# Section 75 Group: Sexual Orientation

The table below attempts to summarise issues highlighted in some of the more recent literature relating to sexual orientation, published in the main since 2005. It is not the result of any systematic literature searches nor does it critically review any of the sources.

Highlighted in red are issues, solutions and the respective references added to Version 2 of this document (2013/14).

| What is the Equality/ Inequality Issue? | Potential solutions where offered | Source of Evidence | Date |
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| **1. Employment** | | | |
| **atmosphere and culture of discrimination, homophobia and heterosexism (language, jokes, comments, graffiti)**<br>• not only through own experience but through examples of witnessing or overhearing general homophobia which reflects culture within the sector<br>• NHS seen as lagging behind other employers (eg. Met police)<br>• GLADD survey (2005) only 27% of LGB doctors/dentists had not | • zero tolerance policy regarding homophobic bullying and harassment; clear message to all staff on what constitutes inappropriate behaviour and to managers about their responsibilities<br>• use neutral language in communication<br>• training (building capacity and confidence to challenge inappropriate behaviour)<br>• conduct research on perceived | Hansson, Ulf, Molly Hurley Depret and Barry Fitzpatrick: Equality Mainstreaming. Policy and Practice for LGB People. Institute for Conflict Research.<br><br>Hunt, Ruth; Katherine Cowan and Brent Chamberlain: Being the gay one: Experiences of lesbian, gay and bisexual people working | 2007<br><br>2007 |

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| experienced problems at work related to their sexual orientation<br>• Hansson et al. survey (2007) 1 in 2 have had neg. experience at work associated with their sexual orientation (20% verbal attack, 27% bullying or harassment)<br>• heterosexism and assumptions<br>• McDermott (2011): 40% in public sector had experienced neg. comments about LGB by colleagues making feel uncomfortable; 15.1% directed at them; 21.6% banter making them feel uncomfortable – 31.3% not making them feel uncomfortable; also an issue in interactions with colleagues outside the workplace even if less so<br>• McDermott (2011): 1 in 4 made complaint about incident<br>• Ellison (2009): 3 in 4 people feel it is acceptable for social surveys to ask questions about sexual orientation | conflicting freedoms<br>• equality & diversity statement and policy (to cross-reference anti-bullying and harassment)<br>• anti-bullying and harassment policy | in the health and social care sector. Stonewall<br><br>British Medical Association (BMA): Sexual orientation in the workplace<br><br>NHS Scotland: Fair for all – The Wider Challenge. Good LGBT Practice in the NHS. Stonewall.<br><br>BMA: A celebration of lesbian, gay, bisexual and transgender doctors' contribution to the NHS: a collection of members' experiences. London<br><br>McDermott: Through our eyes. Experiences of Lesbian, Gay and | <br><br>2005<br><br>2006<br><br>2009<br><br>2011 |

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| | | Bisexual People in the Workplace. Belfast<br>Ellison, Gavin and Briony Gunstone: Sexual Orientation explored: a study of identity attraction, behaviour and attitudes in 2009. Manchester: EHRC | 2009 |
| **lack of confidence in reporting & disciplinary procedures**<br>• fear of victimisation and disadvantage<br>• reporting is seen as coming out<br>• lack of adequate response by senior managers if issues are raised<br>• source of problems most likely to be colleagues (54%), then managers (44%) and customers (13%)<br>• Hansson et al. survey (2007) not very likely to complain (only 42% had complained formally) about | • confidential reporting process to protect individuals not out<br>• create support systems (through unions, associations, staff networks)<br>• communicate rights of LGB staff with payslips or information leaflets | Hunt et al.<br><br>BMA<br><br>Hansson et al.<br><br>McDermott | 2007<br><br>2005<br><br>2007<br><br>2011 |

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| homophobic experience in the workplace<br>• McDermott (2011): of those who made a complaint 1 in 3 no action taken; 66.1% unhappy with outcome<br>• McDermott (2011): 26.8% in public sector not comfortable approaching managers if bullied; 15.1% not confident they would be supported | | | |
| **lack of visibility of LGB people**<br>• doctors/dentists have all developed their own ways of negotiating the culture (includes not disclosing sexual orientation due to fear of discrimination and barriers to career progression; choice of specialty in favour of those perceived as gay-friendly; leaving the sector) – GLADD survey (2005) only 1% of doctors/dentists were out to their superiors<br>• many not out to patients, in fear of false allegations of inappropriate care | • NHS to acknowledge its LGB staff, create a safe environment (peer support, mentor system, highlighting successful careers, role models, display of positive posters, information leaflets targeted at LGB staff and identified contact person for LGB issues)<br>• create support systems (through unions, associations, staff networks)<br>• monitoring – collect data on LGB employees and their experiences | Hunt et al.<br>BMA<br>NHS Scotland<br>BMA<br>McDermott | 2007<br>2005<br>2006<br>2009<br>2011 |

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| • Hansson et al. survey (2007) 10% 'not at all out' in family, 12% in community, 13% in work ('partly out' 37%, 48%, 33%); bisexual people even less likely to be out<br>• McDermott (2011) almost 1 in 4 in the public sector not out to colleagues and service users; generally more likely to be out to colleagues than line managers and HR and service users; younger groups (under 45) more likely to be out<br>• McDermott (2011): 1 in 4 in public sector think it might have neg. impact on career progression<br>• McDermott (2011): small share of public sector LGB workers not aware of equal opps policy or think that LGB is not mentioned, about 14.1% - lower than other sectors; about 25% for bullying/grievance<br>• McDermott (2011): share 28% not aware of family friendly policy identifying support for same sex | • develop or review family friendly policies (as to flexible leave, same sex adoption leave, maternity/paternity leave) and partner/civil partner benefits<br>• management buy-in | | |

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| people or think not mentioned<br>• McDermott (2011): about 18% not comfortable approaching managers for adoption leave, 16% not confident about receiving support<br>• McDermott (2011): many 32% not aware of domestic violence policy identifying support for same sex people or think not mentioned<br>• McDermott (2011): 47.1% not comfortable approaching managers if victim of same sex domestic violence | | | |
| **negative impact on delivery of services**<br>• due to time and energy taken to manage discrimination<br>• negative impacts on how individuals feel about themselves, morale, concentration | | Hunt et al.<br><br>BMA | 2007<br><br>2005 |
| **2. Services** | | | |
| **reluctance to disclose sexual orientation to GPs and delays in** | | Hansson et al. | 2007 |

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| **seeking care due to fear of attitudes and discrimination**<br>• Hansson et al. survey (2007) only 1 in 2 out to GP<br>• some indication that LGB people might be more willing to come out to a LGB GP<br>• GPs automatically linking an LGB patient to issues of HIV/Aids | • require GP practices and hospitals to develop and prominently display equality policies explicitly including sexual orientation<br>• guidelines for GPs and hospitals about confidentiality and patient notes<br>• display positive images of gay couples in appropriate settings<br>• booklet for GPs how to sensitively and effectively communicate with LGB people<br>• 5 Steps for GPs: Stay Informed about LGB health issues – Don't assume all patients are heterosexual (using open language) – Respond positively when patients disclose – Be aware and challenge anti-LGB bias – Demonstrate that your practice is inclusive of LGB people (language, LGB | NHS Scotland<br><br>BMA<br><br>Allen | 2006<br><br>2005<br><br>2008 |

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| | leaflets/posters, include LGB in general health info, ) | | |
| **specific needs for mental health services**<br>(higher incidents of eating disorders and self-harm, higher alcohol consumption, drug use, smoking – often in response to experience of homophobia)<br>(heightened risk of psychological distress related to experience of stigma, inequality and harassment = *minority stress*)<br>• LGB people more likely to smoke, esp. women (less likely to become pregnant and thus trigger for giving up; go to pubs/clubs for longer); Rooney (2012): 44% LGB&T smoke vs. 24% in NI population<br>• possibly higher alcohol consumption (see preventative public health messages, traditionally few safe spaces for LGB people to congregate | • comprehensive health strategy for LGB people<br>• where appropriate, GPs can play positive role by screening LGB patients for mental health and suicide risk factors<br>• improve evidence base<br>• public health campaign to target LGB people<br>• develop gay-friendly venues outside drinking establishments<br>• train addiction service providers on LGB issues<br>• develop LGB affirming addiction services<br>• steering drugs for drugs and alcohol to include LGB representation | Hunt, Ruth and Adam Minsky: Reducing health inequalities for lesbian, gay and bisexual people: evidence of health care needs. Stonewall.<br><br>Allen, Odhran: Lesbian, Gay & Bisexual Patients: The Issues for General Practice.<br><br>Rooney, Eoin: All partied out? Substance use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community. Belfast: The Rainbow Project. | 2006<br><br>2008<br><br>2012 |

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| outside bars/clubs – but slowly changing); Rooney (2012): 91% LGB&T drink alcohol vs. 74% NI population, women more than men (reverse in NI population), 57% drink to hazardous level vs. 24% adults in England<br>• drug use significantly higher than amongst heterosexuals (lifestyle/part of scene, go to pubs/clubs for longer, reaction to homophobia); Rooney (2012): 3x as likely to have taken illegal drug (LGB&T 62% vs. NI population 22%); types of drugs mainly anti-depressants rather than stimulants<br>• substance abuse a factor in self-harming and thinking about and attempting suicide<br>• less likely to access support services | | | |
| **some preventative public health messages only target heterosexuals** | | | |

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| • smoking cessation messages focus mainly on pregnancy or attractiveness to the opposite sex | | Hunt et al. | 2006 |
| **lower participation in cancer screening** | • comprehensive health strategy for LGB people | Hunt et al. | 2006 |
| **general lack of recognition of domestic violence amongst same-sex couples**<br>• within LGB community, by social policy makers and health care professionals, thus difficult to report incidences<br>• less likely to tell health care professionals if they feel uncomfortable to disclose sexual orientation<br>• also may not wish to nurture myth of LGB relationships being unstable | | Hunt et al. | 2006 |
| **negative experiences of health services**<br>• due to staff attitudes, discrimination, heterosexism, lack of confidentiality, lack of appropriate advice | • raise awareness of staff about need for neutral language<br>• booklet for GPs how to sensitively and effectively | NHS Scotland<br>BMA<br>Hansson et al. | 2006<br>2005<br>2007 |

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| • lack of visibility<br>• Hansson et al. survey (2007) 17% felt having been treated unfairly due to their sexual orientation by health service<br>• mainly staff attitudes (rude/impolite) (25%) and forms of discrimination (25%), main issue seems heterosexism and being ignored<br>• lack of understanding and appropriate advice as well as confidentiality<br>• inconsistencies in recognising same-sex partners as next of kin | communicate with LGB people<br>• challenge inappropriate language<br>• training (building capacity and confidence to challenge inappropriate behaviour)<br>• require GP practices and hospitals to develop and prominently display equality policies explicitly including sexual orientation<br>• guidelines for GPs and hospitals about confidentiality and patient notes<br>• display positive images of gay couples in appropriate settings<br>• use service user journey to explore equality issues relating to a particular service<br>• building on existing partnerships to engage closely with local LGB groups to identify areas for change and support for raising complaints<br>• particular need for diverse | | |

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| | forms of engagement (including anonymous methods)<br>• service providers to find out about local support groups and services for signposting to LGB service users<br>• start monitoring in small service areas and expand to all services over time; analyse and use data to improve services<br>• publish monitoring results and demonstrate impact of monitoring on service improvement<br>• consider introducing champion (with specialist knowledge) | | |
| **reluctance to raise a complaint**<br>• due to fear of being ignored because of sexual orientation, too trivial, nobody willing to help, nobody interested, fear of reprisal<br>• Hansson et al. survey (2007) only 14% had made official complaint about a public service | • address LGB issues in induction training for newly appointed doctors<br>• mandatory training for staff<br>• participation in LGB awareness raising to be part of Continuing Professional Development | Hansson et al.<br><br>NHS Scotland | 2007<br><br>2006 |

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| • Hansson et al. interviews (2007) evidence from public authorities show that no S75 complaints have been received from LGB people; key also since training needs are often determined in response to a particular issue raised through a complaint | | | |
| **concern that GPs are not covered by Section 75** | | BMA<br><br>Hunt et al. | 2005<br><br>2006 |
| **3. Cross cutting issues with other Section 75 Categories** | | | |
| **Age** | | | |
| **young people**<br>• specific issues include homophobic bullying at school, access to support networks, lack of positive role models<br>• also even less likely to be out to GP for fear of disclosure to family; might be more likely to attend STI clinic | | Hunt et al.<br><br>Hansson, et al.<br><br>Allen | 2006<br><br>2007<br><br>2008 |
| **older people**<br>• concerns about provision of social | • need for affirming | Hunt et al. | 2006 |

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| care (more likely to live alone and without children; concerns about access to appropriate care eg. when retirement homes are not equipped to support same sex partners)<br>• society assumes LGB people are young and active<br>• increase in incidence of HIV infections amongst older gaymen; health messages targeted mostly at younger gay men<br>• great variety in previous relationships, age and experience of coming out, and relationships with biological family<br>• some cohorts experienced severe oppression by institutions hence aversion to accessing services<br>• survey by Commission for Social Care Inspection (2008): 45% of LGB people using social services claimed experience of discrimination<br>• greater fear of safety of home | environments to ensure older LGB people are comfortable to disclose their sexual orientation<br>• service providers need to recognise families of choice and involve in consultations about care<br>• specifically address sexual orientation in guidance / education / training / surveys / monitoring<br>• HIV infection programmes to target older gay men<br>• biographical / life-history approaches<br>• befriending and support networks<br>• resource packs for professionals in care homes<br>• inclusive planning – roundtable annually with organisations<br>• strengthening advocacy<br>• improving evidence base esp. around bisexuals | Hansson, et al.<br><br>Musingarimi, Primrose: Older Gay, Lesbian and Bisexual People in the UK. A Policy Brief. London: ICL-UK.<br><br>Musingarimi, Primrose: Health issues affecting older gay, lesbian and bisexual people in the UK. A Policy Brief. London: ICL-UK.<br><br>Musingarimi, Primrose: Social care issues affecting older gay, lesbian and bisexual people in the UK. A Policy Brief. London: ICL-UK.<br><br>Heaphy, Brian, Andrew Yip and Debbie | 2007<br><br>2008<br><br>2008<br><br>2008<br><br>2003 |

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| being invaded if care provider is homophobic – hence higher satisfaction with Direct Payments (greater choice and control) than services<br>• in comparison to younger LGB people less experience of LGB community, may lead to greater difficulties in adjusting in later life<br>• network of friends usually within same age cohort hence may not be as effective in providing support as common experience of age-related problems (due to lack of children/grandchildren)<br>• older LGB people place particularly high value on friendships; fewer expectations that family will care for them if needed<br>• older LGB people may feel that organisations providing support to LGB people are less in tune with their particular needs<br>• older people even less likely to disclose their sexual orientation in | • further research into experiences, perceptions and desired care by LGB people in NI<br>• improve monitoring<br>• provide training for staff<br>• make information resources available to staff and develop tools to support staff<br>• explore with RQIA integration into inspection remit | Thompson: Lesbian, Gay and Bisexual Lives over 50. Nottingham Trent University, Dep of Social Sciences<br><br>Ward, Richard and Stephen Pugh and Elizabeth Price: Don't look back? Improving health and social care service delivery for older LGB users. Manchester: Equality and Human Rights Commission<br><br>The Rainbow Project & Age NI: Making this home my home. Making nursing and residential more inclusive for older lesbian, gay, bisexual and/or transgender people. Belfast: The | <br><br>2010<br><br><br><br><br><br><br><br><br><br>2011 |

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| some situations<br>• even less research on older lesbian and bisexual women than older men; hardly any research in actual care settings – mostly anticipative (future support needs and preferences)<br>• main themes of research on experiences of older LGB: discrimination and anticipation of neg. treatment due to experience (stigma, discrimination, aversion therapies); invisibility and assumed heterosexuality (diversity addressed less so in training for older people services; general reluctance to raise issues of sexuality with older service users; very limited understanding by providers of sheltered and residential care and concerns re. training given to agency workers); specific health issues (mental health, increase in older adults infected with HIV accessing care | | Rainbow Project & Age NI. | |

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| and new diagnoses50+, older LGB delay uptake of support services due to fear, older LGB high level users are vulnerable, dementia care, end of life care and bereavement care, LGB carers)<br><br>• estimate of 23,600 older LGB in NI (women 60+ men 65+)<br>• initial assessment of needs by social worker and care home provider does not consider sexual orientation<br>• sexual orientation not monitored by care home providers<br>• rural care home providers in particular concerned about reaction of residents, families and staff<br>• older LGB are twice hidden (multiple identity)<br>• staff not specifically equipped for addressing needs of LGB people<br>• lack of links between homes and LGB community<br>• staff lack knowledge of support in | | | |

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| the community | | | |
| **Religion, faith, belief** | | | |
| **Gender** | | | |
| **lesbian women**<br>• even less visible than gay males<br>• less research on lesbian women than gay men<br>• debate around higher risk of breast cancer (due to smoking & poor diet; less likely to have children)<br>• specific health issues relating to fertility, pregnancy, sexual health, mental health; weight issues, eating disorders, relationships, smoking/drugs/alcohol abuse<br>• generally unhappy with level of service received<br>• few voluntary/community based agencies dedicated to lesbian and bisexual women and mainstream ones do not cater for lesbian and bisexual women<br>• lack of dedicated counselling service for lesbian and bisexual | • research on health needs and health care experiences of lesbian women<br>• service monitoring<br>• include information specifically for lesbian service users to address misconceptions about 'immunity' in follow up letters<br>• develop health strategy for LGB people (eg. Australia, state of Victoria)<br>• make lesbian women and their families visible in health promotion campaigns<br>• incorporate specific needs into undergrad and postgrad training<br>• further research on specific groups amongst lesbian and bisexual women<br>• establish dedicated resource | BMA<br><br>Hunt et al.<br><br>Quiery, Marie: Invisible Women. A review of the impact of discrimination and social exclusion on lesbian and bisexual women's health in Northern Ireland. LASI.<br><br>Fish, Julie: The UK Lesbians and Health Care Survey – A summary of findings.<br><br>Hughes, Clare and Amy Evans: Health needs of women who have sex with women. BMJ Vol. | 2005<br><br>2006<br><br>2007<br><br>2007<br><br>2003 |

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| women<br>• access services less frequently than other women; have less frequent health checks; less likely to participate in screening for cervical and breast cancer<br>• never attending cervical screening seems greater problem in UK than US (12% vs. 5-9%)<br>• same with perception of risk of cervical cancer in comparison with heterosexuals<br>• less likely to be aware of higher risk factors for breast cancer than heterosexuals<br>• lesbian women less likely to report good experience of smear test compared to heterosexual women (46% vs. 74%)<br>• lesbian women less likely to examine their own breasts, avail of smear test and mammography<br>• 2-3 times more likely to attempt suicide; higher levels of self-harm<br>• 1 in 2 chance of mental illness at | centre<br>• GPs should encourage lesbian and bisexual women to have regular smear test and self-examine breast<br>• weight reduction interventions targeted at lesbian women | 327, 939-940.<br><br>Allen<br><br>Boehmer, Ulrike and Deborah J. Bowen and Greta R. Bauer: Overweight and Obesity in Sexual-Minority Women: Evidence from Population-Based Data. American Journal of Public Health June 2007, Vol 97, No.6, 1134-1140. | <br><br>2008<br><br>2007 |

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| age of 16 in NI (Young Life and Times Survey 2005,2006)<br>• higher rate of long-term use of substances (tobacco, drugs, alcohol)<br>• service providers are often misinformed and underinformed about lesbian health issues; little or no specific training at undergrad and postgrad level in NI<br>• US lesbian women have higher prevalence of overweight and obesity than other females | | | |
| **bisexual women**<br>• compared with women who have sex exclusively with men: more likely to have higher numbers of male partners and higher levels of unsafe sex; to have induced abortions; to have diagnoses of sexually transmitted infection | | Musingarimi | 2008 |
| **Bisexual men and women**<br>• differ from lesbians and gay men in their identity, behaviour, attraction and experiences of disadvantage | • studies should report findings for bisexual people separately from lesbians and gay men | Ellison et al. | 2009 |

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| **gay men**<br>• concerns about issues relating to mental health, sexual behaviour, safety, weight issues, eating disorders, lack of role models, and relationships, smoking/drug/alcohol abuse<br>• gay men at greatest risk of HIV infection; higher risk from sexually transmitted diseases<br>• some young gay men don't feel secure about obtaining/using extra strong condoms (purchase might reveal sexual orientation)<br>• sometimes at higher risk (partly because they don't respond to public health messages, if not targeted at them – testicular cancer), partly because of lifestyle & reaction to social issues (eg. smoking/drug/alcohol abuse – lung and liver cancer); also anal and prostrate cancer<br>• living with diagnosed HIV more common among Black men rather | • GPs to encourage sexually active Men who have Sex with Men (MSM) to be screened regularly for STIs<br>• GPs with a role to motivate patients to reduce risky sexual behaviours | Hunt et al.<br><br>Weatherburn, Peter et al.: Multiple chances. Findings from the UK Gay Men's Sex Survey 2006. Sigma Research<br><br>Allen | 2006<br><br>2008<br><br><br><br><br><br>2008 |

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| than other ethnic groups, men with lower levels of former education, men who have sex with men only rather than bisexual men, men who have more sexual male partners<br>• lower level of HIV testing of those resident in NI than England | | | |
| **Marital Status** | | | |
| **Dependants** | | | |
| **LGBT carers**<br>• not being out can increase stress; oldest and youngest carers least likely to be out; motivation includes protecting those cared for, gaining legitimacy and preventing bad reactions<br>• involvement in LGBT communities may be an important determinant of support yet LGBT parents can be excluded from mainstream LGBT networks or in turn devalue non-parents<br>• familial responsibilities can lead to conflict with partners<br>• dual stigma in cases where LGBT | | McGlynn, Nick, Bakshi, Leela and Kath Browne: Report on research about LGBT Carers. Count me in too – LGBT research information desk. Brighton | 2010 |

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| people are caring for person with HIV/AIDS | | | |
| **Disability** | | | |
| • people w/disabilities often considered to be asexual<br>• current practice in work with people with learning disabilities is more likely to restrict opportunities for sexual relationships rather than support<br>• many disabled LGB people have not received relevant sex education<br>• lack of appropriate information about sexual health and lack of access to information about fertility issues<br>• may encounter difficulties in accessing mental health services<br>• people with a learning disability may be less likely to come out to family due to greater dependence and fear of rejection; hence more likely to be open to care professionals | need for clear policies and guidance and training for social care staff to offer appropriate support<br><br>work with carers and parents about sexual rights<br><br>review and use wider range of images<br><br>statutory sector to promote equality in tendered services, service providers in voluntary sector to be asked to assess equality impacts of their proposed services and collect monitoring data<br><br>review provision of relationship and sexual education and extent to which needs of disabled | Hunt et al.<br><br>Department of Health: Disabled lesbian, gay and bisexual people. Briefing 13.<br><br>McClenahan, Simon: Multiple Identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action and Rainbow Project. | 2006<br><br>2007<br><br>2013 |

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| • a smaller share of disabled LGB people are out with their friends; even greater compartmentalising of social interactions<br>• strong feeling of social isolation; perception that commercial LGB&T scene concentrates on 'young and fit, not old and or disabled'; at times feeling of double rejection<br>• experience of coming out differs depending on time of onset of disability<br>• difficulties in meeting other disabled LGB people<br>• lack of acceptance in mainstream LGB scene<br>• main barriers re integration in LGB community are attitudes, lack of knowledge, poor accessibility of venues, lack of accessible information, lack of visibility and narrow range of diversity in images, body-beautiful culture<br>• lack of consideration of disability issues by LGB&T providers and of | children who are LGB &T are met | | |

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| LGB&T issues of disability providers (voluntary sector) | | | |
| **Ethnicity** | | | |
| • very small body of research on needs of BME LGB people, mainly focused on sexual health needs of BME gay men<br>• compared with white gay men, African-Caribbean men twice as likely to be living with diagnosed HIV, South Asian men less likely<br>• BME domestic violence service mainly targeted at meeting needs of heterosexual women<br>• BME LGB people even more likely to be victim of homophobic violence than white LGB people<br>• BME LGB people less likely than white LGB people to have considered suicide, possibly due to cultural and religious taboos | | Department of Health: Lesbian, gay and bisexual people from black and minority ethnic communities. Briefing 12. | 2007 |
| **Political Opinion** | | | |
| **Rurality** | | | |
| • people in rural areas even less likely to be out to GP for fear of | | Hansson et al. | 2007 |

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| disclosure to community | | | |
| • rural isolation may compound minority stress and stress experienced by young LGB people | | Allen | 2008 |
| **4. Lack of information** | | | |
| employment<br>• needs and experiences of<br>  • LGB people in non-medical HSC and public safety professions (nurses, AHP, social care workers / social workers)<br>  • HSC or Public Safety employees in NI<br>  • bisexual people | | | |
| services<br>• health needs and experiences of LGB people<br>  • w/dependents (outside HIV/AIDS care work)<br>  • married/widowed/divorced<br>  • political opinion<br>  • religion<br>• generally less research on social | | | |

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| care matters<br>• generally less research on bisexual | | | |

2010/11:

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