

Supporting LGBT+ People Around Death and Bereavement

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Bi

An umbrella term used to describe a romantic and/or sexual orientation towards more than one gender.

Gay

Refers to a man who has a romantic and/or sexual orientation towards men.

Lesbian

Refers to a woman who has a romantic and/or sexual orientation towards women.

Trans

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Queer

A term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity.

Non-Binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'.

Cis or Cisgender

Someone whose gender identity is the same as the sex they were assigned at birth.

Transitioning

The steps a trans person may take to live in the gender with which they identify.

Experiences of LGBT+ People in Health and Social Care Settings

Content warning:
Discussions of biphobia, homophobia, transphobia

- **One in five** LGBT people (20 per cent) have experienced a hate crime or incident due to their sexual orientation and/or gender identity in the last 12 months.
- **One in four** LGBT people (24 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. This rises to **two in five** trans people (41 per cent).
- **Almost two in five** trans people (37 per cent) have avoided healthcare treatment for fear of discrimination.

- **Three in five** (61 per cent) health and social care practitioners with direct responsibility for patient care do not consider sexual orientation to be relevant to an individual's health needs.
- **More than half** (55 per cent) of LGBT people have experienced NHS Scotland staff making incorrect assumptions about their sexual orientation or gender.

“More than one medical member of staff asked, ‘Is this your friend?’ when gesturing to my wife. How hard would it be for all staff to ask all patients ‘who have you brought with you to hospital today?’. I’m sure if my wife had been a man they wouldn’t have asked if she was my friend.” **Elaine, 56**

Progression of LGBT+ Rights in Scotland

- **1980** - Decriminalisation of homosexuality
- **1988** – Introduction of Section 28
- **1992** – Homosexuality removed as WHO mental disorder
- **2000** – Scotland abolishes Section 28.
- **2004** – Gender Recognition Act
- **2010** – The Equality Act
- **2014** - The Marriage and Civil Partnership Act

- **Two in five** (41 per cent) LGBT people would expect to be discriminated against by staff at a residential home for older people if they were a resident.
- **One in four** (25 per cent) LGBT people would expect to be discriminated against by a paid carer supporting them in their home.
- **Three in four** LGBT people (74 per cent) are not confident that they will be provided with sensitive end-of-life care for their needs.

“Until very recently, I seldom had a good relationship with health centre staff, GPs and nurses. It seems to me that it never occurs to many of them to ask for or be receptive to information about gender & sexuality so that they can factor this in when dealing with healthcare needs. I suggest much better training is required in some areas. I’m 65 now and this is a concern as I think about ageing and how people are treated in hospitals and in care homes.” **Linda, 65**

Case Study

Brenda is an in-patient at her local hospital and is nearing the end of her life.

In her short stay in hospital, Brenda has received visits from family members and friends. One of Brenda's regular visitors is long-term partner, Carole.

Staff at the hospital who have been caring for Brenda are unaware of the nature with her relationship with Carole and assume that she is just an extended family member or friend.

**What are the impacts on both Brenda and Carole?
How can we prevent situations such as this?**

Case Study - Impact

- Entering the 'final closet'
- Exclusion from discussions and decision making
- Being prevented from being with their partner at end of life
- Being prevented from seeing the body after death
- Being denied an opportunity to say goodbye
- Being unable to access bereavement support
- Seeing their partner be misgendered or deadnamed

Case Study - Prevention

- **No assumptions** – Take a person-centered approach and do not make assumptions about a person’s sexual orientation, gender or relationship status.
- **Culture to disclose** – Be sensitive, and foster trust and empathy. This will make it easier for people to discuss and disclose their needs. Sensitively explore a person’s identity in line with their preferences for disclosure.
- **Inclusive language** – Open questions e.g. “How would you and X describe your relationship?” or “Who was important to X?” Use neutral and inclusive language e.g. ‘partner’ and pronouns that the deceased person had chosen for themselves.

Further Considerations

- Impact of LGBT-phobic family
- Chosen Family
- Intersectional barriers to accessing support
- Creating an inclusive workplace / service user environment

Creating Inclusive Services

- Develop highly visible inclusion campaigns.
- Update complaints procedures and ensure that messaging is clear that complaints about homophobia, biphobia and transphobia will be taken seriously.
- Implement mandatory LGBT-inclusive equality and diversity training for all staff. Existing training should be reviewed to ensure LGBT+ inequalities are included.
- Senior Leaders should take steps to highlight the positive work their organisations are doing to promote LGBT+ equality for both staff and service users.

Showing Individual Support – Top Tips

- Educate yourself – understand LGBT+ identities, terminology and experiences
- Be aware of your use of language
- Mistakes happen – apologise and move on
- Don't make assumptions
- Be visible
- Raise some of your learnings from today with colleagues.

In Summary

- Be aware that LGBT+ people who are in end-of-life care have typically experienced a lot of social change
- LGBT+ people have experiences of discrimination within health and social care settings that can prevent them from coming forward for support
- Consider how you can actively make changes to practice to ensure that you are able to create an inclusive environment for LGBT+ patients and family members

Q&A

Use the chat box to ask questions

Thank you for attending this session!

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