say, which can affect their care too.

(iv) Communication to service users:

Staff and service users have to understand why sexual orientation information is being collected; how it will be analysed; what the information will be used for; and how it will be safeguarded. It's a good idea to provide training for staff and targeted communication with service users to ensure understanding. Where staff are concerned, remember that they may be answering the question for themselves and asking it of service users - confidence needs to be built into both aspects.

can be supported by face-to-face training with input from local LGBT organisations; see the Further Information chapter 10.

When promoting sexual orientation monitoring, focus on how it will benefit the individual. Sharing examples of how you've used monitoring data to improve services can help make the case persuasively.

CASE STUDY: University Hospitals of Morecambe Bay FT - 'How can I help lesbian, gay, bisexual and transgender (LGBT) colleagues feel more comfortable and able to be themselves at work: Managers Guide'
University Hospitals of Morecambe Bay Foundation Trust (UHMBT) provide a comprehensive range of acute and support hospital services for a population of around 350,000 people. UHMBT hadn't previously engaged directly with their LGB workforce, and they recognised that developing relationships and trust with the group was key to starting to improve their work. One of the biggest challenges to overcome was low self-reporting of sexual orientation by staff, coupled with low response rates in national staff surveys, leaving them unable to analyse by sexual orientation.

It can also help to have a model answer, or an at-a-glance summary of your organisation's policy on monitoring, ready to hand, to explain why you're monitoring these characteristics and to help staff answer any difficult questions they might be asked.

Your organisation's confidentiality policy needs to be easily accessible and well understood by everyone involved in the process. Confidence in confidentiality will ensure confidence in your organisation, and increase disclosure rates among both staff and service users.

As part of their Sexual Orientation Monitoring pilot UHMBT subsequently produced a guide intended for managers and supervisors on how to ensure LGB

Sexual orientation is not a subject to be embarrassed about, nor is monitoring for it. However, some people, however, will feel uncomfortable asking or being asked about these characteristics, so take the time to identify any issues and address them. It can be useful to consider some of the more common questions

and concerns from service users suggested below to anticipate how you might respond:

- **A belief that sexual orientation is a private issue:** Try to reaffirm that the question is actually about how the individual identifies, and not about sexual behaviour or practices.
- **Concern that if they disclose their sexual orientation it will be passed on, discussed between staff, or be told to their next of kin:** You can talk the individual through the procedures that keep all demographic information confidential, and let them know who will have access to this information, in line with your confidentiality policy and processes.
- **A fear that staff could discriminate or treat them differently as a result of disclosing their sexual orientation:** This concern might not be conveyed by the service user, so it's imperative that the general communication to all service users makes clear that monitoring sexual orientation has the aim of reducing discrimination. Zero tolerance policies could also be clearly displayed and discussed.
- **Concern that if their sexual orientation is disclosed and kept on record, health care professionals will see this as the reason for further medical concerns, such as the belief that mental ill health must be because an individual is lesbian, gay or bisexual:** Be clear to communicate that as with all protected characteristics, sexual orientation doesn't define an individual. The information won't be used to diagnose an individual but is still relevant as some issues and conditions have greater prevalence in LGB populations.
- **Concern around privacy and other staff or service users being able to hear their sexual orientation:** Consider how you can complete the monitoring in the most appropriate way, which might include the service user completing the monitoring form themselves.

Overcoming any objections and addressing concerns is essential to implementing successful monitoring, and also why preparation and communication are key. It's important to develop trust with your staff and service users so that they have confidence in your collecting this information.

Tips on how to do this are given in the previous pages on preperation.

PREPARATION

Sadly, LGB people still experience homophobia and biphobia and some expect to be discriminated against when accessing public services.[11] It's important to bear this in mind, if some people are unwilling to disclose this information.

If you have a patient and public advisory group, consult with them about how best to communicate with service users about monitoring.

CASE STUDY: Oxleas NHS Foundation Trust communication campaign
Oxleas NHS Foundation Trust provide health and social care services in South London and Kent, specialising in community health, mental health and learning disability services. Oxleas have been progressing their monitoring of sexual orientation in service users over the past few years, and have subsequently been encouraging people using their services to tell relevant staff about their sexual orientation.

Oxleas produced a leaflet available to all patients, aimed at people who are lesbian, gay, bisexual or trans and their carers. The leaflet entitled 'LGBT in

Oxleas' outlines what to expect when accessing Oxleas' services, including a discussion of 'why should I tell my health professional I'm gay?'.

'Just as you would tell your doctor about your age, occupation or ethnicity, it's a good idea to tell your health professional if you are gay, lesbian, or bisexual. If they know about your sexuality, it's easier to discuss your life, relationships and health concerns and make sure that care is tailored to the whole of you. For example, your partner can be included in discussions about care if you wish. Health professionals can also ensure that the services they provide are accessible to all groups. With your agreement, this information can be included in your care plan.'

The leaflet is available online at Oxleas' website at: http://oxleas.nhs.uk/news/2012/2/lgbt-in-oxleas/

[11] Guasp, A. Gay in Britain. London: Stonewall, 2013. http://www.stonewall.org.uk/documents/gay_in_britain.pdf

COLLECTION

ASKING THE QUESTION

Monitoring of sexual orientation should be done within standard demographic monitoring, using the same collection methods as you would for other protected characteristics. This will help reinforce the idea that it is a routine question to ask as part of the monitoring process.

The previous chapter, *Sexual orientation monitoring Information Standard*, set out how to ask the question.

We recommend only including a 'prefer not to say' option for sexual orientation if your other existing demographic monitoring questions also have this option. Including 'prefer not to say' for just sexual orientation, can reinforce the notion that it is somehow embarrassing to talk about. If your data returns show high levels of non-disclosure, you can address the reasons for this through staff training initiatives or feedback opportunities.

OPPORTUNITIES TO MONITOR

Monitoring for staff and for service users will have different implications, and it is worth acknowledging these in order to generate the best possible response rates.

Throughout the employment cycle there are several opportunities to monitor, for example:

1. application
2. selection
3. recruitment
4. routine requests to update records
5. satisfaction
6. grievance
7. promotion
8. appraisal process
9. retention
10. exit

With service users, you could monitor at:

1. point of registration
2. point of service delivery
3. service user engagement
4. evaluating satisfaction
5. logging complaints

It's important to find the right time to monitor and to monitor on several occasions: someone may not disclose at first but may feel comfortable enough to do so later on; and an individual's sexual orientation can change over time. For example, an employee might not want to disclose at recruitment but will do when settled in to an organisation. Alternatively, a service user might not disclose when registering for a service, but later appreciates this could be useful information for service planning and provision.

Monitoring might be conducted using a self-complete questionnaire on paper or online. As with all demographic monitoring, forms should include a brief explanation of why this data is being collected and how confidentiality will be maintained. If your IT systems allow it, offer staff and service users the option to update their own records. It's good information governance practice to make sure that data you collect and use is up to date.

Monitoring can also be conducted as part of a consultation or conversation with a service user. In this case, be upfront about why you are asking and use appropriate language. The Useful Terms section in this guide sets out clear definitions of sexual

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orientation and has some advice on what language to use. Consultations, particularly in healthcare, can cover all sorts of personal issues, so you shouldn't be embarrassed to ask about sexual orientation.

Be aware that people may not want to disclose their sexual orientation, and you should respond sensitively to this. Low response rates might be something that your organisation cannot address alone, and it may take time to build up a culture of openness; but the individual, however, retains the right to choose whether or not to disclose their sexual orientation.

SELF-DEFINTION, SELF-DECLARATION

The guiding principles of demographic monitoring are that sexual orientation is a matter of self-definition and self-declaration - assumptions shouldn't be made about an individual's sexual orientation or likelihood of disclosure; nor is it appropriate to ask their family or friends to disclose for them.

Similarly, do not assume that disclosure of a relationship automatically defines someone as straight or gay. A bisexual person may be in a relationship with a person of the same or different gender at any given time.

It's also important to acknowledge that identities can change over time, so service users should be given an opportunity to update their records. People's behaviour won't always match our understanding or assumptions about their identity either. For example, a man who identifies as straight may still engage in same-sex behaviours.

Understanding a service user's identity will always be relevant to the service you are providing them, but it's important to ask the question in an appropriate context – for example, it might not be appropriate to ask a young person to disclose their sexual orientation in front of a parent or guardian as they may not be out to them. Organisations should have clear policies and procedures around data collection and staff should have the flexibility to judge when and how to ask demographic monitoring questions, as part of providing personalised care.

If you are responsible for data collection, remember that the information you're receiving can feel highly personal, so be honest about people's response to that. It's essential that you have a clear and comprehensive confidentiality policy that you stick to and communicate clearly to staff and service users who are being asked their sexual orientation.

CONFIDENTIALITY

Encouraging people to understand sexual orientation monitoring includes recognising that they are under no obligation to disclose. You should aim to be

> **"Encouraging people** to understand sexual orientation monitoring includes recognising that they are under no obligation to disclose."

HOW MONITORING CAN IMPROVE OUTCOMES

- A housing association experienced an increase in complaints from residents with a particular contractor. Cross referring this with data they held on sexual orientation and subsequent engagement with tenants, helped them to understand that homophobic incidents were occurring, and to then take steps to tackle this.
- The Department of Health advocates targeted health interventions for gay and bisexual men, such as free condom distribution and targeted outreach in popular venues. Sexual orientation monitoring is essential to identifying the need for such cost-saving interventions, across lesbian, gay and bisexual communities.
- Data on the proportion of staff who identify as LGB can be used to set up an LGB staff network, providing a social and support mechanism for LGB staff.
- Data on protected characteristics and from staff satisfaction surveys can be used to identify incidents of bullying and harassment and support targeted work to address these.
- Organisations can publish details of where complaints were made and what action was taken to remedy them (but only once sufficiently anonymised).

accommodating, not prescriptive, so give people an informed choice about whether they answer monitoring questions or not.

Consider how people will be asked for this information. For example, it wouldn't be appropriate to ask someone's sexual orientation out loud in a busy reception area, but you could offer people a form to fill in themselves. Make sure your organisation's confidentiality policy is clear and be prepared to answer questions about how the information will be used.

In some situations staff may have to complete monitoring on a service user's behalf, but this should only ever be the case if the service user has specifically instructed as such. In these cases, make sure that the service user understands what they're being asked and that they're happy to disclose to that staff member. Sexual orientation is always a matter of self-identification and self-disclosure.

SET IT IN CONTEXT
Provide a context for monitoring – briefly explain why this information is being collected and how it will be used. List some relevant examples of how the data collected last time was used to shape organisational work and improve outcomes for staff and/or service users. This can be invaluable in getting the point across about why you are monitoring. If your organisation is just

beginning to monitor, then use examples relevant to the sort of work you do. However, if they can come from your own organisation itself, even better!

RECOGNISE MONITORING AS A PROCESS
Lastly, whatever sort of response you get, continue monitoring sexual orientation. It will take time to embed the process for data collection; for people to become familiar with being asked; and to generate responses that accurately reflect your workforce and your service users. Implementing monitoring is not the goal itself: it is only part of the process to ensure equality in your organisation.

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CASE STUDY: Manchester City Council – how a local authority has implemented SOM across its directorates.

Manchester City Council's successful accreditation at the EFLG Excellent level was, in part, due to its commitment to continuous equalities improvement. Sexual orientation monitoring has been a pre-existing component of the Council's established wider equalities monitoring framework, and as such, the Council's services have been better able to factor in the needs and experiences of the City's LGBT citizens to ensure more positive outcomes. With the support of partners, such as the LGBT Foundation, the Council continues to work with services as part of this wider programme of work, to identify gaps in monitoring data, and to ensure appropriate mitigating strategies are in place where appropriate. Whilst the Council has therefore undertaken a wide range of activity to monitor equalities in Manchester, it is actively identifying opportunities to make further improvements in this area.

The Council and the LGBT Foundation have shared a longstanding productive partnership, with the Council benefitting from the Foundation's offer of specialist advice, particularly around sexual orientation monitoring. One of the welcome recommendations by the LGBT Foundation was that the Council explores the possibility of Sexual Orientation Monitoring Champions in each Council Directorate. To align with the Council's wider equalities monitoring priorities, this subsequently evolved to the establishment of the Corporate Equalities Champions Group, a cross-Directorate, senior officer level strategy group.

Equality monitoring is a standing item on the group's agenda, and it plays a role in assessing and evaluating ways of advancing the Council's activity in this area. Members of the Corporate Equalities Champions Group are working as champions to promote this agenda within their Directorates across protected characteristics, including sexual orientation.

The Council continues to support the work of the LGBT Foundation, and in particular, through the advice and guidance that supports and reinforces the Council's current equalities monitoring practices and framework.

ANALYSIS

Monitoring is a process, so learning from one year's results can feed in to next year's monitoring preparation.

Analysing your data is about much more than just counting your service users or staff. Break it down to look at:

- who is using your services and how?
- what is the makeup of your workforce across levels and grades? and
- what is the experience of both staff and service users?

Monitoring will help you understand who you're not engaging with, as well as who you are.

SUGGESTIONS FOR ANALYSIS

These are some important ways you can analyse the data you collect. You won't be able to achieve all of these in the first years of monitoring, but they can be used as a guide to your process. For all of the suggestions below, make sure that any analysis

maintains confidentiality, for example, by anonymising data.

- The LGBT community is often considered as a homogenous group, but monitoring across sexual orientation allows you to break it down into its component parts. These differences in experience and need should be used to improve service user outcomes.

- Be sure to analyse data across all protected characteristics: identify where there are gaps, trends and differences and compare data across equality groups. People will identify across a range of characteristics; there will be differences between the experiences of a young, bisexual woman compared to an older, lesbian woman. Recognise that individuals are not defined by their characteristics, and that people will also identify across a range of characteristics.

- Cross reference data on sexual orientation with other employee information such as occupation, pay grade, satisfaction, grievances, and even response

ANALYSIS

rates to monitoring. Use this to understand the barriers LGB people might face, and develop action plans to improve outcomes.

- Analyse service use to see who is using your organisation's services and how. Compare your data with data available on the area's wider population to discover potential differences, and target work to improve equality of access.

- Find a critical friend in specialist service providers (for example, an LGBT organisation) to review your data and feed into the analysis.

- Comparing your data with other local datasets is a great way to make monitoring work for you. If you are planning to do this, you could design your collection methods in collaboration with a partner organisation or authority (for example, your local council) to make data sharing more efficient between you.

- Start to make year-on-year comparisons with the data you're collecting: what has changed in response and disclosure rates? If there are changes, what organisationally might be causing these? If data has remained fairly static, why is this? Look for gaps and develop targets to improve data quality.

- If you're going to publish data externally, make sure there's a context for it. Releasing data with no background to it, nor any accompanying analysis to guide readers, doesn't do justice to your monitoring process.

- Caution is needed if you're generating a very small amount of data on sexual orientation, as it's unlikely to be representative of the population and might even breach confidentiality – for example, reporting

that a small department included two LGB people could put their privacy at risk.

Analysing your monitoring data is really where the connections will start to fall into place, and the reasons for monitoring become apparent.

Good preparation and collection methods will increase your likely rates of completion and disclosure, but if the returns you get are initially low, you can address this by changing your methods next time. Engage with your staff about their experiences of monitoring; they may require additional training or support around effectively monitoring in a service delivery environment, for instance.

CASE STUDY: Fairfax Group Practice – how a GP practice has implemented sexual orientation monitoring.
Fairfax Group Practice is a large urban GP practice based in Greater Manchester who implemented patient sexual orientation monitoring in [2012]. All new patients are asked their sexual orientation along with other protected characteristics at point of registration.

As a result of implementing sexual orientation monitoring, the practice found that LGB patients report they can discuss their problems more openly in a non-judgemental and safe environment. They've also found that 95% of patients were happy with their sexual orientation being recorded on their medical file; with 98% of these patients reporting they understood the important of collecting this information.

Fairfax Group Practice has used the data to influence the way their services are run. They now offer all new patients an HIV test, as the area is classified as high prevalence, as well as actively encouraging patients who identify as lesbian or bisexual to have regular cervical screening.

USE

Once collected and analysed, there are multiple ways monitoring data can be used.

It's best practice to use the information you've generated to make changes, enhance organisational environments, and improve outcomes for staff and service users. Monitoring is about more than just ticking the box – it should be conducted with a purpose and the data used effectively. As with the analysis, whatever uses you put the data to must be relevant to your organisation and its aims.

If an individual tells you about their LGB identity in a service delivery environment, this can help you to ensure they receive the best and most appropriate service from you.

For example, a GP in a consultation with a female patient who identifies herself as a lesbian, will know they may need to give her specific information about cervical cancer screening.

It may also be appropriate to think about relevant signposting to an LGB service, organisation or guidance, depending on the needs and preferences of the individual.

SUGGESTIONS FOR USE

What follows are suggestions for some of the uses of monitoring data. Not all of these will be achievable in the first years of monitoring implementation, but can be used as a guide to your process.

● Develop targets and objectives from your analysis and use these to improve service delivery (for example, designing targeted interventions).

● Use the data as evidence in commissioning and planning services for specific groups.

● Assess all proposed work programmes and interventions for their potential impact on equality. Use monitoring data as a basis, and engage with groups who might be affected by your organisation's decisions.

● If your analysis identifies training needs such as understanding monitoring, challenging discrimination or promoting equality, plan targeted training initiatives and leadership programmes to address these issues.

● Comparing your data to what other data is available (including grey literature, local data and relevant national research) can help to contextualise your monitoring data. Understanding the issues for LGB people and recognising existing areas of need, will inform actions to improve outcomes for your staff and service users.

USE

- Share the headline data (where appropriate) with staff and service users to include them in the monitoring process and encourage them to feel ownership. Celebrating examples of 'you said, we did' will reinforce positive messages about monitoring and increase positive outcomes.

- Develop a virtuous circle – collecting anecdotes of service improvement will feed back into reasons why monitoring works.

- Publish the results of monitoring alongside actions that you plan to take in response. Make it clear to people that monitoring is a process to lead to improved outcomes.

- The monitoring process can be used to gather evidence about how your organisation is an inclusive and diverse workplace and/or service provider. Working with an LGB staff group on changes to organisational policy on parental leave, for example, demonstrates LGB inclusivity that is supported by monitoring.

- Share your learning and any organisational improvements you have made as a result of sexual orientation monitoring with colleagues, with partner organisations, and your networks in the field. Sharing success stories across organisations will help embed monitoring as an essential process on the road towards equality.

- Explore opportunities to share data with other services to better understand and meet service users' needs. You will need to consider how data protection and confidentiality can be maintained, and can learn from initiatives such as Greater Manchester's GM-Connect.

- If your monitoring generates low figures, try to identify why this might be and launch initiatives to increase response and disclosure rates. Don't use small data returns as a justification to disinvest in or close services, but try to get behind what the reasons for this might be.

- Track your progress with monitoring year on year. Recognise that monitoring is a long term process; introducing it may bring up other issues among the workforce or in service provision that need consideration.

- Remember that monitoring is not an end in itself, but an integral process in ensuring equality.

WHAT IT'S ALL ABOUT

This stage of the process is really what monitoring is all about – not monitoring just to comply, but monitoring to really understand your organisation's staff and service users and to target work to improve outcomes for them.

CASE STUDY: Greater Manchester Police Domestic Violence and Abuse SOM Pilot – training, implementation and use of data

Greater Manchester Police's Domestic Violence and Abuse (DVA) reporting recorded same-sex incidents, but didn't allow for recording if the incident concerned a same-sex relationship. Anecdotal evidence showed a lack of reporting from the lesbian, gay and bisexual community, likely relating to false perceptions around what DVA was and what support would be available. Through their participation on Greater Manchester's Sexual Orientation Monitoring Task & Finish group, Greater Manchester Police (GMP) initiated a pilot for the monitoring of sexual orientation in DVA cases in the city of Manchester division.

Whilst monitoring, a total of 101 DVA incidents between same gender partners and ex-partners have been captured over a six-month period in this division. This is now going to be rolled out force-wide in 2017, and the force-wide training of all frontline officers has already begun.

CHECKLIST

In November 2016, NHS Employers convened an advisory group to support NHS Employers diversity partners who volunteered to become pilot sites for the sexual orientation monitoring Information Standard.

This checklist was developed by the group as a tool for people who want to promote monitoring in their organisation.

LEADERSHIP:

- Present an information paper to your Board/senior management team – based on the information provided in this guide.
- Discuss with your LGBT Network (if you have one).
- Try to secure the sponsorship of a senior manager/ Board member to champion the introduction of the standard. This could be the medical director/chief nurse.

SYSTEMS

- Meet with your Information Technology department and discuss incorporating the sexual orientation categorisation into your existing systems – whether

that be Lorenzo, RIO or another system.
- Meet with your HR Director and discuss using a similar categorisation for your Staff Survey and Electronic Staff Record systems.
- Meet with your patient lead and discuss using a similar categorisation for your Patient Record System.
- Think about how the standard can play into EDS2, your equality objectives and Quality Accounts.

TRAINING / DEVELOPMENT

- Discuss with your training and development team how some information/awareness raising around the standard can be incorporated into existing training courses / resources / KSF.
- Discuss with your LGBT Network the possibility of some specific / bespoke training / awareness raising activity around the standard and sexual orientation issues more generally.

COMMUNICATIONS

- Discuss with your communications lead the possibility of developing some visual material (posters and / or video) for your intranet to publicise the fact that the standard is being introduced.
- Discuss the possibility of an article in your publication(s) along similar lines.

FURTHER INFORMATION

LGBT Foundation
- http://lgbt.foundation/monitoring
- http://lgbt.foundation/policy-research/
- http://lgbt.foundation/prideinpractice
- http://lgbt.foundation/evidence-exchange

The Association of LGBT Doctors & Dentists
- https://www.gladd.co.uk/

Equality and Human Rights Commission
- https://www.equalityhumanrights.com/en/advice-and-guidance/monitoring-and-enforcement

Royal College of Nursing
- https://www.rcn.org.uk/get-help/rcn-advice/data-protection

British Medical Association
- https://www.bma.org.uk/about-us/equality-diversity-and-inclusion/measuring-equality
- https://www.bma.org.uk/about-us/equality-diversity-and-inclusion/information-and-guidance

Unison
- http://www.nottinghamcityunison.org.uk/index.php/equality/self-organised-groups/lgbt
- https://www.unison.org.uk/content/uploads/2016/02/Workforce-monitoring-for-sexual-orientation-and-gender-identity-2016.docx
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We believe in a fair and equal society where all lesbian, gay, bisexual and trans people can achieve their full potential.

This report is available in large print by calling **0345 3 30 30 30** or email **info@lgbt.foundation**

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