



Diversity Champions
THE RAINBOW PROJECT

Diversity Champion Online Staff Survey

Summary Report of key findings

January 2016

The Public Health Agency (PHA) has been working with the Rainbow Project over the last two years to become the first HSC Organisation to be recognised as a Diversity Champion. The Diversity Champion Northern Ireland Programme enables organisations to be recognised as having effective equality and diversity policies and practices on lesbian, gay, bisexual and transgender (LGB&T) issues. This initiative is one of a number of developments that have been taken forward over recent years to help improve the health and social wellbeing and reduce the health inequalities experienced by LGB&T individuals and their families across Northern Ireland.

Aims and objectives of staff survey

In May 2015 the PHA commissioned The Rainbow Project to undertake a survey of all employees. The aim of the survey was to explore staff views on equality issues relating to sexual orientation and gender identity.

Methodology

The online survey went live on 14 May 2015. Participation in the survey was voluntary, all responses were treated in the strictest of confidence and no individuals can be identified. Staff were encouraged to be open and honest in their responses to the survey.

Response rates

A total of 168 people responded to the survey out of a possible 332, giving a response rate of 50.6%.

Responses by Directorate

Of those who responded to the survey, 60.9% (n=98) reported working in the Public Health directorate, 21.7% (n=35) worked in the Operations Directorate and 10.6% (n=17) worked in the Nursing and Allied Professionals directorate; 6.8% (n=11) of respondents choose the 'prefer not to answer' option. PHA records show that 52.9% of employees work in Public Health, 14.2% in Nursing and Allied Professionals and 32.8% in Operations. Based on this information, the views of those working in the Public Health Directorate may be over-represented compared to those in Operations or Nursing and Allied Health Professionals directorates.

Demographics of respondents

Over three quarters 78%, (n=128) of those who responded to the survey were female with 22% (n=36) identifying as male. No respondents reported their gender as other.

Monitoring records reflect the fact that 77% of PHA employees are female and 23% of PHA employees are male indicating that the response to this survey closely reflects the gender breakdown of PHA employees.

Sexual orientation of respondents

Of the 164 respondents who answered this question, the majority 93.9% (n=154) identified as heterosexual while 4.27% (n=7) of respondents reported having a same sex attraction i.e. lesbian, gay or bisexual. A small number of respondents chose the 'prefer not to answer' option while no respondents reported their sexual orientation as 'other'.

Current PHA monitoring records show that information on sexual orientation is not available for 93.1% of PHA employees. Historically, staff may not have been required to provide this information.

LGB respondents were most likely to be open about their sexual orientation to their family and friends with all respondents reporting to being 'out' to all or some of their family and friends. Respondents were less likely to be open about their sexual orientation to their work colleagues. Respondents indicated that they were least likely to be out to the Human Resources department at work.

Attitudes to equality and diversity in the workplace

The majority of respondents (83.4%, n=131) felt that they are able to be themselves within the workplace and that the people they work with respect them (82%, n=128).

The majority of respondents (75%, n=117) suggested that the culture in the Public Health Agency was inclusive of LGB people, that being same sex attracted would not be a barrier to career progression (78.9%, n=123), and that senior management demonstrate visible commitment to LGB equality. The majority of respondents (83.3%, n=123) also stated that they would be happy to state their sexual orientation on a monitoring form, however, this is not reflective of the number of PHA staff who have completed this information on the PHA internal monitoring system.

Fifty eight (57.9%, n=88) of respondents neither agreed nor disagreed that the PHA is inclusive of transgender people, while 31.6% (n=48) felt that it was. Thirty seven percent 37.2% (n=57) of respondents agreed that a person's gender identity would not be a barrier to career progression within their workplace while 56.9% (n=87) neither agreed nor disagreed.

Fewer than half (45.5%, n=70) of respondents felt that senior management demonstrate visible commitment to transgender people and 48.7% (n=75) agreed that the PHA would be supportive of someone undergoing gender reassignment surgery. Over eight out of ten respondents (81.8%, n=126) stated that they would be happy to record their gender identity on a monitoring form.

Almost four out of ten (39.6%, n=59) respondents agreed that the training they received had improved their awareness of LGB issues while a similar number 38.5% (n=59) agreed that it had increased their awareness of transgender issues. A larger number of respondents neither agreed nor disagreed that the training they received had improved their awareness of LGB issues 47.7% (n=71) and transgender issues 49% (n=75).

Experience and awareness of LGB&T issues

Overall (26.8%, n=41) respondents reported knowing someone who is transgender; one fifth (19.6%, n=30) reported having an acquaintance who identifies as transgender, while six percent (6%, n=9) have a family member who identifies as transgender and 5.4% (n=8) have a close friend. Nine percent (8.8%, n=13) report knowing someone in work who identifies as transgender.

Overall 92.3% (n=155) of respondents reported knowing someone who is LGB. The majority of respondents reported having an acquaintance 82.8% (n=125) or knowing someone at work 73.4% (n=120) who is open about their sexual orientation. Three fifths (60.3%, n=88) reported having a close friend while two fifths (41.5%, n=61) reported having someone in their family who is open about their sexual orientation.

The majority of respondents 92.0% (n=138) have never been aware of colleagues being ignored because they were LGB&T, people not wanting to work with someone because they are LGB&T 92.7% (n=139) or negative jokes being made about a colleague who people thought was transgender or about being transgender more generally 89.3% (n=134).

A smaller majority 68.0% (n=102) of respondents had never heard negative comments or jokes about colleague because of their sexual orientation or general jokes about being LGB in general. However, almost one fifth of respondents (19.3%, n=29) reported rarely hearing comments being made about an LGB colleague while one in ten (10%, n=15) reported hearing comments sometimes.

One quarter of (25.3%, n=38) reported having rarely heard negative comments about being LGB in general while (12%, n=18) reported hearing them sometimes.

Equality and diversity training

More than half of respondents have accessed equality and/or diversity training during their time with the PHA with 23.6% (n=38) having accessed in the last year and 34.8% (n=56) having accessed more than 12 months ago.

Respondents were asked if they had heard of and/or completed the PHA LGB&T e-learning programme for staff entitled 'Creating Inclusive Workplaces'. Just over half (52%, n=76) of employees reported having heard of the e-learning programme while 48% (n=70) reported that they had not. Of those who were aware of the LGB&T e-learning 22.4% (n=17) had completed it and 77.6% (n=59) had not.

Awareness of LGB&T HSC Staff Forum

Respondents were provided with information on the LGB&T Health and Social Care Forum and asked if they had heard of the forum before this survey. Eight out of ten (80.8%, n=118) respondents reported having heard of the forum while 19.1% (n=28) reported that they had not heard of the forum.

Related policies

More than three quarters of respondents were aware of policies related to equal opportunities/diversity, parental Leave, bereavement and bullying and harassment. Slightly less than three quarters were aware of a policy related to marriage leave. Around 1 in eight (12.7%, n=19) respondents incorrectly stated that they were aware of a workplace domestic violence policy, while more than three quarters stated that they didn't know if one existed.

More than three quarters of respondents who were aware of policies did not know if marriage leave, family leave and bereavement leave made specific reference to same sex relationships.

Over two fifths (45.6%, n=57) of respondents who were aware of the PHA's equal opportunities/diversity policy did not know if it included same sex attracted people and more than half (58.2%, n=71) did not know if it included transgender people.

More than two thirds (69.9%, n=93) of respondents who were aware of the PHA's anti-bullying policy did not know if it included homophobic bullying while 80.9% (n=106) did not know if it included transphobic bullying.

Respondents were asked to identify any other specific areas/issues relating to sexual orientation or gender identity that they felt should be highlighted in PHA workplace policies.

Nineteen respondents provided 24 comments. A third of the comments (33%, n=8) expressed the view that policies should be equal to all employees and relate to all Section 75 groups (n=5) regardless of sexual orientation or gender identity (n=3).

'I think that there should be an overall approach to PHA policies that covers all Section 75 groups rather than identify a specific issue.'

Five comments related to the need to raise awareness of LGB&T issues through equality training (n=4) or what is covered in policy (n=1). One comment highlighted the issue of "assumed sexuality" and how presuming that people are straight can lead to awkwardness.

A number of comments (n=4) provided positive feedback on the PHA approach to supporting LGB&T issues and the high profile of the issue within the organisation.

".....the PHA shows great leadership from the top and the LGB&T Forum is excellent. I do not identify as a member of the LGB&T community but feel as if I am part of an organisation that is very supportive. It has raised my awareness. Well done"

Two comments (n=2) related to the need for a zero tolerance of prejudice and personal religious beliefs.

'I feel like religious beliefs of some staff as well as voicing these beliefs is unnecessary and unprofessional...'

Increasing awareness of LGB&T issues

When asked 'In your opinion, is there anything that could be done in the Public Health Agency to increase awareness of LGB&T issues?', 21 respondents provided 30 comments.

Over a third of comments (36.6%, n=11), related to the need to raise awareness of LGB&T issues (n=6) or provide training on equality and diversity.

'Ensure that all staff receive equality and diversity training and that this is repeated for example, every 3 years'

Other suggestions related to increasing visibility through use of posters, promotion of LGB&T Staff Forum, more collaboration with LGB&T groups, and increased profile of LGB&T issues in the media.

Six comments felt that LGB& T issues were already well highlighted within the PHA;

'No I think PHA are very proactive in their approach to increasing awareness of LGB&T issues.'

However, some comments (n=3) expressed the view that PHA should be more supportive of LGB&T events and advocate on issues such as gay blood ban;

'Supporting more LGBT events and marches.'

Two comments (n=2) suggested that LGB&T staff should be more open and honest about their sexual orientation and/or gender identity.

Other comments received related to not making verbal requests for blood donations due to potential embarrassment for gay men (n=1); the need for guidance around the surrogacy and adoption side of LGB&T life due to the complex legalities (n=1); and that the main barriers to LGB&T issues may be wider societal views which are difficult to change (n=1).

Mixed view were expressed on the LGB&T forum (n=2);

'The LGBT forum is excellent and has a great social media presence.'

'Most LGBT people I know in HSC are not nor would they intend to be members of the Forum. There are issues around "trust" that need to be addressed.'

Comments were also received on the LGB&T forum lanyards for staff (n=2) with their use by non LGB&T staff interpreted by some as a 'visible sign of inclusiveness' in one comment but that there was no need to include text on the lanyard (n=1).

A number of comments related to support in the workplace (n=4). While it was felt that the organisation/managers should provide support where required, it was noted that some people may not wish to discuss certain issues, regarding them as private and not relevant to the workplace, or that there may be a lack of understanding on some of the issues.

'Managers should offer open door policies to their staff with a culture of support being encouraged.'

'...some people would not feel comfortable discussing any of those things mentioned in the survey with their line manager regardless of how approachable and supportive they are because some of these could be deemed as private and not relevant to the work place.'

Four comments (n=4) received related to bullying or discrimination; one expressed the view that complaints about bullying are poorly dealt with in PHA with another stating that this may be due to how issues are dealt with by managers.

A third comment reiterated the need for a zero tolerance attitude to bullying across the organisation while another felt that people stating religious beliefs for not agreeing with sexual orientation or gender identity was offensive.

Having considered the findings from the Survey the PHA and BSO have given consideration to the following key areas:

Monitoring data: From PHA monitoring data there are a number of areas where information has not been forthcoming from a monitoring perspective. These are ethnicity (26.0% disclosure), dependents (8.5% disclosure), sexual orientation (6.95% disclosure) and political opinion (7.0% disclosure). In the survey carried out by The Rainbow Project there was a higher level of disclosure in these areas. Considering this, the PHA should review how this data is gathered and for what purpose it is gathered.

Action: BSO is to develop a series of communications with staff to help encourage completion of personal information on HRPTS. This will include information on Sexual Orientation. Further discussion regarding recording of Gender Identity will take place as part of on-going development of a Trans* Employment Policy.

Gender Identity: Respondents presented a lower level of understanding and knowledge in relation to gender identity issues when compared to sexual orientation. Issues relating to transgender people and gender identity issues have become much more visible in the last three years as has the knowledge base around this community. Some staff who have received equality and diversity training may not have received appropriate information on these issues as it was not available at that time. Consideration should be given to the review of equality and diversity training materials along with the e-Learning package to ensure trans and gender identity issues are appropriately included.

Action: LGB&T e-learning programme has been reviewed to ensure issues relating to Gender Identity are adequately covered. Development of HSC wide Trans* Employment Policy currently underway by BSO. When developed there will be awareness raising for staff working within HSC.

Workplace Culture: Respondents presented a very positive perception of the workplace culture within the PHA. While there were reports of hearing homophobic/transphobic language etc. Respondents presented being comfortable in addressing or reporting these instances.

Action: The positive culture that exists within the PHA is to be acknowledged and communicated to staff across all Directorates. Staff to be reminded that allegations of inappropriate behaviour in relation to LGB&/orT are taken very seriously and will be dealt with in line with Bullying/Harassment and Working Well Together policies.

Training: More than two fifths of respondents reported not having accessed equality and diversity training during their employment with the PHA. Additionally a small number of respondents reported having completed the e-learning package. Consideration should be given to the development of a set standard of equality and diversity training for all staff. Access to training should be monitored to ensure that all staff have had access to equality and diversity training or to the e-learning module.

Action: All staff to be encouraged to complete Equality and Diversity Training to include face to face training and completion of e-learning available on HRPTS.

Domestic violence: In relation to policies and procedures more than 4 out of 5 (82%) respondents were not aware of whether or not a policy existed. Additionally 1 in 5 (21.4%) of respondents reported that they would not feel able to approach their line manager/employer if they were to experience domestic violence. Consideration should be given to ways in which PHA staff can made aware of the support available through their employers should they experience domestic violence.

Action: Domestic Violence Policy currently being developed by PHA.