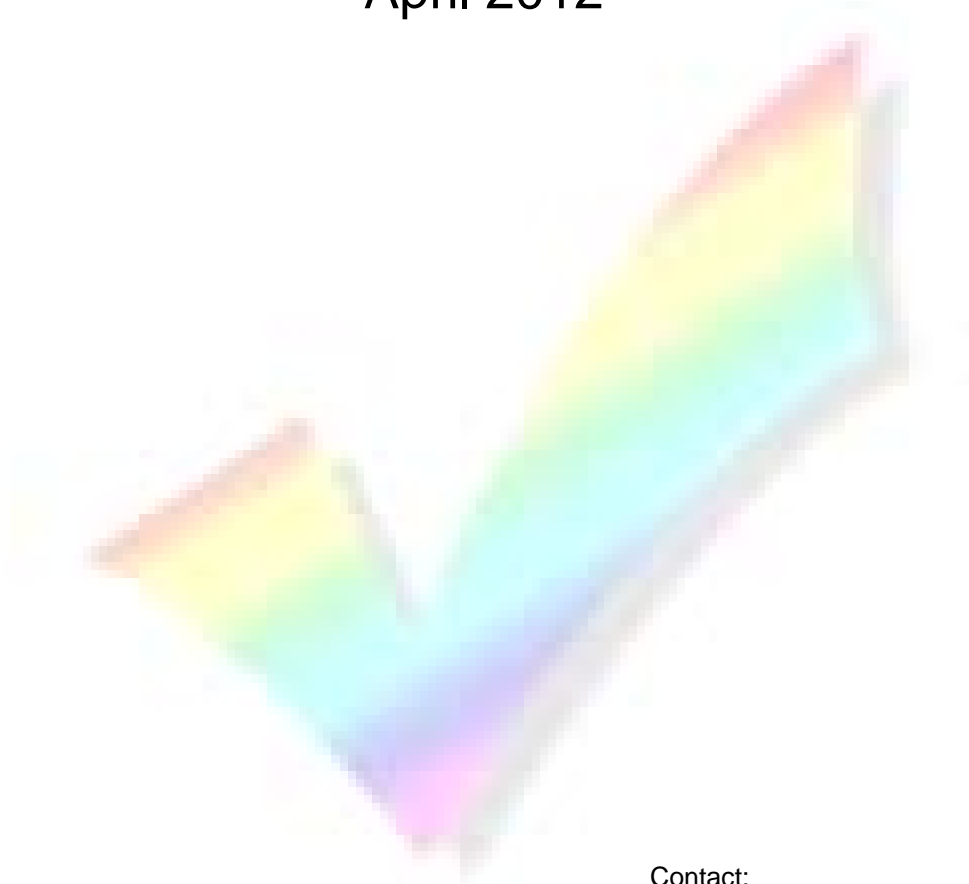


Wirral's Lesbian, Gay, Bisexual and Transgender Needs Assessment

April 2012



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Abbreviations, Acronyms and Glossary

Androgyne	Transgender individual who does not fit neatly into a typical masculine or feminine role.
Asexual/Pansexual	An attraction towards persons of all gender identities and biological sexes
Bisexual	People who are sexually attracted to both sexes.
FTM/Transman	A female-to-male (FTM) transgender or transsexual person.
Gay	Men who are sexually attracted to men
Hetrosexual	People who find members of the opposite sex sexually attractive.
HIV	Human Immunodeficiency Virus
Intersexual or Intergender	A person who does not identify strongly as either male or female and who does not fit neatly into a typical masculine or feminine role.
Lesbian	Women who are sexually attracted to women
MTF/Trans Woman	A male-to-female (MTF) transgender or transsexual person
Out	open about their sexuality/gender identity
Polygender person	Transgender individual who does not cleanly fit into binary male or female gender roles
Sic	Denotes verbatim quotations
STI	Sexually Transmitted Infection
Trans/Transgender	An umbrella term used to include transsexual people, transvestites and cross-dressers, as in “the transgender community
Transsexual	person who feels that they were born the ‘wrong’ sex, and who identifies with and would like to be accepted as a member of the opposite sex.
Transvestite or Cross Dresser	a person who likes to dress in the clothes usually associated with someone of the opposite gender, such as a man liking to wear women’s clothes, or a woman dressing as a man.Cross Dresser

Acknowledgements

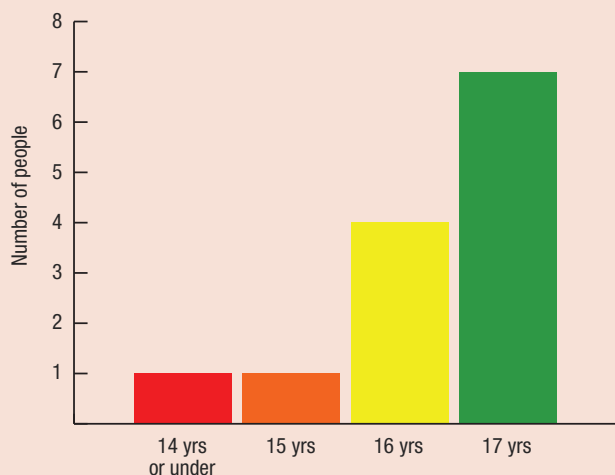
A big thank you to all participants for their contribution to Wirral’s Lesbian, Gay, Bisexual and Transgender (LGBT) needs assessment. Special thanks are extended to the stakeholders involved in the various groups that steered and support the needs assessment. Thanks to Hannah Madden for her superb analytical skills.

LGBT NEEDS ASSESSMENT

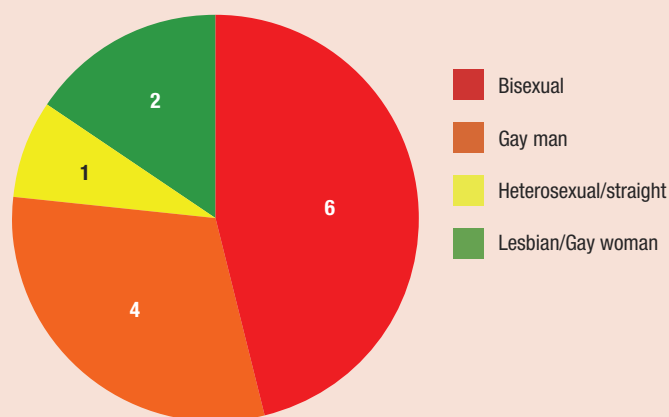
Summary of the key findings for under 18 years old

Seventeen individuals stated on the initial question that they were under 18, 13 individuals answered any subsequent questions. This analysis is based on these 13 individuals.

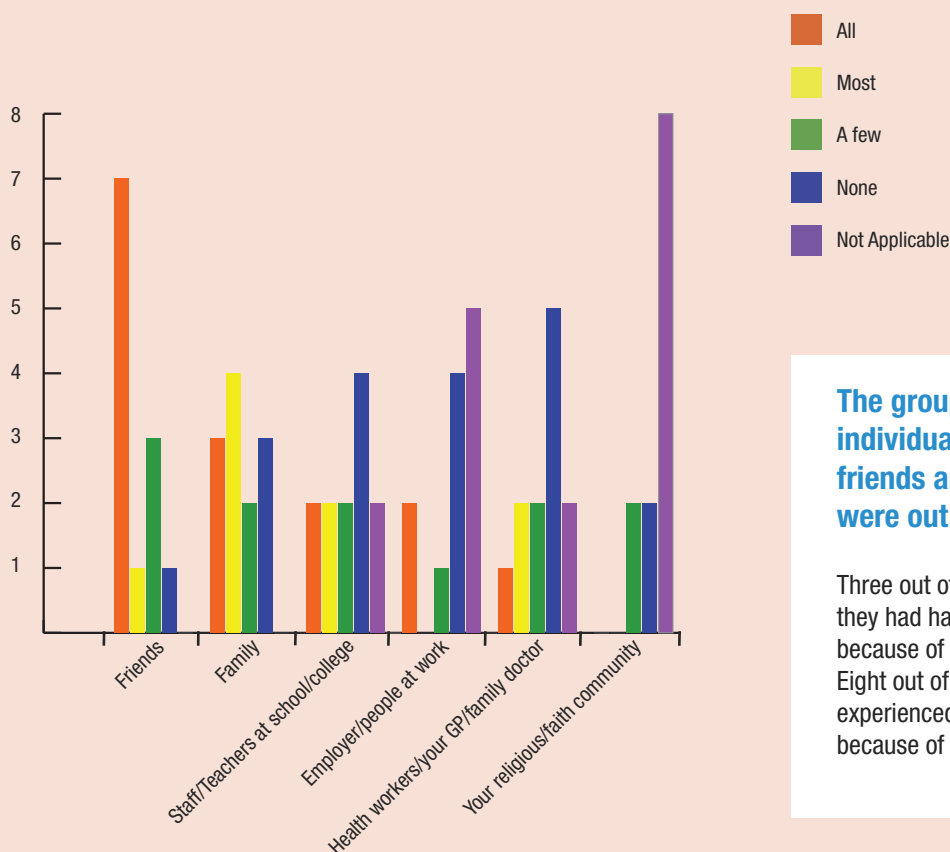
AGE



SEXUAL IDENTITY



PROPORTION OF YOUNG PEOPLE WHO ARE OUT AND WHO TO



The group that the most individuals were 'out' to was their friends and very few individuals were out to their health workers

Three out of 13 survey respondents said they had had problems with their family because of their sexuality/gender identity. Eight out of twelve reported that they had experienced bullying, abuse or violence because of their sexuality or gender identity.

HOW BULLYING, ABUSE AND VIOLENCE BE CHALLENGED?

Suggestion 1:

Education in schools for pupils and teachers

"Better education, talking about sexuality not just sex. Seeing homophobia as bullying. Not having homophobic staff, one of my teachers refers to things as 'that's gay' how are the kids supposed to learn when the teachers do that???"

Suggestion 2:

Education for the general population

"It isn't just young individuals but older individuals who also need to be educated."

Suggestion 3:

Health advice and information

Mixed views on whether specialised literature was required or general literature, with an LGBT representation.

Suggestion 4:

Safer streets

"Make the 'Hate crime' official."

Suggestion 5:

Improving young LGBT people's experiences in education settings

"Miss X did an amazing sex education class. She talked about all of the sexual scale from straight to gay, as well as the emotional side of everything. A lot of the homophobes in school actually came up and apologised to me after class. I love Miss X."

MENTAL HEALTH

Seven of the 13 survey respondents had experienced mental health problems, two were 'unsure' and only three had never experienced any mental health problems.

AWARENESS OF YOUNG PEOPLE LGBT SERVICES

Half of the survey respondents said that they were aware of a LGBT health and social care services or community organisation in Wirral or Merseyside. Three individuals were aware of the 'Work It Out' LGB youth group at Brook and had attended. Three had also heard of THT.

IMPROVING SERVICES FOR YOUNG LGBT PEOPLE

Provide more social events, support groups and improving the attitudes of individuals on Wirral. Better support services and a greater acceptance of those with a trans history was also felt to be important.

"Advertising health campaigns in magazines and TV."

"Able to use female (or applicable reassigned gender) toilets in sexual health services."

"More understanding of/for those with a Trans history."

"Improve people's attitudes."

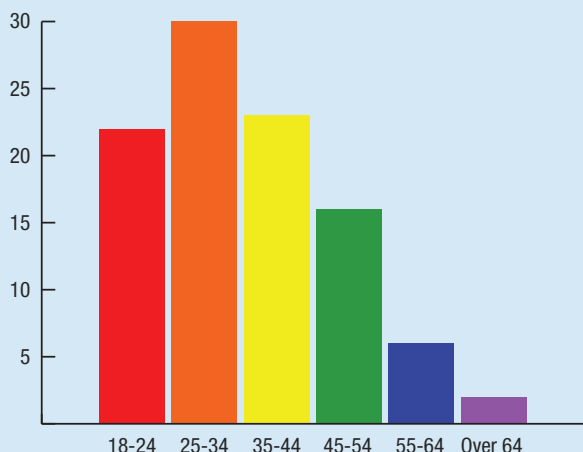
"More social clubs or help clubs, more help services"

LGBT NEEDS ASSESSMENT

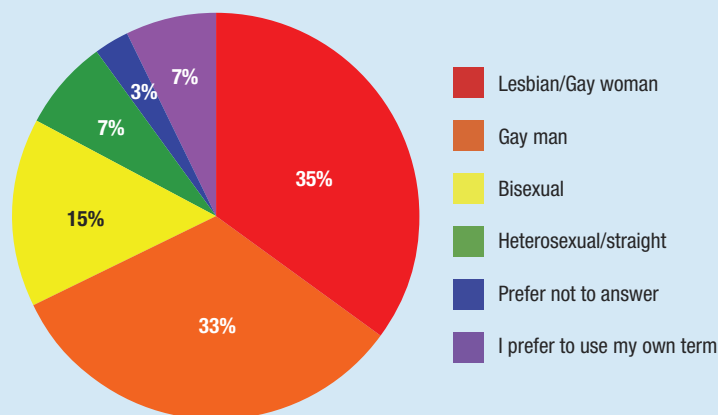
Summary of the key findings for over 18 years old

124 people took part in the survey

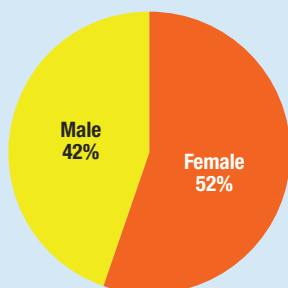
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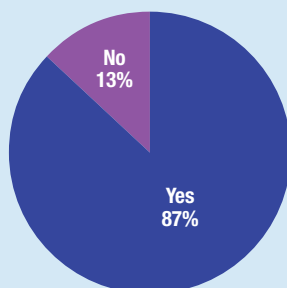
SEXUAL ORIENTATION



WHAT IS YOUR GENDER?



IS YOUR SEX THE SAME AS YOU WERE ASSIGNED AT BIRTH?

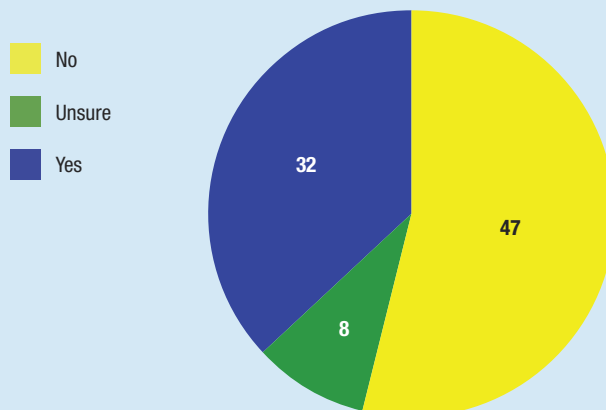


- The majority (84) of individuals were 'out' [open about their sexuality/gender identity] to all of their friends with very few 'out' to no one.
- Many individuals were 'out' to all their employers (56) and work colleagues (55), 64 were 'out' to all their family.
- Fewer individuals were 'out' to their health workers or GP with 24% being 'out' to none.

EXPERIENCES WITH HEALTH AND SOCIAL CARE SERVICES

Mixed opinions as to whether it was important for health professionals to know their sexuality. Some felt it was intrusion of privacy, "a person's sexuality should not be the focus of their illness" others thought knowledge of sexuality was better for holistic diagnosis and for the treatment of specific health issues.

IN THE LAST THREE YEARS HAS A HEALTH OR SOCIAL WORKER MADE AN INAPPROPRIATE ASSUMPTION ABOUT YOUR SEXUAL ORIENTATION?



Most common positive experience

GP/Healthcare worker not making inappropriate comments or asking inappropriate questions

Most common negative experience

GP/Healthcare worker assuming person was heterosexual

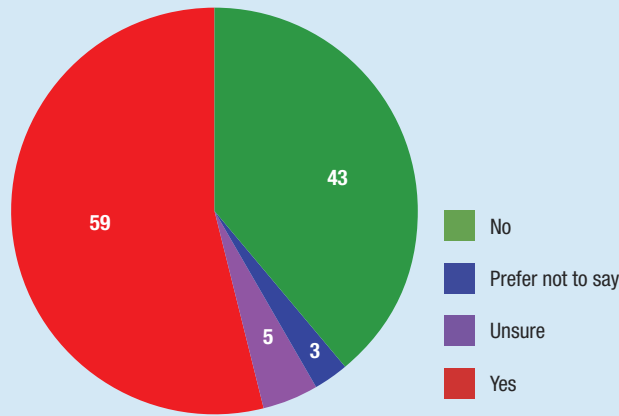
23% of respondents had been given health advice that took no account of the fact they were LGBT.

Once people were out it was the secondary assumptions about promiscuity and lifestyle that were much more offensive *“there’s a total preoccupation with sex. It’s so far from sex it’s untrue. It’s about identity, not sex.”*

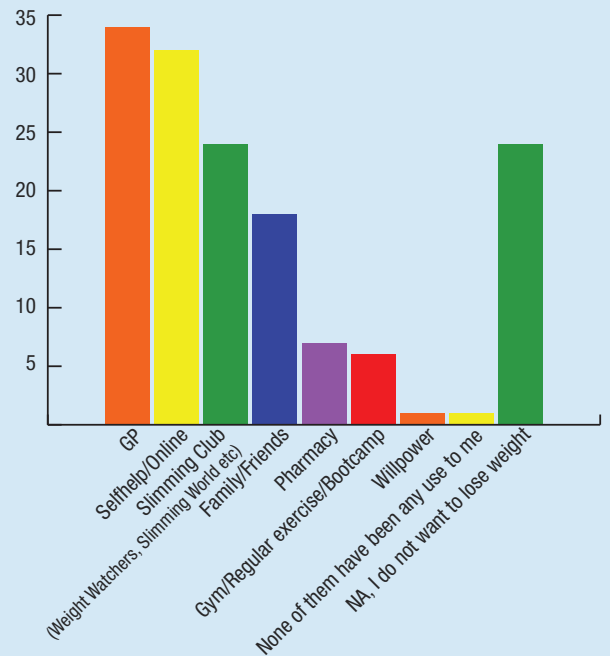
Strangers in public were the most common source of discrimination and concerns were raised about homophobic attitudes and behaviours *“A lot of individuals are t**ts.”*

THE MOST COMMON PLACE TO SEEK HELP FOR HEALTH AND WELLBEING ISSUES IS THE GP

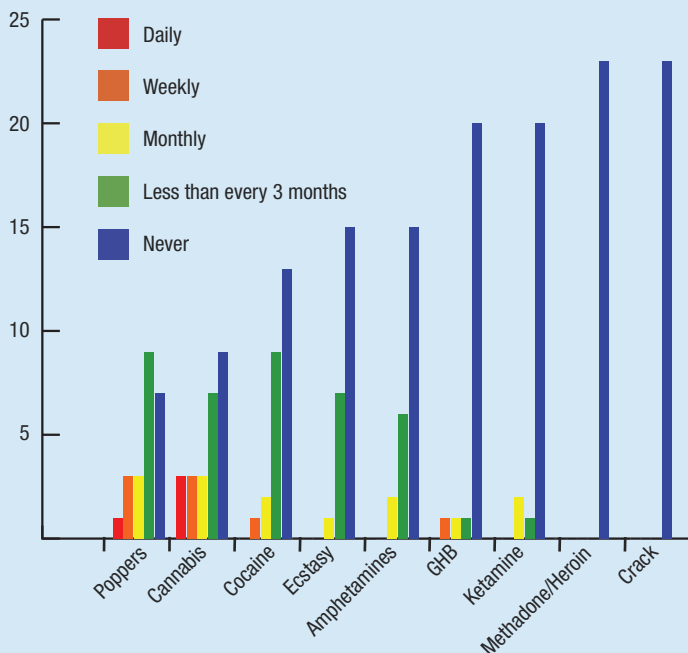
HAVE YOU EXPERIENCED ANY MENTAL HEALTH PROBLEMS IN THE PAST 3 YEARS?



IF YOU WANT TO LOSE WEIGHT WHERE WOULD YOU GO?



FREQUENCY OF DRUG USE



Smoking

The majority (64%) said they did not smoke at all, 13% smoked occasionally and 22% smoke daily. The smoking prevalence is slightly higher than the prevalence for Wirral’s general population which is 21%.

Alcohol

- The majority of people who answered all questions on the FAST tool scored over three and were classed as FAST Positive (hazardous drinkers; 58%), men did seem to be more likely to be risky drinkers. Only thirty three people (43%) were classed as low level non-hazardous drinkers of which fifteen women and ten men said they never drank.

1. Introduction

Wirral's Joint Strategic Needs Assessment (JSNA) identified a requirement for more robust data and intelligence on the health and social care needs of the Lesbian, Gay, Bisexual and Trans (LGBT) community. A comprehensive Health and Wellbeing Needs Assessment (HNA) was proposed in response to this gap.

Findings from this HNA will provide the basis of an action plan to support organisations and services in Wirral review their current models of delivery and enable to make informed operational decisions on how and where best to deliver to ensure equity of access to LGBT population.

Areas for further research and analysis are also highlighted.

Report structure

Key findings and overarching themes are outlined in the Executive Summary. Section 2 outlines the principal methodologies; Sections 3-11 presents the findings of the quantitative and the qualitative research carried out with members of the LGBT community and local service providers. The final section, Sections 12 & 13 presents conclusions and recommendations for future delivery and areas for of potential further research.

2. Methodology

Aim

This needs assessment will endeavour to identify what health and wellbeing needs the population has, whether existing services are meeting those needs, if there are any gaps in current provision exist and how any gaps can be appropriately filled. It will act as the evidence base to inform future commissioning.

Objectives

The key objectives that informed this piece of work were:

- To undertake desk based research to identify particular health issues faced by LGBT population and barriers to accessing services. This included a review of national guidance to help identify best practice
- To determine the health and well-being needs of LGBT population groups in Wirral including:
 - The health and wellbeing needs pertaining to the local LGBT population living and/or working in Wirral
 - Establish whether existing health and wellbeing services and other services are meeting identified needs, and how these could be improved / enhanced
 - Establish whether there are unmet health and wellbeing needs of the defined population
 - To determine how these unmet needs could be appropriately met in the future

Project Steering Group

A steering group was formed with representation from the main statutory and third sector health and social care providers. It also included representation from organisations working specifically with the LGBT population. The majority of the organisations also work with a diverse group of people in relation to age, ethnicity etc.

The steering group met once every 2-3 months and informed the direction of the needs assessment by facilitating the scope and management of the project and establishing the financial resources required to support its development. Elements of project management included the approval of a programme of consultation with relevant stakeholders and partners, establishing a quality assurance process to ensure that systematic monitoring processes were in place and that the research methods used are robust and reliable. The main outcomes of this group were to identify and prioritise the key issues arising from the HNA, and ensure the findings were collated into a final report and to champion the findings with an agreed process for cascading the findings to stakeholders.

Recruitment

Members were invited to attend the steering group through two main different routes. NHS Professionals who worked directly with LGBT services and the Third Sector Assembly Active Members Bank via the Voluntary Community Action Wirral (VCAW) Third Sector Development Officer, Dennis Jones. Their experience in the field of LGBT and Black and Minority Ethnic (BME) population groups was important and the primary criteria for selection. Dennis Jones (VCAW) also attended to assist the active members and the group with community engagement issues.

Groups and organisations represented on the steering group included:

- NHS Wirral
- Wirral Community Trust
- Wirral Council

- Wirral University Teaching Hospital
- Terrence Higgins Trust
- Wirral Brook
- VCAW
- Wirral Multicultural Organisation (WMO)
- Response
- Age UK Wirral

Engagement Group

An engagement group met on a number of times with a view to supporting the engagement process of the Needs Assessment. Tasks included:

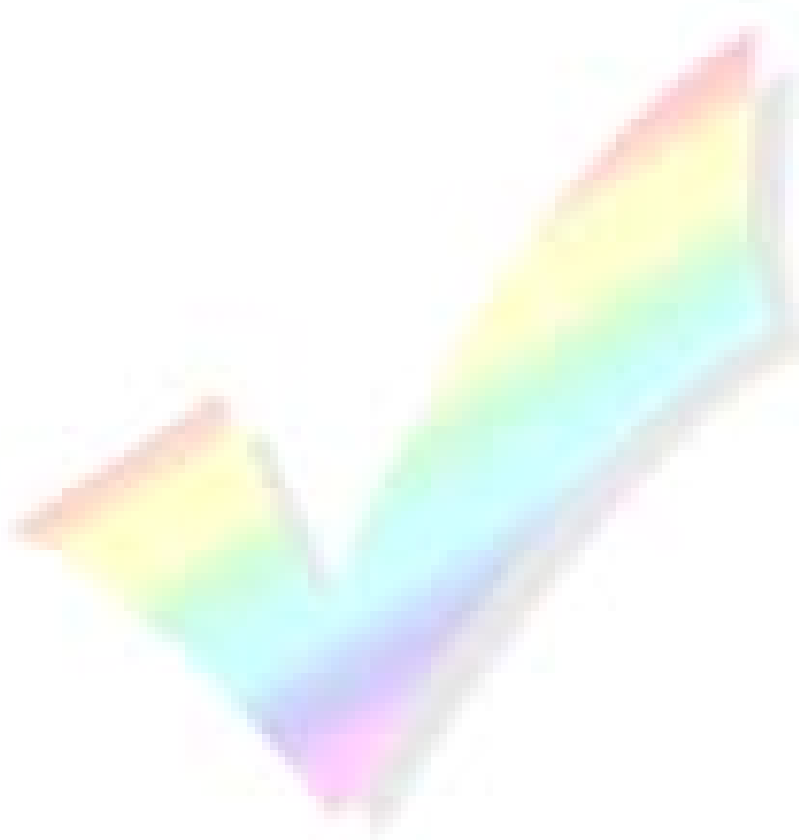
- Ensuring that the LGBT community are effectively consulted and provided with every opportunity to express their views on their health and wellbeing needs
- Ensuring that service providers to the LGBT community are effectively consulted and given the opportunity to contribute towards the needs assessment
- Comment on the design and questions included in the survey (with a steer from Communication and Engagement team) as well as advising on ways to distribute the survey as widely as possible.

This group was mainly made up of individuals from local organisations, many of whom also identified themselves as LGB or T and was facilitated by a representative from the PCT's Communication and Engagement team. There was an emphasis from the Engagement team on ensuring there was BME representation on the group and a representative from WMO was invited. There was some cross-over of participants in the two groups. The group also contained some members of the LGBT community who were not affiliated to any groups or organisations.

2.1 Methods

Literature Review

An in-depth literature review was conducted at the start of the need assessment to inform the steering group of the priorities for the survey. The main findings are summarised in the box on page 6. The full review of the literature is available on request.



Key findings from the literature review

Wirral Joint Strategic Needs Assessment (JSNA) identified the need for more robust data/intelligence on the needs of the LGBT community. This needs assessment is being conducted in response to this and will help to inform the evidence base.

The following key findings have been extracted from the desk based research of national guidance and evidence relating to the health and wellbeing needs of LGBT population:

- Increased rates of sexual ill-health, certain cancers and lifestyle-related issues (including drinking, smoking, drug use and obesity) amongst the LGBT population in UK (Chin-Hong 2005, Roberts 2006, DH 2007, HPA 2008, Keogh et al 2009).
- Higher rates of mental ill-health and suicide ideation in LGB people compared to heterosexual people (King et al 2003). Suicide and attempted suicide rates are even higher in transgender population (Haas 2010)
- Many barriers to access of healthcare services already documented in UK:
 - Heteronormativity (presumption of heterosexuality), and discrimination in healthcare means many LGBT people report a negative experience of health care (Keogh et al 2004, Whittle 2007, Fish and Bewley, 2010).
 - Lack of representation of LGBT people in health promotion materials means LGBT people do not respond to preventative messages. (Hunt & Minsky 2006)
- Dual discrimination and further difficulty accessing healthcare for LGBT people who are BME, older, have disabilities or are bisexual (GALOP 2001, Glover 2006, DH 2007)
- There are specific problems of increased mental ill-health issues and bullying for young LGBT people (Perrin 2002, DH 2009). Bullying and harassment is even more common in transgender youth (Whittle 2007)
- Violence and abuse against LGB people is more common than in the heterosexual population, it is especially high in the trans population (Russell et al 2001, King et al 2003, Stonewall 2009)

Survey

The focus and main direction of the survey and focus groups was steered by the findings of this literature review. There is a large body of evidence of increased rates of certain conditions (i.e mental health, smoking, Sexually Transmitted Infections) in LGBT people. The steering group decided that it was appropriate to presume the rates in Wirral were similar to the national research and that the needs assessment should therefore focus on how services could be improved for LGBT people and what could be done locally to reduce the rates these of conditions.

Survey Design

An online and paper survey (appendices 1&2) was developed to collect the views of as many LGBT people in Wirral as possible. The questions were a mixture of open ended and multiple choice questions. The survey asked some basic personal and behavioural questions to steer respondents to complete or skip certain sections depending on, for example, whether they drank alcohol or not.

Participants were also asked:

- age range,
- ethnicity,
- employment status
- level of education

No personal identifiers were collected so the responses remained anonymous.

The content, wording and order of the questions was discussed and amended by both the steering and engagement groups. Specialist advice on survey design and development, from both Patient and Public Involvement and Equality & Diversity perspectives, was provided by representatives from the PCT's Engagement and Involvement team. The survey was modified into an online survey using [surveymonkey.com](https://www.surveymonkey.com). The final questionnaire (appendix 1) was made up of approximately 70 questions and took about between 10-30 minutes to complete. The steering group suggested the size and nature of

the questions would challenge younger respondents so a simplified shorter version for those under 18 was developed (appendix 2).

The majority of questions were posed to all participants but some sections were filtered so that only certain people answered them. These questions asked about experiences of specific groups including young people (aged under 18years old), older people (those over 55), BME people and people with disabilities. A filter question also directed people to sections with specific questions for Trans people, males and females. These sections were kept separate because the questions mainly related to cervical screening and male sexual health and it was thought including all people in these sections would dilute the results. Trans people were asked a specific question about how to improve sexual health services.

At the end of the survey participants were asked if they would like to take part in a focus group. They were asked to provide their contact details. This personal information was not linked with their answers.

Sampling and Survey Distribution

A flyer advertising the survey was produced and distributed widely. A link to the surveymonkey.com survey was posted on various LGBT social media sites including LGBT group Facebook pages, specific websites (e.g. Lesbilicious.co.uk; LiverpoolPride.co.uk) sent via many LGBT and general distribution lists. Hard copies of the survey were distributed using a number of different vehicles including local agency outreach teams, One Stop Shop settings and local libraries. A list of settings involved in the distribution can be found in appendix 3.

Prize Draw

In recompense for time taken to complete the survey, participants were invited to leave their name, email address and telephone number so they could be entered into a prize draw for £50 High Street voucher. The prize draw was conducted at the end of the project with high street vouchers going to one of the under 18 group and one of the 18 and over group.

Ethics

As this needs assessment was part of normal service delivery, NHS Ethics was not required. The Head of Research & Development at NHS Wirral was aware of and approved the survey and focus group sections of the project.



Qualitative research

Following a competitive tendering process Rosie Head Consultancy was commissioned to conduct the qualitative element of the research.

Focus Groups

Recruitment

Participants were recruited from those who had completed the quantitative survey and had supplied contact details and agreed to take part in the focus groups.

Location

The research was carried out at the local offices of Terrence Higgins Trust. This location was chosen as it was central to local train, bus and ferry routes. Four focus group discussions were conducted along with one telephone in-depth interview. Each group discussed their own needs and experiences of local health and social care services and key issues including dealing with mental health problems, body image issues and barriers to attending sexual health services. A full discussion guide was developed to explore all the issues raised in this meeting (appendix 4).

A total of 24 people participated. All participants were white British and the breakdown was as follows:

- A men only group: 4 attendees plus 1 x telephone interview
- A Transgender group: 6 attendees
- A mixed gender group young people: 7 attendees
- A women only group: 6 attendees

Sessions lasted approximately 1.5 hours and all attendees were given a £10 voucher as a reimbursement for their time.

Stakeholder interviews

Recruitment

Participants were recruited either by Dennis Jones 3SA Development Officer from VCAW or via the Project Steering group.

Methodology

Seven 20-30 minute telephone / Face to Face interviews (appendix 5) were carried out with representatives from either Wirral LGBT services or with people that work closely with LGBT population including a GP. These interviews explored the organisations, their roles within them, any challenges they faced and their views on what 'tweaks' might improve healthcare services for LGBT people.

Wirral Multicultural Organisation, Wirral Brook, TransWirral, VCAW, freelance Trans performing artist, Terrence Higgins Trust and a GP from a local practice were contacted. The only organisation where a representative was not reached was Liverpool CVS.

Analysis of qualitative research

Thematic content analysis was applied to the qualitative data and triangulated with the quantitative findings to ensure a robust analysis

3-11. Findings

Sources of information for this section are drawn from both survey and focus group analysis. Quotations/incepts from focus group and interview participants will be identified to distinguish from survey respondents. The names of specific people and identifiable places (such as schools) have been hidden to ensure anonymity for participants.

The survey findings for people aged under 18 years old are reported in a separate section to those aged over 18 years old. The sources of the data are differentiated as below:

- Survey/questionnaire: the term survey respondent and/or individual is used and their quotations referenced by gender identity, sexuality and age. Data in the pie charts, graphs and tables come from the survey. Charts are presented as actual numbers or percentages depending on the total number. The survey also contained many open ended questions with space for survey respondents to give further detail or express opinions. Thus, survey data is also illustrated with quotes from the survey respondents. 'U18' is used to reference a person under the age of 18 years old.
- Focus groups, stakeholders and GP interview: the term participant is used for those taking part in the qualitative section. Quotations are referenced by type of method used (focus group/interview), gender and sexuality. Participants under the age of 18 will be referred to as 'young person'.

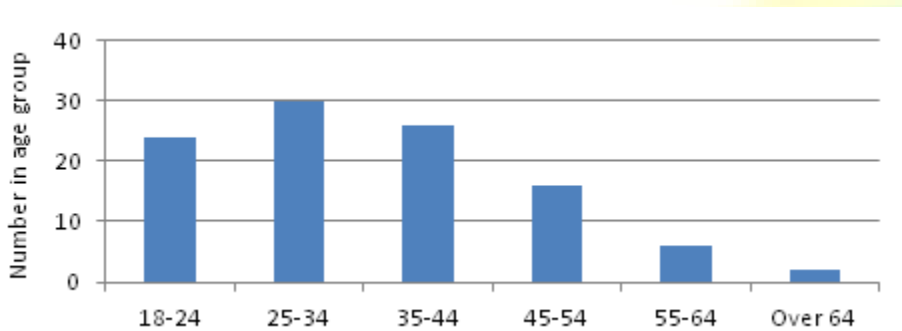
Over 18s

3.1 Sample description

Age

An initial question filtered participants to the over 18 and under 18 questionnaire. A total of 127 individuals stated that they were 18 years or over. Sixteen individuals answered no more questions and were excluded from further analyses. The final sample of individuals who were over 18 years included 111 individuals. Some questions were not answered by all individuals so percentages and figures are presented as of those who provided an answer.

Figure 1: Age groups of survey respondents over age of 18

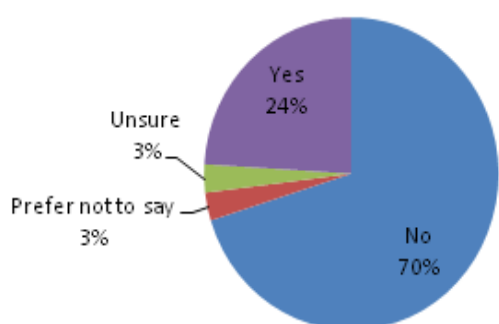


The age of the survey respondents was generally lower with approximately a quarter in each of the three younger age groups (figure 1). Only eight individuals were over 55.

Disability

Survey respondents were asked if they considered themselves to have a disability. One hundred and four individuals answered the question and the majority (70%) did not have a disability (figure 2)

Figure 2: Individuals with disabilities



Survey respondents were asked to specify their disability and 24 individuals gave this information. Some individuals had more than one disability.

Eleven individuals stated they had one or more mental health conditions, the most common being anxiety and depression but also bi-polar, PTSD (post traumatic stress disorder), agoraphobia, eating disorders, body dysmorphia disorder and OCD (obsessive compulsive disorder).

Eleven individuals also had chronic physical problems including hearing problems, back problems, mobility problems, chronic pain after injury, arthritis, stroke and Crohn's disease.

Six individuals reported a learning or developmental disorder including autism, dyslexia, dyspraxia, Down's syndrome and non-specific learning disability.

Half of those who considered themselves to have a disability felt that their need in relation to their disability were met; very few individuals (only four individuals) thought the ability to meet these needs was affected by their sexual orientation or gender identity.

A free text box asking for further comments showed that individuals did not think their problems were LGBT specific and were more to do with their disability not their sexuality/gender identity. Problems they encountered were thought to be health service related such as under-funding or waiting lists. One participant felt they had problems with accessing buildings because of their wheelchair and walking stick use. Another person felt they needed a service that would help them form relationships away from the 'scene', they wanted a gay support group for young adults that would help build self confidence.

Black and Minority Ethnic Groups (BME)

The vast majority of individuals described their ethnicity as “White - English / Welsh / Scottish / British” with few from black and minority ethnic groups (table 1).

Table 1: Ethnicity

Ethnicity	Number of people
White - English / Welsh / Scottish / British	95
Mixed /Multiple ethnic groups - Other	3
White - Irish	2
Mixed /Multiple ethnic groups - White and Asian	1
Other (participant specified as "white Chinese)	1
White - Gypsy or Irish Traveller	1
Prefer not to say	1
Total	104

All survey respondents who had indicated their ethnicity as anything other than White British or 'prefer not to say' (so those who identified as BME) were then asked if they felt they had to be less open about their sexuality or gender identify because of their race or religion. Three individuals thought they did and stated that their family did not believe two women should be in a relationship. All survey respondents were asked what could be done to support individuals from the BME community who identify as LGBT. One participant suggested engaging Wirral Change (Black and Racial Minorities Outreach

Service) to help, and another suggested that they should not be singled out but should be included within the LGBT community.

Because the number of responses from individuals who were BME was low, this survey did not provide enough results that can be used to develop or improve services in Wirral.

Older Individuals

Eight individuals who completed the survey were aged 55 or over. These individuals were then directed to some questions specifically for older individuals. Only one person felt they faced particular problems because of their age and sexuality or gender identity, specifically it can cause problems with

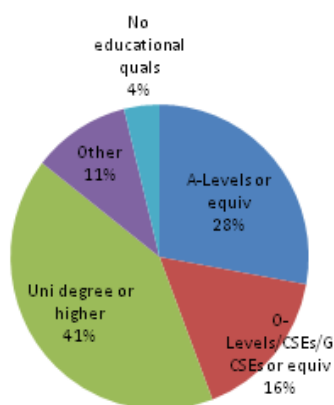
“young immature persons but this is less of a problem than it used to be”.

Two individuals reported they had concerns about aging and sexuality/gender identity, one being that it is harder to keep mental good health as you age and one person was worried about being able to look really feminine as they aged. No further comments were given in this section of the survey.

The number of responses from this section of the survey was low. However, Age Concern carried out a piece of research ‘Hidden Voices’ in 2009 (appendix 6) with the older LGBT community and it is suggested that the recommendations from this report are referred to for this population group.

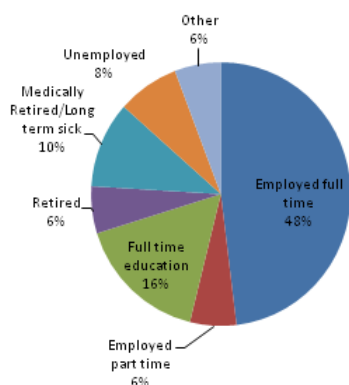
Education and employment

Figure 3: Highest Educational Qualification



The survey respondents were relatively well-educated with 43 having a university degree or higher and 26% having at least 'A' Levels (figure 3). This reflects other studies that find people who respond to surveys, and particularly LGBT or sex related surveys, are relatively well educated (Catania et al 1990, Dunne et al 1997).

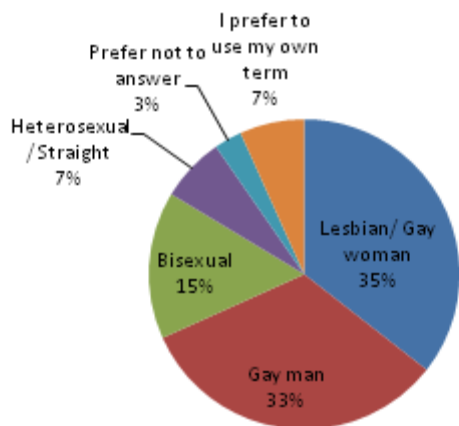
Figure 4: Employment status



Almost half of survey respondents (50) were employed full time and 17 were in full time education. Eleven of those who responded had retired on medical grounds, on long term sick or receiving disability benefits (figure 4). This is comparable with the percentage of the general Wirral population who are claiming Incapacity Benefit (Wirral Compendium of Health Statistics 2011, Public Health Intelligence Team).

3.2 Sexual Identity

Figure 5: Sexual identity



Approximately a third of survey respondents identified as 'lesbian/gay woman' and a third as 'gay man'. A significant number identified as bisexual and some preferred not to answer or used their own term (figure 5). Other terms that were provided included:

"it is what it is"; "I am just a person; queer"; "no labels"; "pansexual"; "asexual" and "60% into men, 40% into women".

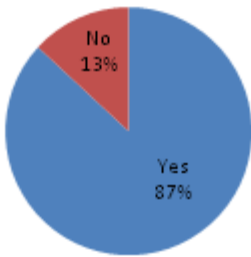
One survey respondent thought their sexuality was fluid:

"I think of my sexuality as fluid and has changed over time. I am sexually attracted to pre-op transgendered women but not men." (Male, 45-54)

Another survey respondent reported some discrimination they had experienced in relation to being sexually and romantically attracted to male and females:

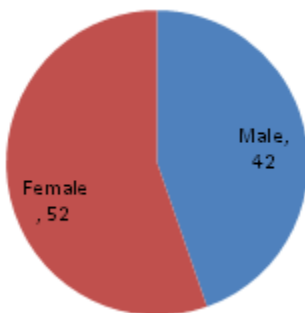
"Varies...depends on who I am talking too. Essentially I hate the term bisexual as its often translated as 'indiscriminate' or unreal...truth is I have had a lot of love and sex with/for different individuals. If they are opposite sex its fine, If they are also a woman then I am either 'messing about' experimenting, being weird or if I then have a relationship with a man then I am 'kidding myself'. So, you tell me what you think I should be called." (Female, 35-44)

Figure 6: Is your gender the same as you were assigned at birth?



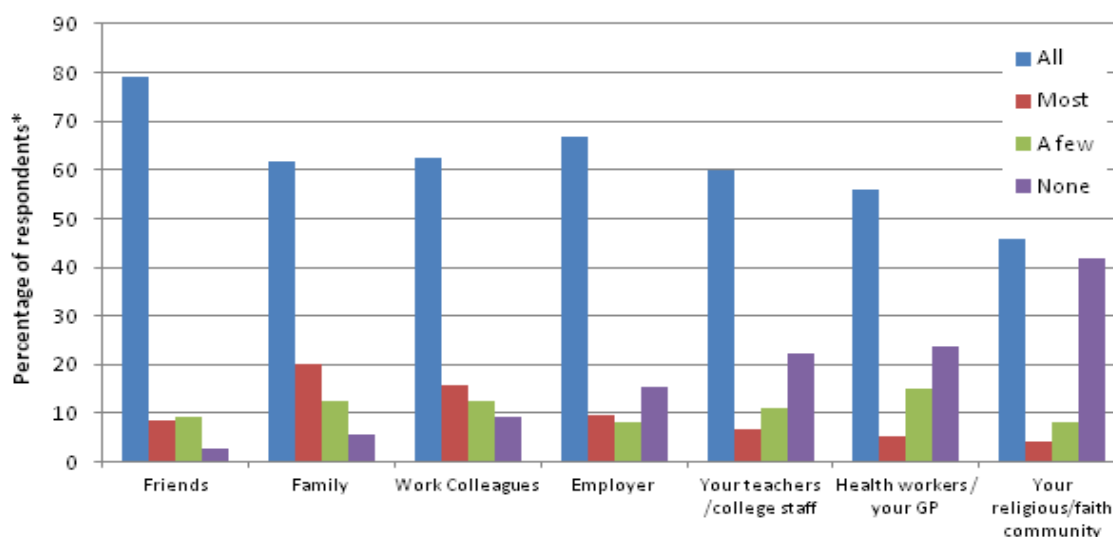
93 individuals (87%) indicated that their gender was the same as the one they were assigned at birth, therefore 13% of individuals identified as transgender (figure 6). This should not be seen as an indication of the ratio of trans to non-trans people in Wirral.

Figure 7: What is your gender?



This question was only posed to those who had indicated in the previous question that their gender was the same as they were assigned at birth i.e. non trans individuals (figure 7). More females than males completed the questionnaire.

Figure 8: How open are you about your sexuality/gender identity. Of these groups what proportion are you out to?



*Percentages relate to those who provided an answer and exclude those who said 'not applicable'.

The majority (84) of individuals were 'out' [open about their sexuality/gender identity] to all of their friends with very few 'out' to no one. Many individuals were 'out' to all their employers (56) and work colleagues (55), 64 were 'out' to all their family. Fewer individuals were 'out' to their health workers or GP with 24% being 'out' to none.

Survey respondents were asked why they were not 'out' to these groups. Most answers were general and applied to all groups and included; never being asked about their sexuality, thinking it was no one else's business and not feeling comfortable. Many of the comments related to GPs or health professionals:

"GPs have never asked me my sexuality. They always assume you are straight but no conversation comes up where it seems natural to mention it."

(Female, bisexual, 18-24)

"I'm not really sure who knows. I think pretty much everybody knows, but it is never mentioned."

(Male, gay, 18-24)

"Trans community faces terrible risks coming out, the same risks the gay community experienced 20-30yr ago - job; family; mental health."

(Intersex/cross/transvestite person, heterosexual, 55-64)

Importance of health professionals knowing sexuality

There were mixed opinions about how important it is for health professionals to know about sexuality. All focus group participants were in agreement that this was important in sexual health services, some (particularly the young people, See Under 18s section of findings) were adamant this was the only time it was relevant and thought much of the questioning was unnecessary. However, others thought knowledge of sexuality was better for holistic diagnosis / treatments.

“There is a point where they need info and a point where it just becomes intrusive. No opportunity to discuss sexuality?! It’s the opposite!” (Female only focus group)

“I think it will be used as the root cause of everything. I just don’t think it is important they know. A person’s sexuality should not be the focus of an illness and I feel like it is.” (Male only focus group)

“I think it’s important they know your sexuality for specific things. Like sexual health, gynae stuff or if you are trying for a child. But not always. Otherwise being gay colours you, it becomes the most defining thing about you.” (Female only focus group)

“What’s the point in going if you don’t tell them? It’s a waste of everyone’s time. I just think if a GP knows they can quantify everything. They can think about you holistically.” (Male only focus group)

4. Experience of Services

4.1 Positive experiences

Table 2: Positive experience of services

In the past 3 years a GP/ healthcare worker...	Number of people	Percent %
did not make inappropriate comments	38	38.4
did not ask inappropriate questions	36	36.4
acknowledged I was a Lesbian/Gay/Bisexual/Trans after I had come out to him/her	28	28.3
gave me health advice that took account of the fact that I am LGBT	15	15.2
said that my partner was welcome to be present at an appointment/consultation	14	14.1
used appropriate pronouns (he or she) when talking to me or about me	10	10.1
I attended a health service for LGBT individuals	7	7.1
has changed the record of my gender on their computer system to match my acquired gender	6	6.1
provided me with an opportunity to come out/discuss my gender identity	5	5.1
acknowledged and used my new name and title	5	5.1
Not experienced any of these	37	37.4
Total	99	

Positive experiences with health professionals

Of those that had attended a health service in the last year (99 individuals) the most commonly experienced positive experience was the GP or healthcare worker not making inappropriate comments or asking inappropriate questions (table 2). This was also reflected in the focus groups.

Lower numbers of survey respondents indicated they had been given health advice that took account of the fact they were LGBT, had attended a health service for LGBT or had been given an opportunity to come out or discuss their gender identity.

“My GP was brilliant. She made sure I got the information that was specifically relevant to me. Can’t ask anymore than to be treated as an individual.” (Female, lesbian, 25-34)

“I told the Dr everything... And he was kind and reassuring... Another human being was accepting who I was. He said I’d accomplished so much by coming out to him” (Male only focus group)

Three survey respondents said they had never come out to a health care worker and one thought it was rarely necessary

“Often there aren’t cases where these are necessary but I’ve still had mostly positive experiences.” (Male, gay, 18-24)

4.2 Negative experiences

Table 3: Negative experiences of services

	Number of people	Percent %
A GP/Healthcare worker assumed that I am heterosexual	33	33.3
A GP/Healthcare worker gave me health advice that took no account of the fact that I am LGBT	23	23.2
There was no opportunity to discuss my sexuality/gender identity	18	18.2
Even though I had previously come out, the GP/healthcare worker still assumed that I'm heterosexual	14	14.1
A GP/Healthcare worker ignored it when I came out to him/her	7	7.1
A GP/Healthcare worker asked me inappropriate or intrusive questions	7	7.1
The environment of the GP surgery was not welcoming for me as a LGBT person	6	6.1
I am not sure what the policy of the GP surgery is on confidentiality	5	5.1
I have overheard homophobic/transphobic comments from GPs or healthcare workers	5	5.1
A GP/Healthcare worker made inappropriate assumptions about me when they found out I was Lesbian/Gay/Bisexual/Trans	5	5.1
A GP/Healthcare worker reacted badly when I came out to him/her	2	2
I couldn't come out/discuss my Trans identity because it did not feel safe to do so	2	2
The reception staff were hostile or unfriendly when they found out I was LGBT	2	2
A GP/Healthcare worker used inappropriate pronouns/refused to use my new name or title	1	1
A GP/Healthcare worker treated me as my former gender	0	0
A GP/Healthcare worker refused to change the record of my	0	0

gender on their computer system to my acquired gender		
None of these (I HAVE accessed healthcare services in the last year but not experienced any of these negative experiences)	36	36.4
Total	99	

Of those who had attended a health service in the last 3 years (table 3) a third (33 survey respondents) reported a GP/healthcare worker has assumed they were heterosexual, 23% had been given health advice that took no account of the fact they were LGBT and 18% reported there has been no opportunity to discuss their sexuality or gender identity. Two individuals reported they did not feel safe enough to discuss their sexuality or gender identity and two individuals had experienced hostility or unfriendliness from reception staff when they found out they were LGBT. Five individuals reported they had overheard homophobic or transphobic comments from a GP or healthcare worker.

Respondents were asked if they had any other comments or negative experiences. Thirteen individuals added comments here.

Negative experiences with health professionals

The main concern for most individuals was the negative reactions of health workers and GPs when they revealed their sexuality/gender identity. The quotes below are examples of the distress caused by these reactions taken from both the survey and also focus group findings:

“As a patient in hospital I told one nurse I was gay and she just blanked me after that” (female, lesbian, 45-54)

“Judged because of the way I look (gay)” (female, lesbian, 25-34)

“There was a female health worker I saw who reacted horribly to me saying I was gay, she changed from friendly to very cold and her manner totally shifted. She had a very pronounced African accent and I can only believe it was something to do with her beliefs affecting her work.” (Male, gay, 25-34)

“I could tell she (nurse) was thinking, where are your nose piercings. I’ve been told 3 or 4 times I don’t look gay.” (Female only focus group)

“Yes, when at GUM (not Wirral) I disclosed as part of my sexual history that I had had sex with both a woman and a man within the last 3 months I was quizzed on sex with a man (type, duration, repetition etc) but the sex with a woman was referred to with an audible cough and splutter (and a theatrical hand to the neck) as 'sexual play'..”. (Female, prefer not to reveal sexuality, 35-44)

“A GP who I do not usually see asked me what contraception I use. When I told her I did not use any, she looked disgusted (assuming I was straight and having unprotected sex). Because of this reaction and language barrier, I did not feel able to explain my sexuality.” (Female, lesbian, 35-44)

Three survey respondents mentioned the repeated questioning about their contraception use and possibility of being pregnant is a negative experience that repeatedly forces them to come out.

“I have to come out to my GP every time I talk about sexual health, and recently had an examination for a kidney infection that was very uncomfortable after having a lecture on having unprotected sex and the risks of getting pregnant, despite neither having unprotected sex or carrying any such risk.” (Female, prefer not to say, 18-24)

“Every time I attend to have a smear or to get the pill (which I take to regulate my periods and manage PMS [pre-menstrual stress]) I have to come out in order to answer questions about what contraception I'm using.” (Female, lesbian, 35-44)

“For my smear I was asked when I last had sex and I said ‘two days ago but not with a man’. Her jaw just dropped. And then she said something like ‘oh, I’ve got a gay friend’.” (Female only focus group)

4.3 Assumptions about Sexuality

Figure 9: In the last three years has a health or social care worker made an inappropriate assumption about your sexual orientation?

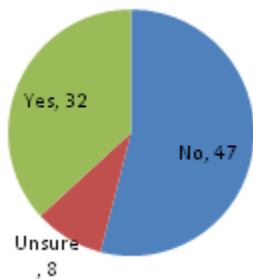
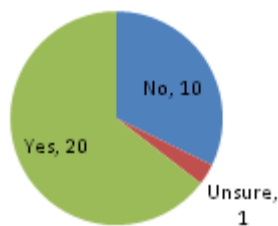


Figure 10: If yes, did you correct them?



A negative experience reported by respondents was the need to correct assumptions made by health and social care workers. Thirty seven percent of the 87 individuals who answered this survey question (figure 9) had experienced an inappropriate assumption by a health and social care workers in the last three years. Of these, 20 corrected the assumption and 10 did not (figure 10). Reasons given for correcting the health and social care worker were; being proud of their sexuality, the worker used the wrong pronoun and called them 'Sir' instead of 'Miss' and two women said they were happy to reveal their sexuality when the conversation was about contraception or pregnancy as this was relevant. Reasons given for not correcting an assumption were not feeling safe or comfortable to do so, being worried that it would mean they would not get the help they needed and worrying that revealing their sexuality would have a negative impact on their children.

Focus group discussions reported assumptions were particularly common for those that don't fit the stereotype of a lesbian or are 'not very camp'. Few participants were *offended*

by these initial assumptions; however they can make service interactions awkward, particularly with continued relationships (e.g. GP).

“They just assumed ‘my partner’ was a man. The GP was so lovely and it had gone on so long without me correcting, that I just went along with it. I gave Helen a false name! I call her Lenny as a nickname anyway so I just kept saying ‘yeah, Lenny is great’. I didn’t want to embarrass her because it had gone too far.” (Female only focus group)

“It happens daily for me! I don’t get offended by it but it just seems daft in this day and age that people would assume.” (Male only group)

Survey respondents were asked how these assumptions or the conversation made them feel and what impact it had. The majority of survey respondents had found this interaction a negative experience and the most common reaction was annoyance and embarrassment. Other feelings reported included, disassociated, disengaged, annoyed with themselves, annoyed with the worker, sad that they did not feel comfortable with themselves, confused, ashamed, irritated, felt small, sad as things should be better than this, uncomfortable and frustrated as they have to repeatedly tell their GP. A few individuals reported that the first time they had to correct an assumption it was a negative experience but they are used to it now. One participant summed up the general feeling when they said:

“I don’t think individuals should make assumptions about people’s sexuality. There shouldn’t be an attitude of heterosexual until proven gay.” (female, lesbian, 25-34)

Once people have ‘come out’ it is the secondary assumptions sometimes made about promiscuity and lifestyle that were reported in the focus group sessions to be much more offensive to individuals:

“There are two levels of assumptions being made, one that you are straight and two that you are promiscuous.” (Male only focus group)

“There is a total preoccupation with sex. It is so far from sex it is untrue. It is about identity, not sex.” (Trans focus group)

5. Experience of Discrimination

5.1 Discrimination from the general population & services

All survey respondents were asked about their experience of discrimination in a variety of services and situations (not just health and social care). The most common source of discrimination was from strangers in public with 34% indicating they had experienced this. Other groups who they had experienced discrimination from were; workmates and colleagues, family relationships and friendships. This was reiterated during interview with a stakeholder who stated that clients often reported rejection by family and friends. A handful of individuals had experienced discrimination in services such as housing, public transport, the police, trades individuals and business, and with training and jobs. There were seven services/areas that nobody reported experiencing discrimination from.

Table 4: Discrimination from services/areas

Service/area they had experienced discrimination from	Number of people	Percent
Strangers in public	38	34.2
Workmates and colleagues	21	18.9
Using bars or restaurants	18	16.2
Other family relationships	17	15.3
Friendships	17	15.3
Housing or living conditions	10	9
Using public transport and taxis	9	8.1
From other young individuals at school/college	9	8.1
Police	8	7.2
Dealing with trades individuals and business services	6	5.4
Skills, training and job opportunities	6	5.4
Using leisure/sports facilities	6	5.4
Dealing with health workers	4	3.6

Earnings, benefits and pensions	3	2.7
From teachers at school/college	3	2.7
Access to information about health and social services	2	1.8
From within your religious organisation	2	1.8
From within your cultural/racial group	2	1.8
Accessing hospital services	1	0.9
Ambulance service	1	0.9
Using mental health services	1	0.9
Using relationship guidance services	1	0.9
Carers	0	0
Registering a civil partnership	0	0
Residential care	0	0
Fire service	0	0
Using alcohol and drug treatment services	0	0
Immigration or partners immigration	0	0
Looking after children	0	0
Total	111	100

To investigate if certain groups within the Wirral LGBT population have experienced more discrimination each individual was allocated a score based on how many areas or services from which they had ever experienced discrimination (table 4). These figures would be interesting to examine in relation to gender status but the figures are too small (n=94) to provide valid information.

Survey respondents were asked for any other comments about experiences of discrimination. Seven survey respondents reported a number of concerns about the homophobic attitudes and behaviours of society in general:

“She said what can I do for you Sir and smirked...” (Trans focus group)

“Although I can see and feel the situation improving for the LGBT community, the underlying tendency to be homophobic is still SO rife within

society and I still always feel like I'm not considered the same, even if someone does not purposefully mean to imply this.” (Male, gay, 18-24)

And in Wirral particularly:

*“A lot of individuals are t**ts...but more so if you look/act different or indirectly 'challenge' what they are used to...and there are a lot of insular & backwards p***** on Merseyside” (female, prefer not to say, 35-44)*

*“I receive a lot of abuse on the streets of Wirral”
(Androgyne/polygender/genderqueer person, lesbian. 18-24)*

“I have been physically attacked on more than one occasion and also verbally abused countless times.” (female, lesbian. 25-34)

And especially comments from young individuals:

“The younger generation are often quick to shout abuse in public and think it is Okay and its NOT! There needs to be more education in schools about sexual orientation and the fact that it is a hate crime to shout abuse to someone regarding their sexuality! My wife recently got upset when a 13 year old boy took out his mobile phone and began filming us as we held hands walking down the street, he was stood in front of us blatantly doing this while his friend stood laughing at his side. We should not be made to feel like we can not hold hands in public due to the possible discrimination we may experience simply because we are lesbians.” (female, lesbian. 18-24)

Two individuals reported problems with employment. Both thought it to be subtle discrimination and prejudice but they were not certain or could not prove it:

“I have experienced indirect discrimination by a colleague - I have not directly come out to my colleagues but I believe that they do have an idea of my sexuality but most of them are polite enough to leave it alone. However one of these colleagues has made it abundantly clear to me, more than once, they

think homosexuality is a sin according to their religion and I feel very uncomfortable about this.” (Female, bisexual, 35-44)

One participant had concerns about the use of the word ‘gay’ as an insult or to mean something is bad.

“Not out and out discrimination but I have heard colleagues, friends of my brother and school children on public transport referring to something as being 'gay' to describe something in a negative light. It's a small thing but one that I find particularly offensive and a little worrying considering the young age of the children. If something is bad, just say it's bad! I don't think it is intentional for the most part though.” (Female, lesbian, 25-34)

Some individuals thought that things were improving

“It has got a lot better over recent years.” (Female, lesbian 35-44)

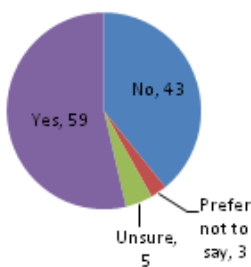
6. Health and Wellbeing

The sample size for this section is too small to ascertain if there is a significant relationship between the variables.

6.1 Mental Health

Experiences of mental health

Figure 11: Have you experienced any mental health problems in the past three years?



More than half (59) of the individuals who answered the question in the survey had experienced a mental health problem in the last three years (figure 11). Of these, 45 had sought medical help for the issue and were asked where they had sought help from (they were prompted to write the name of the service or place); the responses are have been categorised below (table 6). Thirty seven individuals provided some response to this question.

Current sources of support for mental health problems

Table 5: Sources of support for mental health

Where they sought help from for their mental health issue	Number of individuals who attended each service
GP/Doctor	19
Mental health service/community psychiatric nurse	4
Counsellor (no specification of where)	3

Terrence Higgins Trust	2
Psychiatric service	2
16-19 service	2
Other PCT/health service area ^a	5
Other ^b	5
Dealt with it themselves/did no access services	6
No name of service given	5
Total number of survey respondents answering question	37^c

^a Other PCT/health service outside of Wirral included: Knowsley PCT, Liverpool PCT, Chester eating disorder service, Preston eating disorder service.

^b Other included: Stein Centre (Early Intervention Team), Talking Changes (CWP), Response, St Caths (no department specified), Arrows Park (no department specified)

^c column will not add up to total as some individuals indicated they had attended more than one service.

GP support

The most common place for the survey respondents to seek help from is the GP or family doctor (19 individuals). Other services such as mental health teams and counsellors were only mentioned by a small number of individuals.

The focus groups felt that there were some signs that GPs were beginning to understand the issues surrounding mental health but this was not necessarily linked to sexuality.

“I was fobbed off a lot in the beginning, but I felt in the last 5 or 6 years they are more understanding now than they were. They used to think ‘chronic fatigue’? Get a job lazy.” (Female only focus group)

Support for mental health problems in the future

All survey respondents were asked if they were to experience a mental health problem in the future where would they go. Thirty eight individuals provided a response to the question. The most common place individuals would go is their GP (26) with small number (all four or fewer) suggesting a counsellor, therapist, friends or family, THT, mental health team or psychiatrist. Five individuals said they would try to deal with it on their own. A

number of individuals added other comments about their opinions of various services. Some representative examples are included below:

"I'd go to my doctors and discuss my problem although I wouldn't hold much faith."
(Female, lesbian 18-24)

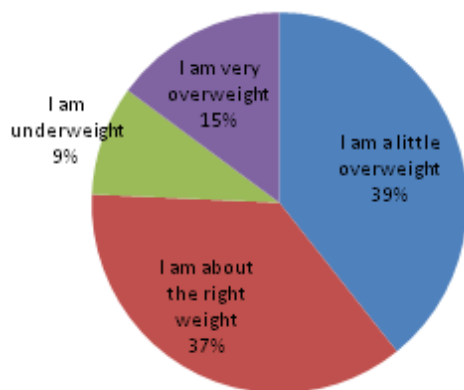
"Mental health support is out there but not always easy to access...there needs to be more than brief phone line stuff and a speedy response...not waiting lists and ill informed GPs etc." (female, prefer not to say, 35)



6.2 Healthy Weight

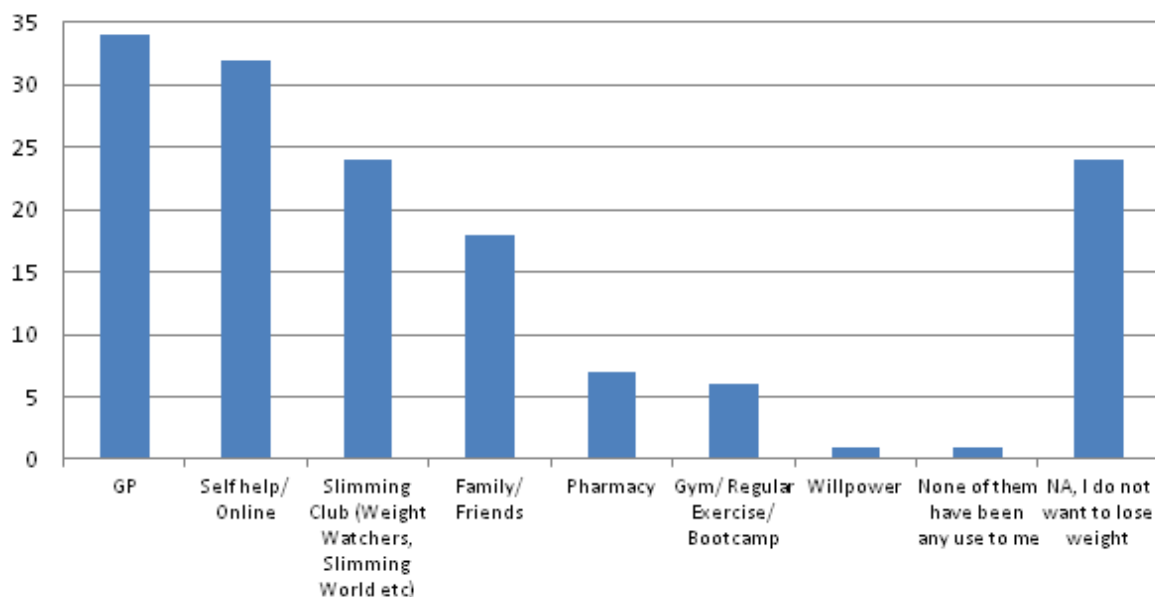
Perceptions and attitudes towards weight

Figure 12: Self perception of weight



The majority of the survey respondents felt they were either about the right weight or a little overweight (figure 12). This was a subjective measure based on the participant's own opinion not based on measurements or actual weight.

Figure 13: If you wanted to lose weight where would you go?



The majority of survey respondents said they would visit their GP for help with weight loss or would do it themselves or seek online help (figure 13).

Body Image

Survey respondents were asked if there was anything about their body shape or appearance they would like to change. Sixty one individuals mentioned body parts that they would like to change. . This is over half of the survey respondents.

Women - Twenty nine out of 52 women included a comment about wanting to change something about their body shape or appearance. The most common were; wanting a flatter or smaller stomach, generally losing weight and wanting bigger breasts.

Men - Fewer men (19 out of 42) included comments on body shape or appearance that they would like to change. The most common issues were; wanting a flatter stomach, more toned, defined figure and muscles and generally losing weight. Two men made comments about the pressure they feel to have an 'ideal body'.

"There is massive pressure on gay males to be slim/muscular. As with all people, this becomes harder to achieve as we grow older" (male, gay, 35-44)

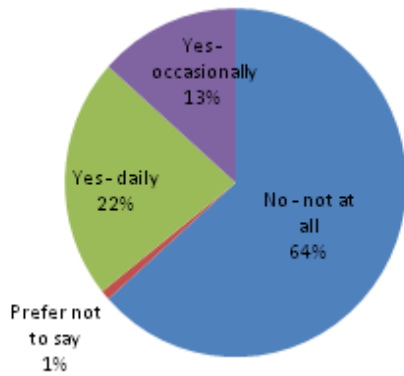
"Body shape/size and looks are so integral to the LGBT community, so there's always something people are going to want to change. For myself I'd want to gain more muscle, and I guess in a perfect world I'd change a few other things too" (male, gay, 18-24)

"So many gay men are the 'body beautiful'. The media and Hollyoaks (TV programme) don't help it. I always want to be thinner" (Male only focus group)

All of the trans survey respondents reported wanting to change something about their body, either losing weight or changing their shape and figure so it was more in line with their new gender.

6.3 Smoking

Figure 14: Smoking habits

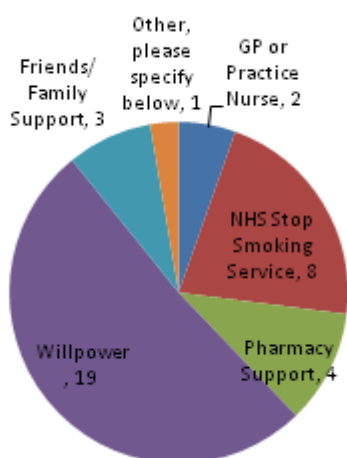


Survey respondents were asked if they currently smoke tobacco, the majority (64%) said they did not smoke at all, 13% smoked occasionally and 22% smoke daily (figure14). The smoking prevalence for this cohort of survey respondents is slightly higher than the prevalence for Wirral's general population which is 21%.

Those that indicated that they smoked occasionally or daily (40 individuals) were asked if they had ever quit smoking for more than a month in their lifetime. Twelve of these individuals said they had never quit for more than a month and 28 said they had quit before. Those individuals who had quit then indicated how many times. The majority of individuals had tried to quit once, twice or three times with 5 individuals saying they had tried to quit six or more times.

Those who had managed to quit for more than one month were asked which method(s) they had used.

Figure 15: Quitting methods



*Total exceeds number of smokers as some have used more than one method

The most common way for smokers to try quitting in the past (figure 15) was through willpower (19 individuals). Eight individuals had used an NHS Stop Smoking Service.

Figure 16: Planned Quits



The majority of individuals stated that they are planning to give up smoking; although a third of these have no timeframe in mind for when this could be achieved. Five individuals said they were unlikely to ever give up smoking (figure 16).

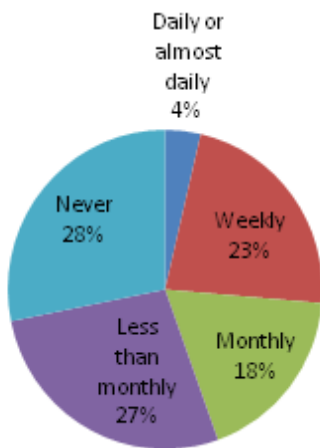
6.4 Alcohol

Survey respondents were asked to complete an abridged Fast Alcohol Screening Test (FAST) screening tool for alcohol (www.wirralalcohol.co.uk). Seventy eight people completed the questions.

Alcohol Screening Test (FAST) screening tool

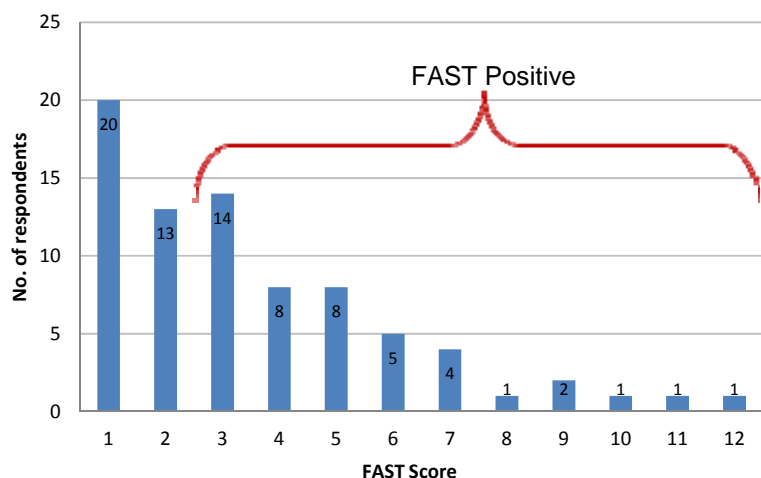
Frequency of excessive alcohol consumption

Figure 17: For MEN, how often do you have EIGHT or more alcoholic drinks on one occasion? And WOMEN, how often do you have SIX or more alcoholic drinks on one occasion?



Thirty one survey respondents (28%) never drank more than eight units (for men) or six units (for women) on one occasion (figure 17). However, almost a quarter of people drank a higher quantity of alcohol weekly and four percent of people drank excessively on a daily basis.

Figure 18: FAST Scores



The majority of people who answered all questions on the FAST tool scored over three and were classed as FAST Positive (hazardous drinkers; 58%), men did seem to be more likely to be risky drinkers. Only thirty three people (43%) were classed as low level non-hazardous drinkers (figure 18) of which fifteen women and ten men said they never drank.

Survey respondents were categorised into those who were classed as FAST positive (hazardous drinkers) and FAST negative (not hazardous drinkers). Fast scores were compared against level of discrimination experienced and mental health (table 5).

Table 6: Hazardous drinking and levels of discrimination

	FAST negative	FAST positive (hazardous)	Total
0	15 (45.5%)	16 (35.6%)	31 (39.7)
1 - 3	13 (39.4%)	16 (35.6%)	29 (37.2%)
4 - 6	3 (9.1%)	11 (24.4%)	14 (17.9%)
7 - 9	2 (6.1%)	2 (4.4%)	4 (5.1%)
Total	33	45	78

Although a similar proportion of risky and non risky drinkers had experienced low levels of discrimination, 29% of those who were FAST positive had experienced discrimination from 4 or more services or groups compared to only 15% of FAST negative drinkers. Therefore

those who experience discrimination are also those most likely to be risky drinkers, though we cannot determine if there is a cause and effect relationship here.

Similar analysis comparing FAST score with experiencing a mental health problem in the last 3 years revealed no differences in the mental health of risky and non-risky drinkers (table not shown).

Recommendations to reduce alcohol consumption

Survey respondents were asked in what ways we could encourage LGBT to drink safely. Fifty nine individuals provided an answer to this question. Responses fell into 6 broad themes.

Alcohol interventions

The most common theme (mentioned by 20 individuals) was that initiatives to reduce drinking in LGBT individuals should be the same as in the general population. Some suggestions were general and could relate to LGBT or non-LGBT individuals such as:

“make individuals more conscious of the affects” (no gender given, heterosexual, 25-34)

“in much the same way as with others. By pointing out what harm they can do to themselves and others” (intersex, bisexual, over 64)

Some survey respondents suggested that interventions within gay bars and venues would reduce alcohol intake; these included stopping/reducing cheap drink offers, giving out free bottles of water in bars and festivals, including information about units on bottles and general health promotion targeted in gay bars.

“Knowing your daily/weekly units is key. Stop drinks promotions of £1 or BOGOFs [buy one, get one free] etc in gay bars/clubs and gay friendly establishments” (female, lesbian, 18-24)

Many survey respondents were indignant that it was being suggested that methods would be different for LGBT individuals:

“same as straight individuals, we aren’t aliens” (female, bisexual, 18-24)

“in exactly the same way as straight individuals – LGBT are as human as straight individuals” (female, prefer not to say, 18-24)

One survey respondent suggested a number of specific ideas that would be applicable to LGBT and non-LGBT individuals

“The same methods used for heterosexual individuals - information, advice, joint partnership with pub & bar staff, i.e. no stupid promotions / cheap offers, not serving drunk individuals, checking age (seems lower in gay bars!)” (female, lesbian, 35-44)

Alcohol free – social spaces

Twenty individuals responded with concern about the lack of safe social spaces that didn't centre on alcohol. There is a perception that alcohol consumption is seen as a cultural norm in the LGBT community:

“because of the fact that most LGBT individuals tend to drink when out with friends or with partners I would say that it tends to be the norm.” (MTF / trans woman, lesbian, 45-54)

“Not sure - it's a very cultural thing; gay bars often promote drinks at extremely cheap prices which encourage over drinking anyway. This culture will be difficult to change.” (male, gay, 25-34)

Many survey respondents expressed a need for social events, spaces and activities away from pubs and clubs that mean individuals don't need to drink to meet other LGBT individuals

“Social events outside of the alcohol-oriented gay scene would help individuals meet in a safe and relaxed environment that isn't centred around alcohol” (female, bisexual, 18-24)

“The wider provision of non alcohol related activities would aid the promotion of the idea that there is more to being lesbian/gay/bi/trans than being on the gay scene” (female, lesbian, 35-44)

“make alternatives to drinking available e.g. activities; days out etc. Encourage responsible drinking, non drinking venues - bookshops, coffee shops etc” (female, lesbian, 25-34)

Improved support services with a focus on mental health

Ten survey respondents suggested a need for support for individuals with depression and anxiety often caused by facing discrimination. In comparison to the FAST analysis (table 7), survey respondents believed there is a strong link between mental health issues and using alcohol as a coping strategy:

“I feel that drinking within the LGBT community is connected to issues surrounding the way in which LGBT individuals are discriminated against.” (Female, lesbian, 25-34)

“Make sure LGBT individuals are given support for dealing with sexuality and homophobia to reduce turning to drink.” (Female, lesbian, 18-24)

“...a better/more accessible counselling system and support network would be beneficial to individuals with issues surrounding sexuality and relationships, as is all too often the case it is easier to get drunk than it is to deal with oneself.” (Female, lesbian, 35-44)

One respondent stated that health professionals need to be aware of the problems LGBT individuals may be facing and ensure they offer appropriate support, including outreach and signposting

“Individuals in services to be aware of the needs and issues surrounding LGBT individuals otherwise this adds to the problem of drink/drugs double wammy in what the individual is going through with regards sexuality ☺ if services were aware of the issues and needs ☺ leads to more outreach work to be done and sign posting to relevant orgs ☺” [sic] (Female, lesbian, 25-34)

More information on associated risks

“Remind them of the dangers - and impact on obesity - through promotions in gay pubs, clubs and cinema nights (at FACT [Liverpool based]) etc.” (Male, gay, 35-44)

Ten individuals suggested improving information and education to ensure LGBT individuals know the harms that alcohol can do. These included poster campaigns at venues such as Liverpool Pride, in gay magazines and sessions at gay groups. One person suggested alcohol education was needed in Personal Social and Health Education (PSHE) lessons at school.

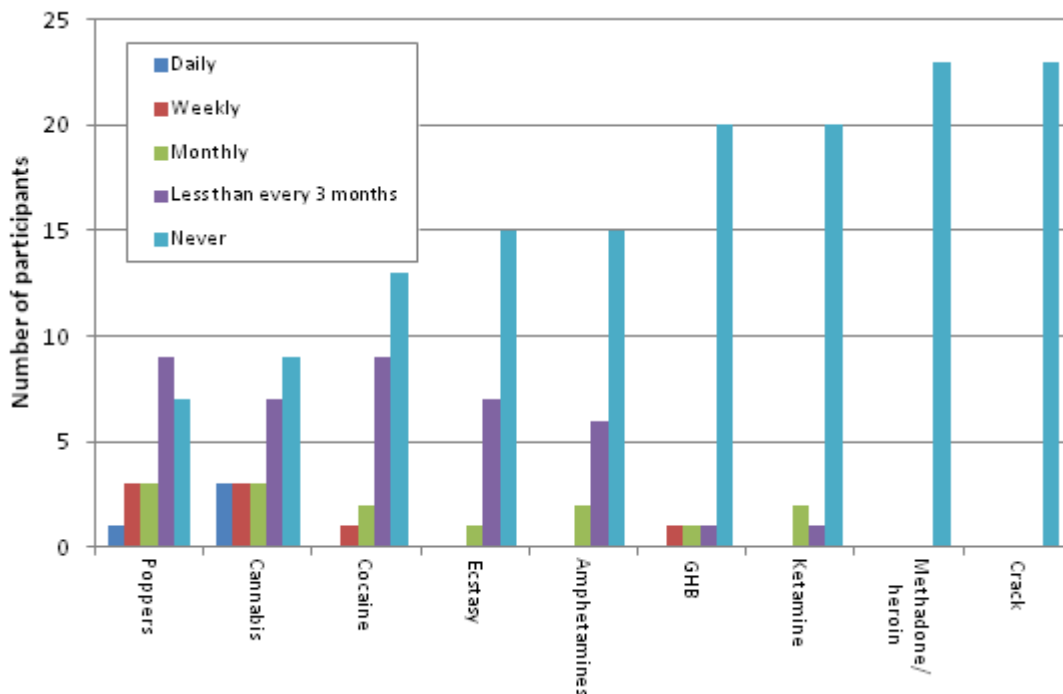
Four respondents stated that there was nothing that could be done to encourage individuals to drink safely it was individual choice. They thought the NHS could not help it was something that each individual must learn for themselves.

“Drinking is considered an important part of the LGBT community. Convincing individuals to drink safely is always patronizing regardless of age or type of encouragement. Drinking responsibly is something that should be learnt through experience and instilled through family/friends during the years of maturity but society has become such a mess nobody is teaching this anymore. Telling a young LGBT person to drink less won't help, even showing them the consequences- unfortunately they have to experience the negative effects before they begin to listen.” (Male, gay, 18-24)

6.5 Drugs

The majority of survey respondents said they had not taken any illicit or recreational drugs in the last year. Seventy nine individuals answered 'no', four 'prefer not to say' and 27 answered 'yes' (25%). Thirty six percent of males and 19% females reporting using drugs in the last year, however these must be interpreted with caution as the numbers of respondents are reporting drug use are small. Amongst those who had taken drugs in the last year, the most common were poppers and cannabis. Very few individuals had taken ketamine, GHB or amphetamines and those that did take them took them infrequently. Nobody reported taking methadone, heroin or crack. One individual reported also using Viagra, Valium and Crystal Meth and another participant reported using Subutex (although this is a prescription drug that is taken by some people as a recreational drug) (figure 19). On asking about how their drug use concerned them, five of 27 individuals said they were 'slightly concerned', no one was 'very concerned' and the majority (n=22) said they were 'not at all concerned'.

Figure 19: Frequency of drug use



Drug support services

Two individuals had sought professional help for their drug use; one from

“forum housing alcohol/drug awareness who didn’t tell me what I didn’t already know” (sic) .

Another participant said they used Phoenix Futures and it was *“adequate”*.

Survey respondents who had not accessed support for their drug use were asked what would encourage them to access support. Twelve individuals answered this question, of which five said they did not have a problem and three individuals said if they did have a problem they would seek help.

“If I needed it I would seek help out...promotion of contact details in gay venues and websites (gaydar etc) would also put the message to the target group.” (male, gay, 35-44)

6.6 Sexual Health

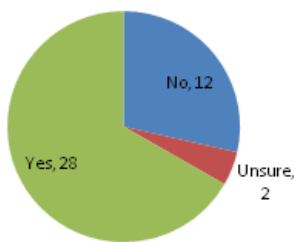
The questions about sexual health and sexual health services came after a question about gender. Individuals who had indicated they were transgender skipped past this gender section and past the male and female sexual health sections. This was to ensure that sexual health issues were gender specific and that trans survey respondents got the opportunity to comment on sexual health services specifically for trans people.

Sexual health - Men

Forty two survey respondents indicated they were male and were directed to the questions about male sexual health.

Access to condoms

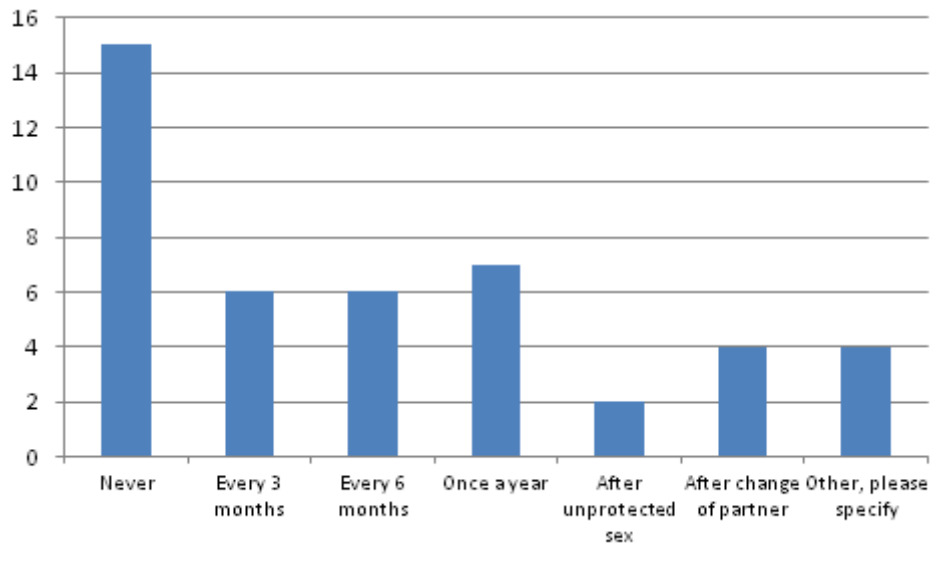
Figure 20: Did you know free condoms are available in Wirral?



The majority of men (28) knew that free condoms are available on Wirral (figure 20) and of these men, 17 indicated that they use the free condoms. Of the men that were unsure or did not know that free condoms were available, 12 said they would use them if they could get them.

STI Screening

Figure 21: How often, if ever, do you get screened for sexually transmitted infections?



*Total may exceed number of men as some survey respondents will have ticked more than one option

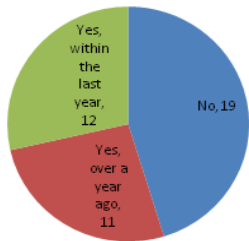
Fifteen out of the 42 males had never been tested for STIs. The remaining survey respondents were screened at other relatively regular times (figure 21). Other times that men went for screening included:

“Whenever I’ve slept with a suspected player.” (Male, gay, 45-54)

“..have only been screened once - I know I should go more often.” (Male, gay, 25-34)

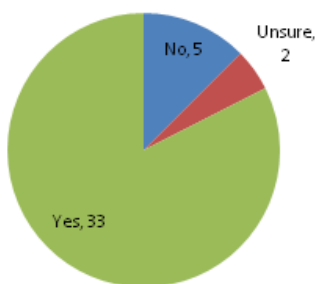
HIV Screening

Figure 22: Have you ever been offered an HIV test?



Fewer than half of the survey respondents had been offered an HIV test (figure 22). Of those that had been offered an HIV test (23), the majority (20) said that they accepted the offer of an HIV test.

Figure 23: Would you know where to go to get an HIV test?



The majority of males responding to survey knew where they could go to get an HIV test; however, seven were unsure or did not know (figure 23). All men were asked where they would like to see HIV testing available. The most common answer was their GP or at the GUM. Four men suggested at a drop in or walk in centre and two suggested within pharmacies. Other suggestions were; LGBT venues, gay saunas and faster testing at THT.

“Everywhere; you should be able to get it in Boots free of charge so that more people were aware and we could contain the spread of this life destroying disease!” (Male, gay, 25-34)

Barriers to HIV Screening

Some of the focus group participants voiced their concerns over what to expect when getting an HIV test

“Can you just be ‘Mickey Mouse’ though? I would think it might be confidential at THT, but not the hospital. But I don’t know.” (Male only focus group)

“3 week delay in getting results is awful. That is a big issue. It’s such a long time to wait. I know about the 1 hour testing, but it’s saliva and it’s not 100% foolproof, so you’d always wonder.” (Male only focus group)

Raising awareness of risk associated with anal cancer

Male survey respondents were asked *“Men who have sex with men are at increased risk of developing anal cancer in later life. What should NHS Wirral be doing to help reduce this in Wirral and make people aware of this?”* There was a free text box for them to provide an answer. Survey respondents suggested advertising and outreach work including posters and leaflets, especially in saunas, bars, clubs, cruising grounds [public areas where men meet for brief sexual encounters], at Pride (festival) events and within the media. A number of survey respondents expressed surprise at finding out about this increased risk:

First I’d heard of this so any promotion would be helpful - quite shocking really!
(Male, gay, 25-34)

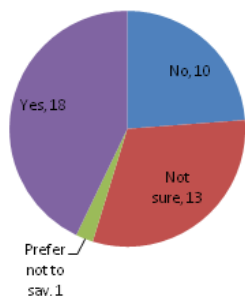
“Advertise, I was not aware of this?” (Male, bisexual, 45-54)

One survey respondent had specific concerns and suggestions about HPV vaccinations:

“Offer all males the Gardasil vaccine (alternative to the one offered to all females) that the Government refused to buy due to its costly nature, as this protects against throat cancers, penile cancers, anal cancers, genital herpes and other things” (Male, gay, 18-24)

Sexual Health Services

Figure 24: Are the services in Wirral providing everything you need for your sexual health?



Eighteen survey respondents reported that the sexual health services were providing for all their sexual health needs (figure 24).

Service promotion

Those that did not feel their needs were being met reported not enough advertising of services or promotion, lack of education in school and problems with accessing the services that are there.

“Gay sex isn't even mentioned properly during high school sex education. The 'dangers' of pregnancy do not apply at all to gay people, yet we have to be taught about it, so why don't we get to learn about gay sex during high school?”
(Male, gay, 18-24)

“I think that the times for drop in services are a little infrequent and sometimes annoying time-wise. I'm working and trying to get in for a test during the day at random times has proven a little difficult for me. I remember the services used to provide free lubricant too but I've not been offered any for a while either” (Male, gay, 18-24)

“It's too focussed on one area, it's not 'spread' across the Wirral. Want to see more stuff happening” (Male, gay, 25-34)

“there is no provision for LGB people there used to be the Jigsaw Centre (information, advice and counselling service for LGBT) but that has now closed and THT do not advertise” (Male, gay, 55-64)

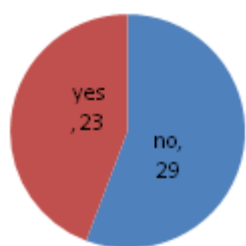
Sexual health - Women

Cervical Screening

Fifty two survey respondents indicated they were female and were directed to the questions about female sexual health.

All women were asked if they had had a cervical smear test in the last three years. More than half (29) of the women had not (figure 25).

Figure 25: Have you had a cervical smear test in the last 3 years?



Perceptions and attitudes towards cervical screening

Those that had not had a smear test were asked why not and provided with some possible reasons to choose from (figure 26).

Figure 26: If you have not had a cervical smear test, why not?



The main reason for not having a cervical smear test was the participants thinking they were either too old or too young (13 survey respondents). When looking at the ages of these women, 12 were aged 18-24 and therefore too young and one was aged 55-64 (it is

recommended women are screened up until 64 years old). Two survey respondents had been told by a health worker that they did not need a smear test.

Eleven women said there were other reasons that they had not had a smear within the last three years. The most common reason (6 women) was a general comment that they knew they were due to attend for screening but were avoiding or delaying it:

“haven't got round to it.” (Female, bisexual, 35-44)

“I am due to go but have not made time to go to the clinic.” (Female, bisexual, 35-44)

“just keep putting it off.” (Female, lesbian 25-34)

Ten survey participants mentioned that there is a general opinion amongst lesbian women that they do not need cervical smears if they do not have sexual intercourse with men and that they believe they are at lower risk:

“currently smears read that they are more for women who are sleeping with men, ‘sexually active’ needs to be explained better as some people consider you a virgin if you have not had penetrative sex with a man, even if you do with a women.” (Female, bisexual, 25-34)

Experience and ease of accessing cervical screening

Four women said that they were scared and found the experience unpleasant so had not attended:

“I feel violated!” (Female, lesbian, 35-44)

“I made an appointment at the age of 24 and when I attended I was told I did not need a smear until I was 25. That was 5 yrs ago and I never returned due to lack of courage.” (Female, lesbian, 25-34)

“The last one I had was delivered so badly that I was left bleeding and in pain for several days. When I complained the GP said 'oh well its down to the skills of the screener.” (Female, prefer not to say, 35-44)

One participant gave detail of a very positive experience she had had with her GP:

"I am arranging one in the next few weeks after a discussion with my GP. I didn't really realise that it was relevant for me but she was great and explained why I still should." (Female, lesbian 25-34)

Cervical screening advice/guidance

There appeared to be conflicting advice and guidance from health professionals about whether the woman needed a cervical screen. It was felt that the knowledge of health professionals needs to be improved so they are not turning away women who do request smears:

"When health professionals are telling you, you don't have real sex and you are technically a virgin, you definitely feel less at risk." (Female only focus group)

"Make it clear that it is still necessary for lesbian women do need screening. My GP was unsure and did not give me clear guidance." (Female, lesbian, 35-44)

"health professionals need to stop telling gay women that they do not need a smear, this is a myth." (Female, lesbian, 25-34)

"My own GP told me I was not at risk as I am in a relationship with a woman. I had to question whether that was true... but also point at that I had previously had sexual relationships with men until I was 20." (Female, lesbian, 35-44)

Incorrect information from a GP meant that one woman was not longer attending for regular smear tests:

"Spoke to my nurse at the GP surgery and she said she had not come across this query before so had to ask the GP for advice. He advised that I did not need one." (Female, lesbian, 25-34)

Recommendations on how to increase uptake of regular cervical screening

Correct advice and guidance from health professionals

The following suggestions were made by the survey respondents and focus group participants:

“ALL woman no matter what sexuality should be encouraged to have a smear - most of the time lesbian woman assume they do not need one due to being intimate with only woman, this myth needs to be broken.” (Female, lesbian, 18-24)

“Highlight that it is not only related to heterosexual sex.” (Female, lesbian, 25-34)

The women’s group discussions reiterated this point:

“Because we are not going for things like birth control, we are not finding out about other stuff. And it becomes a bigger deal when we do need to go a sexual health service, because we aren’t used to them.” (Female only focus group)

It was also suggested that there needed to be more education aimed at all women, especially at school.

Promoting cervical screening

Promotional materials encouraging women to attend for cervical screening need to be clearer about who should attend. One participant praised the Lesbian & Gay Foundation’s ‘Ready For Your Close Up’ campaign [this campaign is actually called ‘Are You Ready for you Screen Test’, the participant made a mistake with the name].

Many women also suggested awareness campaigns that contain specific information for lesbian and bisexual women. Examples of the ways in which these could be delivered included: magazines, TV, leaflets through doors, gay clubs and LGBT venues.

One survey respondent suggested specific cervical screening sessions aimed at lesbians and bisexual women

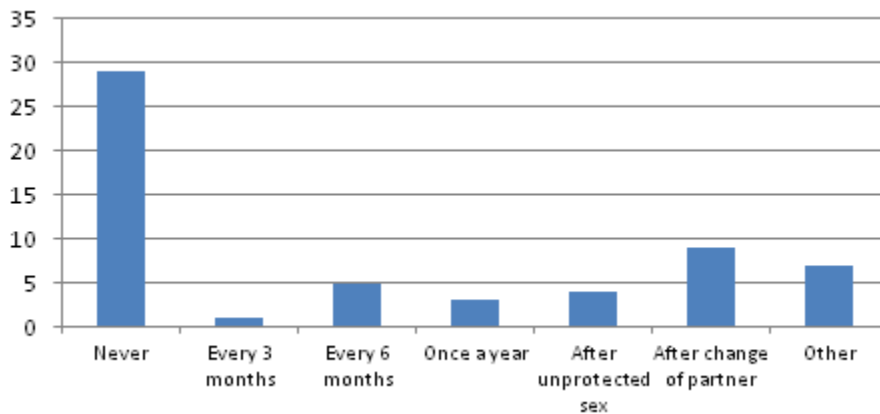
“Have specific cervical screening sessions in sexual health centres aimed directly at lesbian and bisexual women. Every time I have started the process with my GP I have found the assumptive questions about heterosexuality very difficult to deal with.” (Female, prefer not to say, 25-34)



STI Screening

Women were asked how often, if ever, they get screening for STIs.

Figure 27: Frequency of STI screening



*total could exceed number of women as survey respondents could tick more than one.

Over half (29) of the 52 women who completed this section had never been screened for STIs (figure 27). This is much higher than the proportion of men who had never been screened for STIs (a third). Nine women said they would go for screening after changing of partner. Other reasons for getting STI screening included when they had symptoms and felt they needed to be tested or when a partner or ex partner notified them of a risk.

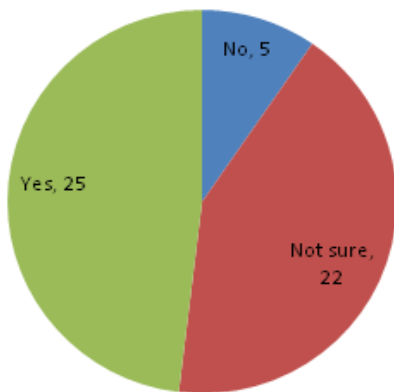
Sexual Health Services

“Sexual health services are a bit of a minefield for gay people. You know you have to be honest about your sexuality when you go. That is the one place it is just a given. I have been out since I was 16, but it’s still a bit cringey with people’s reactions. Even after doing it for 25 years I still feel like that!”
(Female only focus group)

The perception of low risk was discussed in the focus group:

“There is a definitely a sense that you feel less at risk. They are horrible things to do generally and we can tell ourselves the risk is much lower” (female only focus group)

Figure 28: Are the services in Wirral providing everything you need for your sexual health?



Almost half of women thought that Wirral provided everything they needed for their sexual health; very few (5) women thought that their needs were not being met. However, twenty two women were not sure, suggesting that they are not sure what their needs are, what services are available or what risks there are to their sexual health or that they just haven't had the need to contact those particular services yet or they didn't know how to answer the question (figure 28).

Women were asked to elaborate on whether Wirral was providing everything they need for their sexual health. Many women said they were unaware of the issues that face lesbian or gay women and the services that are available. Some women thought there should be services aimed specifically at lesbian and bisexual women:

“don't know of any specific sexual health services or requirements for lesbians” (female, lesbian, 35-44)

“I think more specific options for lesbian and bisexual women would help, particularly with smears” (female, prefer not to say, 25-34)

Recommendations on how to increase uptake of regular STI screening

Information on importance of STIs and associated risks

Many survey respondents suggested that lesbian and bisexual women need to know more about the risk of STIs and why they need to be screened:

“Again I think there needs to be more information available to women about what they may need to be screened for” (female, lesbian, 35-44)

“education that they too can catch them not just the straight folk” (female, lesbian, 35-44)

“Make them aware of the risks. Inform!!! If they think they aren't at risk, they won't bother. Lack of info leads to people making assumptions” (female, lesbian, 18-24)

Advertising STI screening

Some of the survey respondents suggested ideas included advertising in specific places including in toilets in bars, online, in sex shops. Lesbian clubs, TV and radio, within GP services. These are not dissimilar to the suggestions made for cervical screening:

“posters in gay bar toilets (everyone always looks at toilet doors when they're having a wee in a pub or club!!)” (female, bisexual, 25-34)

“put leaflets in with sex toys or have the leaflets handed out in sex shops or on line as well as everywhere else they currently are” (female, lesbian, 35-44)

One of these survey respondents thought that local sexual health services were very friendly to gay men but not necessarily to lesbians:

“It is assumed you are heterosexual when you use services. They are usually gay man friendly and aware because of HIV campaigns.” (Female, bisexual, 35-44)

Health care workers attitudes

Some women suggested that the attitudes and sensitivity of health care workers need to be improved as this has a negative impact on women. It was suggested this could be done through more training and education was perceived to be of importance:

“Educate health professionals about the sexual health needs of lesbian and bisexual women and do not make them feel like they are the first ever lesbian they have come across!” (female, lesbian 25-34)

“GPs seem to make a difference to my peer group/female relatives. GPs need to be understanding & sensitive around female issues” (female, lesbian, 35-44)

Improve Accessibility to services

The focus groups explored this issue in further detail. Some barriers are very practical whilst others are much more deep-seated and emotive:

Practical Barriers

- **Awareness:** *“I didn’t really know where to go”; “All the signposting seemed to be to Arrowe Park. Where is local?”; “I didn’t know about that 1 hour HIV screening until I came here. And I never come here” (male only focus group)*
- **Convenience:** *“All of them are closed before I finish work. And they only seem to be open once or twice a week” (male only focus group)*
- **Localisation:** *“I’ve got a relative who works in those labs; I don’t want her looking at my results. Wirral is too local” (male only focus group)*
- **Engagement:** *“Once you start going you know what you need to be checked for but until then it’s hard to come by” (female only group)*

Emotive Barriers

- **Fear:** *“I got wolf-whistled at by some guy. It was such a horrible experience. I don’t want to go back” (male only focus group)*
- **Vulnerability:** *“You feel quite vulnerable in them, I think you need more explanations and nicer receptionists” (male only group)*

- **Privacy / exposure:** *“I have to walk past the hairdresser to get to the STI place that is classic gossip territory. They should think about where they put them!”* (male only group)
- **Pride:** *“I am a very dignified person, and the whole thing just seems really undignified”* (female only group)

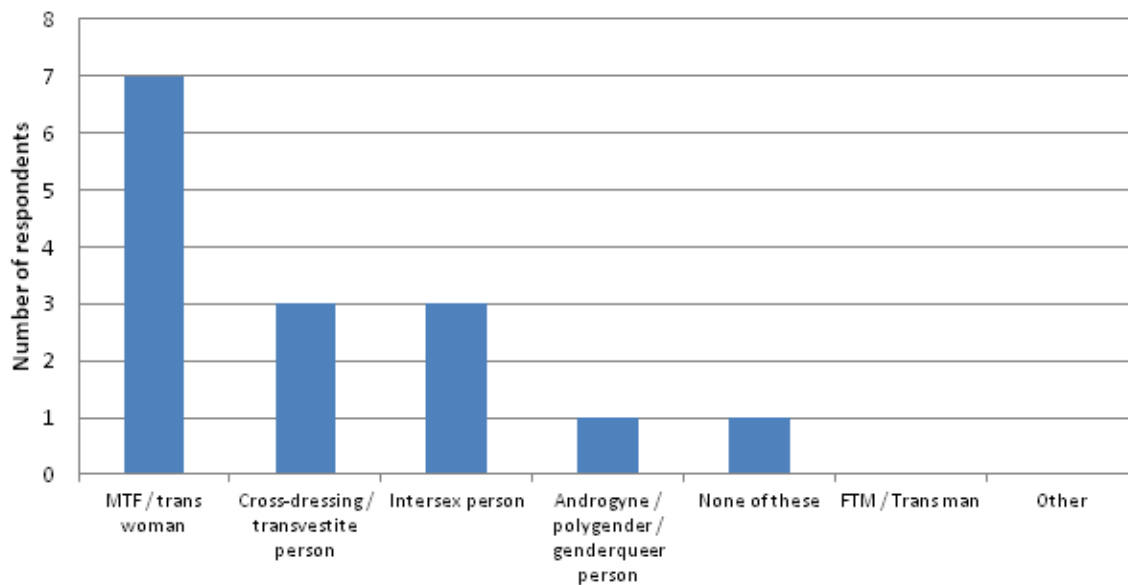


7. Individuals who identified as Trans

7.1 Sample description

Fourteen survey respondents reported that their gender identity was not the same as the one assigned to them at birth. Those who indicated this were directed to complete a section specifically for trans individuals.

Figure 29: Do you consider yourself to be in any of the following categories:

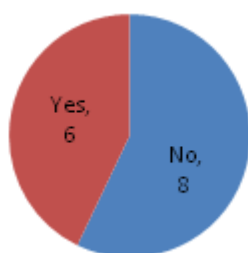


*the total does not add up to 14 as some individuals indicated they fell into more than one category.

The most common answer was male to female/ trans woman with seven individuals indicating this. No female to male/ trans men answered this questionnaire (figure 29).

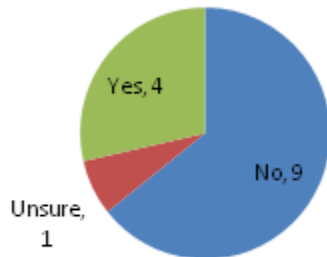
Survey respondents were asked if they had any gender reassignment treatments such as hormones and / or surgery (figure 30). There were more people who had not had any gender reassignment treatments than those that

Figure 30: have you undergone gender reassignment treatment?



7.2 Experiences with health services

Figure 31: Negative experiences with services



One person reported they had had problems or issues with healthcare because they are trans. This individual had difficulty getting a dentist to see them and felt that they were given the ‘run around’ by the local GP (figure 31).

A couple of participants commented on the care pathway and service provided to individuals who want to undergo gender reassignment:

“The PCT have issued a list of what they consider Low Clinical Priority and are referred to as purely cosmetic. Facial Feminisation, Breast Augmentation, Hair restoration and facial hair removal are all things that could enhance the individual persona making their life and those around them more accepting and making it easier to take their place in society. It is not an easy decision but it would greatly contribute towards their well-being. We all judge individuals from a cosmetic viewpoint-face, body etc. Help in these areas is not purely cosmetic” (FTM/trans woman, heterosexual, 45-54)

“Wirral is notorious for messing about with trans individuals. After seeing your doctor you should be sent to see a gender specialist NOT a women's sexuality specialist!! Like going to a butcher for a loaf of bread and is harmful to the well-being of the trans person” (MtF/trans woman, prefer not to say, 45-54)

7.3 Experiences with social networks

Most survey respondents had not experienced any problem with their family because they were trans. The details given were mainly about 'what the neighbours think' and that their family are embarrassed or ashamed that they are trans. One individual reported being disowned by their family and another stated that they were too scared/worried/concerned to 'come out' to their family.

Figure 32: Experiences of discrimination



Half of the survey respondents indicated they had not faced any discrimination at work because they were 'trans' but three said they had and three were unsure (figure 32). One person described severe discrimination and bullying that caused them to resign from their job. Another person indicated they had been verbally ridiculed at school and another stated that they are too worried/scared tell individuals at work that they are trans.

7.4 Improving services for Trans individuals

Survey respondents were asked how health services could be improved for trans individuals. Suggestions to improve services included;

- Ensuring staff know that gender and sexuality are separate
- Health professionals need to read patients histories carefully so they can understand the individual's body and their need

“provide more tailored services”.

“make appointments quicker and ensure individuals are sent to the right service for evaluation”

- More training and advice to individuals on how to treat trans individuals

“more training for counsellors and psychiatrists/psychologists so that they understand trans sexualism better”

- Trans individuals should not be separated out as services need to be an ‘all round deal’

- Provide more support groups that have less of a clinical focus

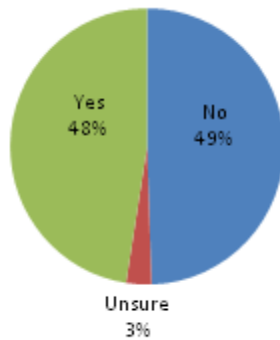
“stop treating trans individuals like they have a disease”



8. Local Service Provision for LGBT

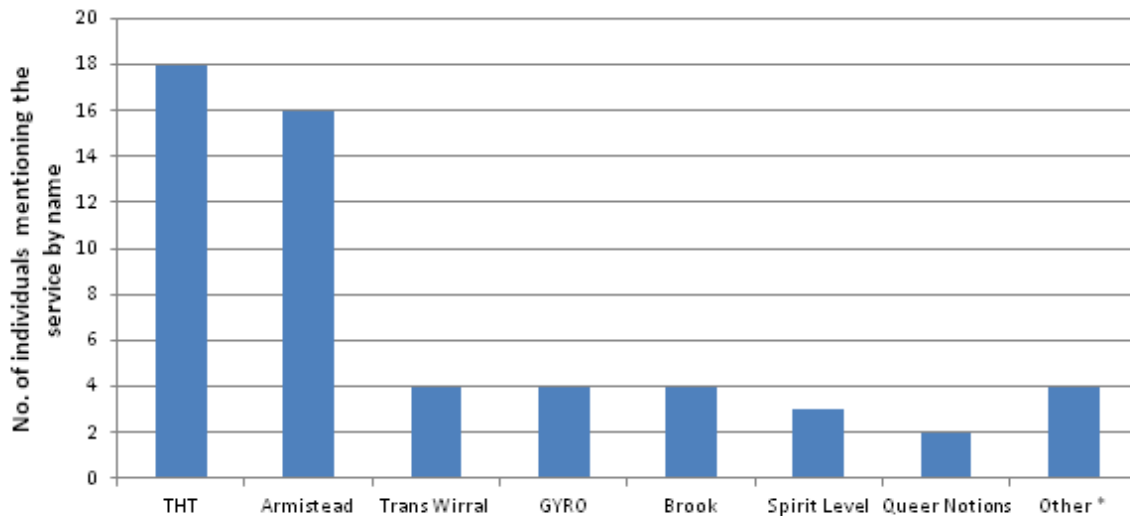
8.1 Awareness of LGBT Specific Services

Figure 33: Do you know of any specific Lesbian, Gay, Bisexual or Trans health and social care services or community organisations in Wirral or Merseyside?



One hundred and one survey respondents answered the question about whether they had heard of any LGB or T health and social care or community organisations in Wirral or Merseyside (figure 33). Almost half of those who answered the question had not heard of any organisations despite there being a number of such organisations available, especially in wider Merseyside.

Figure 34: Awareness of LGBT services



*The 'other' category includes one individual report of: Liverpool Pride, Wirral LGBT Facebook Group, Trans Action Network and St Catherine's Hospital.

When asked which services they had heard of 39 individuals provided the name of a service or services (figure 34). The service that the most individuals had heard of was Terrence Higgins Trust (THT) in Birkenhead. This finding was also reflected in the focus group discussions. A large number of the survey respondents also knew about the Armistead Centre in Liverpool (16). A number of other services and support groups were also reported including a trans specific organisation and two youth specific services (GYRO and Brook). Queer Notions (an LGBT mental health support service) takes place within the Armistead building and it may be that individuals who reported Armistead have actually attended Queer Notions but presumed it is part of the Armistead service. A number of individuals reported that there was nothing on Wirral or that they just used their social group for support. However, this question did not identify use of such services so it is not possible to conclude whether service access is an issue.

“There is very limited infrastructure to look into in Wirral. There is no local access.” (Male only focus group)

8.2 Making health, social and community organisations for 'LGBT friendly'/ inclusive of individuals of all sexualities and gender identity

Survey respondents were asked for their top tips for making health, social and community organisations more 'LGBT friendly'/inclusive of individuals of all sexualities and gender identity.

Fifty Seven individuals provided suggestions of ways to make services more LGBT friendly and inclusive:

Tip 1: Health promotion and information

The most common suggestion from the survey respondents related to advertising and health promotion. Respondents wanted LGBT services and issues to be advertised and promoted more widely so that LGBT people can find the information easily. Places to do this included GP and dentist waiting rooms and online (refer also to Sexual Health section 4.6). Focus group discussions identified three main sources of acquiring health information; the internet, family and/or friends and GPs.

"My Mum is like an oracle, an armchair doctor." (Female only focus group)

"I get most of my information from the internet. And then I go with a 'list' of things I don't understand to the GP and hit him with them all." (Male only group)

A lot of survey respondents felt that health promotion materials needed to include images of LGBT people and couples as well as heterosexual couples. Visual recognition of LGBT people on health information will lead to it becoming more 'normal' within society as well as targeting these specific groups.

"Not make campaigns [exclusive] to heterosexual couples, i.e normalize gay couples on a poster or advert." (female, lesbian, 18-24)

"Don't just produce LGBT specific material, but include LGBT specific advice in general healthcare campaigns - we're not a separate minority and should be catered for within mainstream materials. - DO produce LGBT specific material"

also, but don't put women's and men's sexual health together just because they're gay.” (female. ‘queer’, 25-34)

One survey respondent suggested including same sex couples in visual resources to make the message feel more relevant to LGBT individuals

“Perhaps include same-sex couples visually within resources, but I think alcohol consumption isn't particularly an issue that can be divided amongst sexuality lines. Including imagery of same-sex couples may help them have more of a connection with awareness resources/posters etc though” (Male, gay, 18-24)

The challenge of reaching LGBT people through informal networks

The focus groups explored how health promotion can best be distributed through information networks and whether there is much of a ‘scene’ in Wirral. The opinions of participants varied as can be seen in the quotes below:

“If you are not in the gay scene you just do not see these posters. And even if you do you are intoxicated.” (Male only group)

“The lesbian scene is very small and insular on the Wirral. I nearly didn't come tonight because I was worried about saying stuff in front of people I know.” (Female only focus group)

“Trans community? There isn't really one. It can be really bitchy. There's lot of competition. We don't all hang out together.” (Trans focus group)

Tip 2: Sexual health promotion should be less focused on gay men

The general consensus from the women only focus group was that sexual health services targeted gay men much more heavily than other groups and there seemed to be much less provision / health promotion activity targeting lesbians, bisexuals and trans:

“There seems to be a lot more said about men and STDs. I'm always telling my gay friend you need to get checked for this because I'm aware of it. Lesbians don't get touched by that stuff.” (Female only focus group)

I think there were issues years ago about men not going (to sexual health services), so there has been a huge push on that. I feel like we've been left out." (Female only focus group)

"I don't think lesbians are finding out about screenings. There seems to be an underlying current that men are more promiscuous" (Female only focus group)

"With bisexual women I feel they get totally lost in the system. It's all kind of relevant to them, but then nothing is specific to them too." (Female only focus group)

This was highlighted in the survey results too:

"By not focussing so heavily on gay men's sexual health, or producing leaflets that cater to both but heavily weighted towards gay men. To see that women's sexual health includes lesbian and bisexual women and engage at that level rather than lumping gay men and gay women together who have incredibly different sexual health needs." (Female, prefer not to say, 25-34)

"Reiterate that STD's aren't just transmitted through heterosexual sex. Or gay male sex." (Female, lesbian, 25-34)

Tip 3: LGBT specific services

Six survey respondents wanted more specific gay services including: safe spaces for LGBT people at a sexual health drop in, LGBT workers to help support services users, more drop in services and specific LGBT venues. One individual mentioned a service they had visited in Cheshire that they really liked

"I visited a friend in Crewe for a week and one of the nights we went to their social group which had a huge amount of sexual health information, friendly staff and a great atmosphere, I don't remember the name of the group but that sort of drop in social group would be good I think." (Male, gay, 25-34)

One female participant reported that they felt local family focused services were not inclusive:

“My partner and I have a young son and sometimes it is difficult when attending family sessions - such as tumble tots etc - explaining why I am not called mummy! Also there are loads of dads groups on Saturdays but none inclusive of partner within same sex couples - who aren't the birth mothers! More inclusive family services are needed.” (Female, lesbian, 25-34)

Tip 4: Conduct of health and social care professionals

Another common theme from the survey and focus group discussions was certain ways of behaving or characteristics that the survey respondents would like health and social care professionals to exhibit. These included: a relaxed and informal reaction to gay individuals, not condescending, friendly and asking questions in a non-assumptive way, respect privacy, accepting, treat with respect, if it is relevant and necessary don't be afraid to say it for fear of causing offence, caring, understand not to treat LGBT individuals differently, listen and not be judgmental.

“don't be condescending.” (MTF/trans woman, transexual, 45-54)

“Do not judge.” (Female, lesbian, 35-44)

“Less judgemental/more open general health care staff (and the larger community) if they were then there wouldn't need to be targeted services; we don't have extra or unusual.” (Female, prefer not to say, 35-44)

“I already find them 'LGBT friendly'.... I would like them to be more aware than friendly and consider ways of asking questions that demonstrate they are not making assumptions.” (Female, lesbian, 35-44)

Thirteen survey respondents stated that more training and education of health professionals was important to ensure LGBT people felt confident to attend.

“Equality and diversity training for staff, so they are educated on LGBT issues.”
(Female, bisexual, 18-24)

“There should be equality and diversity training for healthcare professionals in caring for LGBT patients to point out to them some of the things they could do wrong and how to avoid them” (female, bisexual, 35-44)

“more aware, educated and friendly staff.” (Female, lesbian, 25-34)

Other suggestions included health professionals explicitly asking about a person's sexuality at the start of a consultation or when registering at the practice, making sure they ask permission before recording the information on patient records, using neutral language like 'partner' not 'husband' and creating a more open environment where discussion is encouraged. One participant had strong views about the approach of some doctors compared to other public sector workers.

“Tell them that they have to keep their own opinions to themselves if they want to keep their jobs. If anyone at the [public sector organisation] where I work expressed anything like the attitudes and behaviour I was exposed to they would be put through the wringers, I think the power over the patient health care workers and medical professionals have is such that they feel immune to criticism and patients feel unable to confront them through fear of the pain, humiliation or rejection of services they can inflict” (Male, gay, 24-35)

Other ideas mentioned by survey respondents included: teaching about LGBT issues and sexual health in school, combating homophobia in the wider society, make GPs more LGBT friendly as they are the first point of contact for most people, engagement with the LGB and especially T community:

“we dont have extra or unusual phsyiology or psychology. Its all social issues...created by other peoples damaged ways of thinking and behaving.” [sic] (Female, prefer not to say, 35-44)

“At the moment I choose not to tell them [services about his/her sexuality], which is not a good advert for how confident I feel about discussing it. Perhaps also a way I can access primary healthcare in a guaranteed safe environment (i.e. someone I know I would be able to tell without any problems).” (Female, bisexual, 35-44)

“Come to the communities you want to represent, and ask them what they want and prove that you're not biased, rather than expecting them to just come out to you.” (female, 'queer', 25-34)



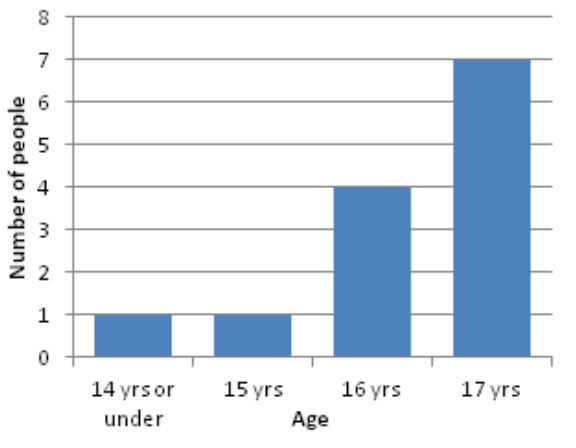
9. Under 18s

9.1 Sample description

Age

Seventeen individuals stated on the initial question that they were under 18 and were directed to a separate questionnaire that asked fewer questions and included issues specifically relating to young LGBT people. However, only 13 individuals answered any subsequent questions. This analysis is based on these 13 individuals. Data are presented as simple numbers, as percentages are not appropriate for such a small group.

Figure 35: Age groups of all survey respondents



The most common age of survey respondents was 17 years old. Only one 15 year old and one 14 and under answered the survey (figure 35). Five survey respondents were female, and eight male. One identified as female and "Cross-dressing / Transvestite person".

9.2 Sexual Identity

Figure 36: Sexual Identity

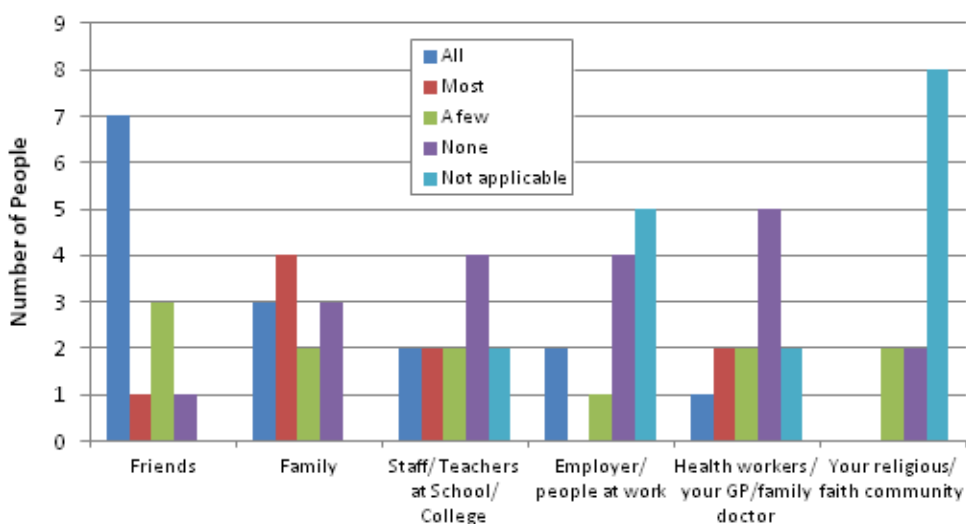


The most common definition of sexuality of the respondents under 18 was 'bisexual', only one person defined their sexuality as 'heterosexual' and they did not answer any further questions (figure 36). The majority of survey respondents (11) were 'white English/Welsh/Scottish/British' and one defined themselves as 'Mixed /Multiple ethnic groups - White and Black Caribbean'.

Nine of the survey respondents were in full time education, one was employed part time, one unemployed and one ticked other but did not give any more information. Survey respondents were from a variety of wards across Wirral.

Survey respondents were asked to tick the proportion of each category who they are 'out' to or who knew about their sexuality/gender identity (figure 37).

Figure 37: proportion of young people who are out and who to



The group that the most individuals were 'out' to was their friends and very few individuals were out to their health workers:

In contrast, the focus group participants talked about the benefits of being able to talk to health professionals who were their own age who they felt had a better understanding of them. In particular pharmacists were respected for their open and accepting attitudes and continued support and advice:

“I LOVE my pharmacist. She is like a Dr to me. She is always lovely, always helpful. Even when I’m in my gay clothes.” (Male, gay)



10. Negative Experiences and discrimination

Three out of 12 survey respondents said they had had problems with their family because of their sexuality/gender identity. Two individuals gave information on this. One had received threats and problems from their extended family and one participant reported their family was concerned:

“bad attitudes [sic]. threats from my uncles.” (Male, gay)

“My mum was worried for me because of bullying and other individuals's [sic] attitudes” (Female, lesbian)

“I probably get some comment or other every three days.” (male, gay)

Eight out of twelve young survey respondents reported that they had experienced bullying, abuse or violence because of their sexuality or gender identity. Six survey respondents included further information on this. Most reported abuse in public or at school. One survey respondent reported also being discriminated against by their GP and the police. The text from each response is included below to illustrate the breadth of issues facing LGBT young individuals:

“General name calling, approached by large gangs of “hetro” lads.” (Male, gay)

“I was attacked by a gang of boys older than me when I was 14 and living in Birkenhead because they guessed I was gay.” (Male, gay)

“In primary [sic] school I was repeatedly bullied every day by students that knew my sexuality. I was beaten up daily.” (Female, bisexual)

“..mainly name calling in the street and individuals talking about me in school and then in college - never really feeling accepted.” (Female, lesbian)

“..people shouting in the street. it was bad at school, bullying.” (Male, gay)

“Medical surgery was not welcoming. GP refused to change the record of my gender on their computer system to my acquired gender. I have also had positive experiences where I was welcomed, no inappropriate comments and acknowledged the change in pronouns (he/she) and title. Experienced

discrimination from the Police, other young individuals at school and strangers in public.” (Cross-dressing/Transvestite person, female, bisexual)

10.1 How can bullying/abuse/violence be challenged?

Survey respondents were asked what can we done to stop this type of bullying, abuse and violence in Wirral. The following suggestions were given:

Suggestion 1: Education in schools for pupils and teachers

The majority of survey respondents suggested that more education was needed, especially in schools. It was suggested that children needed to be educated about homophobia at a young age.

“I think it's hard to try and change the prejudices individuals have against the LGBT community, especially if they're surrounded by individuals with the same views. Maybe it's about education (including in primary school).” (Male, gay)

“I personally think that stopping it on the Wirral is near impossible, however to reduce the amount of homophobic individuals it would be an idea to do workshops in schools, on not just homophobia but other forms of bulling. Another idea is to target younger kids as they are more open to ideas when they are younger so are more likely to accept the idea.” (Male, gay)

Two survey respondents suggested that teachers also needed to be educated as some of them do not see homophobic bullying as an issue:

“Better education, talking about sexuality not just sex. Seeing homophobia as bullying. Not having homophobic staff, one of my teachers refers to things as 'that's gay' how are the kids supposed to learn when the teachers do that???” (Female, lesbian)

“Educate in schools including teachers. Some of them don't know gay lindividuals and see it as a reason to bully.” (Male, gay)

Suggestion 2: Education for the general population

It was also suggested that it isn't just young individuals but older individuals who also need to be educated.

"I think educating individuals of all ages is the key. Some of my friends are not homophobic but there [sic] parents are." (Female, lesbian)

Suggestion 3: Health advice/info

Some respondents thought it was important to have specialised literature while others were much more comfortable with general literature, with an LGBT representation. This is the same mixed viewpoint as in over 18s section (section 6.2):

"I don't want any special treatment just because I'm gay. Nothing should be specific for us. I hate specialised stuff. I much prefer the generalised stuff."

(Focus group)

Suggestion 4: Safer streets

Two survey respondents suggested more Close Circuit Television (CCTV) and visible police presence on the streets, especially at night, and one suggested

"Make the 'Hate crime' official." (Female, bisexual)

One person thought there was nothing that could be done and this type of abuse was inevitable

*"Nothin, sh*t happens, always will an ya cant stop it :/." [sic]* (Male, bisexual)

Suggestion 5: Improving young LGBT people's experiences in education settings

Survey respondents were asked what can be done to help young LGBT individuals at school/college. Eight individuals had suggestions and the most common suggestion was include/increase education that challenged stereotypes and prejudices (see 'suggestion 1', section 7.3)

One focus group participant recounted the positive impact experienced as a result of a sex education session:

“Miss X did an amazing sex education class. She talked about all of the sexual scale from straight to gay, as well as the emotional side of everything. A lot of the homophobes in school actually came up and apologised to me after class. I love Miss X.” (Focus group)

“Again, if a person has grown up with family and friend who are prejudiced they are likely to adopt the same views, but I think educating everyone about the LGBT Community, breaking the stereotypes and showing we're normal individuals would help.” (Male, gay)

In contrast one survey respondent felt their school had not been supportive

“more supportive teachrs. discipline the bulllys not the gay kids. i had to leave school but the bulllys stayed in school.” [sic]. (Male, gay)

School staff members were seen by one person as playing a vital support role for young individuals.

“The main thing is to make sure staff can support them if they need it, and to make sure there is at least one member of staff who can talk to them.” (Male, gay)

Similar to the previous question another young person thought there was nothing that can be done and problems at school were inevitable

“nothin, get bullied.” (male, bisexual)

11. Health and Wellbeing

11.1 Mental Health

Seven of the twelve survey respondents had experienced mental health problems, two were 'unsure' and only three had never experienced any mental health problems.

A focus group participant expressed annoyance about the stigma attached to mental health

"It's a label for life. Same as if you get an HIV test. It's really stupid." (Focus group)

Disclosing a mental health problem was further compounded by the fear of stigma and denial:

"I don't know whether I definitely have it (depression) but I'm pretty sure I do. I don't want to have depression. I'm scared of being told that I do. I don't want to face mine." (Focus group)

"I feel like I put these fronts on but I don't have to with her. The first time I went to a GP with mental health problems they were really dismissive like it was just typical teenage stuff." (Focus group)

One focus group participant felt that their GP did not take their concerns seriously:

"The first time I went to the GP with mental health problems they were really dismissive like it was just typical teenage stuff." (Focus group)

11.2 Sexual health

There appeared to be some ambiguity on what a young person can expect when accessing a sexual health service and experiences tended to be negative:

"The school nurse asked whether I do anything adventurous, what sort of sex I have. It didn't seem relevant just wanted some condoms." (Focus group)

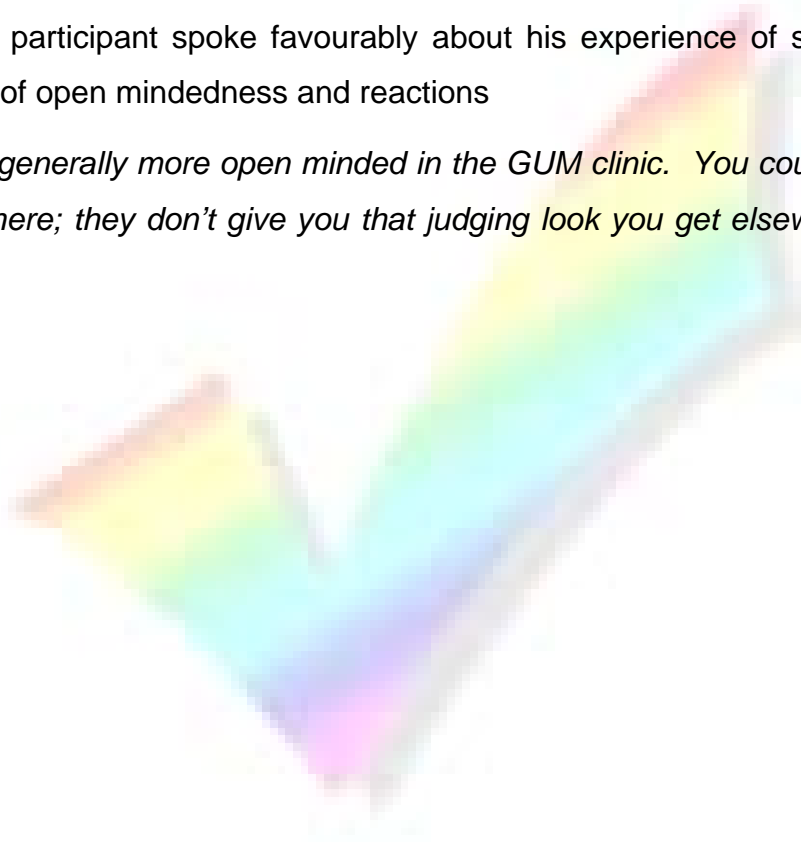
“It is not important at all unless it is related to a sexual problem. They do not need to know. I don’t want any special treatment just because I’m gay” (Focus group)

“Doesn’t it go on your record? Can’t it affect you getting a mortgage?” (Focus group)

“The nurse said ‘you don’t look like you’ve only had 5 sexual partners’ and put me down for 10.” (Focus group)

One focus group participant spoke favourably about his experience of sexual health services in terms of open mindedness and reactions

“They are generally more open minded in the GUM clinic. You could talk about anything there; they don’t give you that judging look you get elsewhere.”(Male, gay)



12. Awareness of young people LGBT services

Half of the survey respondents said that they were aware of a LGBT health and social care services or community organisation in Wirral or Merseyside. Three individuals were aware of the 'Work It Out' LGB youth group at Brook and had attended. Three had also heard of THT.

"I go to the Work it out group and have met many friends. I also now [sic] about tht but they don't have a group for my age." (Female, lesbian)

Survey respondents were also asked if there are any LGBT support services or initiatives that don't currently exist in Wirral that they would like to see or that they would use if available. Four individuals specified services they would like.

"HIV testing at Brook." (Cross-dressing/Transvestite person and female, bisexual)

"kinda youth club or something." (Male, bisexual)

"Maybe a group just for gay girls." (Female, lesbian)

"more individuals to talk to and staff who understand." (Male, gay)

The Brook group could be seen as a youth club and may need to be more widely publicised. They also provide counselling and staff to support individuals. It may be that these young people have already attended Brook and want other services or it may be that they do not know about Brook.

12.1. Improving Services for Young LGBT People

Finally survey respondents were asked a general question about what else could be done to improve things for young LGBT individuals in Wirral. Seven individuals responded to this question; comments focused on providing more social events, support groups and improving the attitudes of individuals on Wirral. Better support services and a greater acceptance of those with a trans history was also felt to be important.

All the comments are included below to show the thoughts and feeling of all the young individuals:

" youth club for young gay bi whatever." (Male, bisexual.) This young person had not heard of any LGBT organisations in Wirral

“Advertising health campaigns in magazines and TV. Able to use female (or applicable reassigned gender) toilets in sexual health services. More understanding of/for those with a Trans history.” (Cross-dressing/Transvestite person and female, bisexual.)

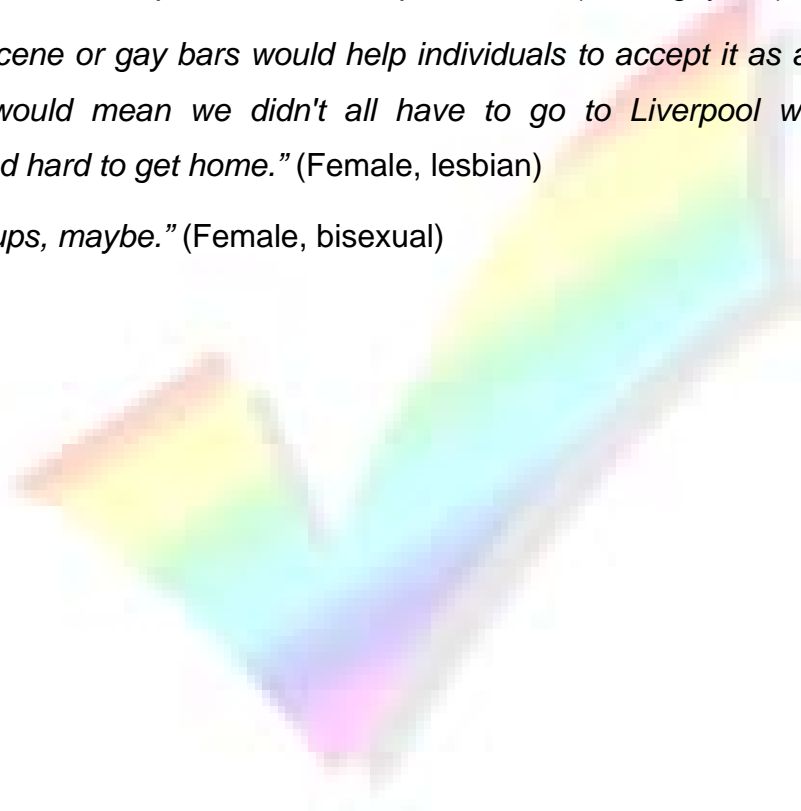
“HIV testing in THT. Advertising higher risk of anal cancer in men who sleep with men.” (Male, bisexual)

“Improve people’s attitudes.” (Male, gay, 16)

“More social clubs or help clubs, more help services.” (Male, gay, 16)

“Some gay scene or gay bars would help individuals to accept it as a normal part of life and would mean we didn't all have to go to Liverpool which can be expensive and hard to get home.” (Female, lesbian)

“Support groups, maybe.” (Female, bisexual)



13. Stakeholders

A small number of professionals (n=7) took part in the discussions either over telephone or on a 1:1/interview with the researcher. A limited amount of data was drawn down and therefore cannot be used as a representative sample for this group. However, the insight provided is interesting and should still be considered.

13.1 Local service cohesion

Stakeholder interviews appeared to suggest that the local organisations were not joined up enough and did not work collaboratively. Two stakeholders maintained they hadn't received the support of the other services whilst trying to carry out their own work. This was also highlighted by the GP who reported a distinct lack of feedback from the services that patients have been referred to. There was a reliance on either patient disclosure of attending to the service or GP questioning in order to identify whether the referral has been a success.

Consideration of the age of the health professional was also highlighted as a point for consideration:

“When you are a junior doctor in practice you see a much younger population, and the fact is that your population grows with you.... junior doctors coming through now are of the era that are far more open and accepting about it than perhaps GPs of my ilk, and older...a group that is going to die out anyway.”
(GP, interview)

Health professionals knowing patient sexuality

The GP felt that knowing the sexuality of the patient was only necessary if it related to sexual health. The following quotation illustrates the challenges experienced by this health professional:

“If you came in and gave me a sexual health problem we might cover it (sexuality), and it would probably come up quite easily, but most of the time if you came in and said you had a cold and I said ‘well are you heterosexual or homosexual’ you would say ‘why are you asking me that?...It’s very

hard...because if it's not part of a routine part of a consultation.... I am very careful when I speak to people about their partner, rather than their boyfriend or girlfriend, and that sort of works but quite often works, but in actual fact it often works better when you say 'what about your boyfriend' and they say 'well actually I have a girlfriend' and it actually comes out. We have the same problems as everyone else in terms of recording it and we have to be very careful about what we write down and a lot of people do not want in on their medical records because it will affect their insurances." (GP, interview)

The GP offered a detailed insight into patient/professional relationships:

"...what you have to remember that when you have a consultation, you have a GP trying to act in a very professional fashion, but you also have to remember that GPs have their own ideals and beliefs and that some GPs will be happier with this than others. There will be people in my Practice here that will not come to see me, and it will be because I will have offended them, they don't like my manner, they think I am rude, I laugh too much, or something like that, or they don't think that I am very good, or they don't like my face or something like that. That's why we have three Practices, and I think it's as much about individual relationships.... I do think that some people are going to be more accepting of it than others, and you can not get away from that, and that's why we work in group Practices. I would encourage anybody having that problem to maybe consider seeing a doctor that might be more empathetic." (GP, interview)

13.2 Mental health

One stakeholder was aware of the levels of mental health problems and suggested that counselling services should be LGBT specific as this will provide greater empathy for the client

"Get counselling from same LGBT group." (Stakeholder, interview)

A time delay between the GP appointment and processing of referral to specialised mental health support was highlighted by one stakeholder with an acknowledgement that this could have a detrimental impact on the person's mental health.

13.3 Health promotion literature

A stakeholder highlighted the lack of transgender specific information:

“Transgender information and leaflets. There's not much about”

(Stakeholder, interview)



14. Conclusions

The function of this report has been to convey the health and wellbeing needs of a sample of the local LGBT population and establish whether existing health and wellbeing services and other services are meeting identified needs and to make recommendations on how current service provision could be improved and/or enhanced. It must be acknowledged that the sample provided a snap shot of the aforementioned and is not representative of Wirral's LGBT population due to the small numbers who participated.

The LGBT needs assessment found that:

- Future consideration should be given to the length of survey questionnaires used, especially paper format, as this is a barrier to people completing.
- There was under representation of the bisexual population and possible over representation of Trans community when comparing across LGB&T groups. The age of the survey respondents (over 18s) was generally lower with approximately a quarter in each of the three young age groups (18-24yrs; 25-34yrs; 35-44yrs).
- There was a distinct lack of BME input for both the quantitative and qualitative components. National literature identifies that BME groups are particularly hard to reach as LGBT issues are not widely talked about and a consensual element from parents prevents certain issues being discussed with young people. Service providers could only act as an information role, so more literature was requested.
- A small amount of qualitative data was collected from service providers (stakeholders) and lack of working collaboratively and feedback between GP and services.
- Using LGBT services to host focus group discussions raises the profile of the organisation and offers an opportunity to those to attend who have no previous experience of the services. Projective techniques used in the focus group

discussions supported attendees to talk about sensitive subjects (e.g. mental health, sexual health)

- Discrimination from members of the public was most prevalent for both young people and adults over 18 years old. Adults and young people were both 'out' (majority) to their friends and fewer individuals were 'out' to their health workers or GPs.
- Mixed opinions from participants (both over and under 18yrs old) about how important it was for health professionals to know about sexuality with a general consensus that sexual health services was the most relevant.
- 'Heteronormativity' (presumption of heterosexuality) was the modal negative experience reported (33% of 'over 18yrs old' survey respondents). This finding is consistent with national research. Subsequent negative reactions were further highlighted. Such assumptions/reactions can be tackled through a number of different vehicles such as compliance with Equality Act 2010 which will ensure that the organisation takes into account the needs of people with protected characteristics when designing and delivering services. Organisations should revisit diversity training to be able to better identify issues that affect LGBT people.
- The key findings regarding the lifestyle issues; smoking; consumption of alcohol and drugs and sexual health support the findings in the literature review regarding increased rates. However, given the small size of the sample of the survey it is not possible to interpret the data in any further depth.
- Key tips were suggested on how to make health, social and community organisations more inclusive of individuals of all sexualities and gender identity:
 - ❖ Targeting LGBT people specifically for lifestyle issues (smoking; alcohol consumption; healthier weight) and including LGBT images in general literature
 - ❖ Sexual Health Promotion needs to be targeted at gay and bisexual women as well as gay men."

- ❖ LGBT specific services are perceived to be very limited but more services may not be the answer. Use of these services seemed low with evidence suggesting that people did not want to engage with LGBT specific services as they did not want to be treated differently/labelled for being LGBT. However, low levels of awareness do suggest a gap in the profile of local services.
- ❖ Health and social care professionals should adopt a standard of care to ensure that all LGBT people are treated fairly and respectfully.
- ❖ Young people's responses suggested a clear key theme of increasing education for general public; health professionals and teaching staff.
- Innovative suggestions were made about outreach sexual health services, for example a pop up tent for STI screening in local shopping centres that is available out of office hours. A virtual sexual health site with the opportunity to email health professionals with concerns/issues.

15. Proposed next steps

Is it important that evidence collected in this assessment on LGBT health and social issues is used to inform local strategies and policies but also to identity application at an operational level. The following recommendations were derived from the findings and presented at a feedback event for stakeholders, survey participants and health and social care professionals. The outcome of the feedback event can be seen in the table below as recommendations for action. The formation of a Wirral LGB&T forum has been suggested (via the feedback event) to take forward the recommendations, where appropriate, and this will remain a working document.

Recommendations

Collective recommendations from LGB&T feedback event

'Let's work with what we already have and adapt, rather than creating new things..'

Improving accessibility and appropriateness of mainstream services

Recommendation	Actions	Outcome/s	Measurement
Equip health and social care staff with the skills to work more sensitively with their LGB&T patients	<p>Appropriate validated/best practice benchmarking tool to be reviewed and selected by consensus agreement</p> <p>Review services against a validated benchmark tool</p>	<p>User friendly services that employ friendly and non judgmental/non-discriminatory professionals</p> <p>Quick and easy referral processes into health and social care services.</p> <p>Increase access/uptake of health and social</p>	<p>This may be through a baseline / follow-up / feedback or through application of evidence of effectiveness in other areas</p>

		care services	
Health and social care services to comply with the Equality Act 2010 (to include monitoring for protected characteristics, including sexual orientation and gender identity)	<p>Review service monitoring forms to identify gaps in recording</p> <p>Review Everything you always wanted to ask about sexual orientation monitoring... but were afraid to ask</p> <p>A best practice guide to monitoring sexual orientation monitoring commissioned by NHS North West, aimed at the public sector carrying out monitoring of staff and service users:</p> <p>http://www.lgf.org.uk/policy-research/SOM/</p>		
Health and social care services to comply with the Equality Act 2010 (to include monitoring for protected characteristics, including sexual orientation and gender identity)	Revisit diversity training to ensure that it raises awareness of how to effectively meet the needs of LGBT people	Greater awareness and access of local health and social care services	To measure the use of a service and to be able to identify changes in usage over time (timescale to be defined)
Raise profiles of local LGB&T services with LGB&T people and other mainstream services	<p>Scope training and promotional materials focusing on LGB&T young people, families and same sex couples</p> <p>Scope/map local e-media/websites to use as promotional tools</p> <p>LGB&T specific health promotion in targeted</p>	Greater uptake/access of local health and social care services	

	venues General health promotion literature with LGBT representation and distribution into mainstream outlets/services		
Ensure there is an effective transgender care pathway	Review evidence base for pathway Promote/raise awareness of pathway with community and health care professionals via appropriate networks and programme leads	Greater awareness of the pathway and clarification of its purpose for both staff and patients	
Include LGB&T in local service re-design/development	Targeted inclusion of LGB&T people in consultations about service design/development. "LGBT population to be able to consider specific needs e.g. Include LGB&T people in existing training packages with signposting to advice, websites	To put measures in place to meet the specific needs of LGBT people from black and ethnic minorities, mental health needs, disabilities	

Supporting Positive Mental Health

Recommendation	Action	Outcome/s	Measurement
<p>Increase access and availability to social groups</p> <p>Social media/e-media/virtual community inclusive of all ages</p>	<p>Event or venue to facilitate initial local contact</p> <p>Facilitate setting up of local/Wirral LGB&T forum</p> <p>Map current provision/activities</p>	<p>Reduced social isolation</p> <p>Establishment of networks away from pubs and clubs</p> <p>Diverse range of activities e.g. gay literature book clubs, walking groups</p>	
<p>Increase access and availability to counselling support networks/systems</p>	<p>Map local and Merseyside provision of LGB&T trained counsellors</p> <p>Facilitate the setting up of family/parental support for those families who's children who are LGB or T</p>	<p>Improved knowledge for GPs to signpost to local services (i.e. Brook, Age UK, Sahir)</p> <p>Increased uptake of specialised services</p>	
<p>Training for health and social care professionals to focus on the health issues that specifically relate to LGB & T people</p>	<p>GPs/Healthcare providers:</p> <p>Review 'Pride in Practice' (LGF& NHS North West).</p> <p>http://www.lgf.org.uk/Our-services/pride-in-practice/</p> <p>Review Lancashire charter mark scheme called the 'Navajo Mark'</p>	<p>LGB&T champion within different health and social care settings who consistently educate the wider group</p> <p>One charter/GP healthcare guidance inclusive of LGB&T to be championed to all healthcare settings</p> <p>assurance that lesbian, gay and bisexual patients are treated fairly and able to discuss their issues openly with their GP or</p>	

	<p>Adopt a 'standard of care' across Wirral for treatment of LGBT people</p> <p>Design a bag of resources to support GPs/healthcare providers</p>	healthcare provider	
Review existing mental wellbeing Policies/strategies	Services to identify if policies/strategies have had a Mental wellbeing impact assessment carried out to identify impact on LGB&T communities	Adaptation of existing mental wellbeing policies	
Raise profile of promoting positive mental wellbeing across LGB&T communities	<p>Social marketing campaign to focus on general stigma e.g. Challenging hate crime</p> <p>Promoting wellbeing; including positive physical and mental health</p> <p>Lobby/advocate requirements to report hate crime and discrimination as part of the Equality Act 2010</p>	<p>Reported increased wellbeing</p> <p>Reduced lifestyle risk in LGBT groups</p>	Baseline / follow-up / feedback or through application of evidence of effectiveness in other areas

Changing culture and attitudes

Recommendation	Action	Outcome/s	Measurement
Use sport and the arts as a vehicle to host messages	<p>Challenge the 'typical' Wirral family in messages by using images and examples of families involving same-sex parents/families</p> <p>Work with local sports clubs e.g. Tranmere Rovers</p>	Change perceptions of the typical family	
Anti homophobic/transphobic bullying policies in schools and workplaces	<p>Take findings to WASH and promote anti homophobic bullying to influence head and governors</p> <p>Learning from areas of good practice (locally)</p> <p>Review Healthy Schools Initiative (HIS)/standards to see if these policies are included.</p> <p>Review HIS to identify if there is adherence to these standards in practice</p> <p>Participation in Multi Agency Risk Assessment Committee (which looks at Hate Crime including schools)</p>	<p>Embedding of equality and inclusion in school and workplace environment</p> <p>Review PSHE for inclusion of LGB&T issues</p>	
In partnership with LGBT groups, influence PCT policies to include LGB&T issues	Use Safeguarding issue to promote education of LGB&T issues.		

Vehicle to drive the action plan is an LGB&T Forum

Finally, the subject matter for this needs assessment was broad and resulted in the collection of a lot of data about a lot of different health components but with limited depth. A future recommendation to development of this research would be to focus on the individual components within the health and social care agenda (e.g. mental health).



Wirral LGBT Survey



NHS Wirral are trying to find out more about the health and social care needs of Lesbian, Gay, Bisexual and Trans (LGBT) people who live, work or go to college/school in Wirral. This questionnaire asks about your health, your experience of services and how we can improve services. The information we get will help us develop and improve services for LGBT people and ensure funding is allocated appropriately.

This survey is for people who live, work or go to college/school in Wirral who identify as Lesbian, Gay or Bisexual or who have sex with people of the same sex. It is also for Trans people of all sexualities.

Please only take part if you:

- are Lesbian, Gay, Bisexual or Trans and/or
- are attracted to people of the same sex as you and/or
- have sex with people of the same sex as you.

You may think some of the survey is intrusive as we do ask some personal questions, but please feel free to leave any questions blank or choose the 'prefer not to say' option if you do not feel comfortable answering it. You can stop doing the survey at any time.

All answers you give will be anonymous and confidential and only NHS employees working on this project will see the data you provide. At the end of a project all the responses will be added together and presented in a report that will be available on our website. None of the answers you give could be used to identify you.

However, we are also looking for people who want to take part in focus groups to look at some issues in more detail. If you are interested in being part of a focus group there is more information at the end of the survey. At the end of the survey we also give you an opportunity to enter a prize draw to win a £50 High Street Voucher. The name and contact details you provide will not be linked with your response and will be stored separately.

Even if you have completed the Stonewall Gay Men's Health Survey recently please do complete this one as well – we are interested in local, Wirral health issues.

The last date to complete the survey is Weds 31st August 2011. The survey will take between 10 and 25 minutes to complete depending on how much information you want to provide. Nobody will answer every question on this survey as there are different sections for different people. On some questions, when you give a particular answer you will be asked to skip to another section and miss some questions out. These answers have an arrow by them to show you which question to skip to (e.g. → go to Q12). Where there is no arrow please just go on to the next question.

In this survey we use the term 'sexuality' to mean your sexual orientation or sexual identity (i.e. that you are Lesbian, Gay, Bisexual or have sex and/or relationships with people of the same sex). By 'gender identity' we mean a person's sense of being male or female, this could be the same as or different to the sex you were born.

If you want any more information about this work or if you would like a copy of this survey in another format, such as Braille, large print, audio cassette or CD, or in another language please contact: 'Have Your Say' team on freephone 0800 085 1547 or email haveyoursay@wirral.nhs.uk

Q1. In the LAST TWO YEARS who have you had physical and/or emotional relationships with? (tick one)

- Only Men
- Only Women
- Men and women
- No one
- Prefer not to say
- Other, please specify

Q2. How many people are you 'out' to or know about your sexuality/gender identity? If you are not 'out' to any of these groups please could you tell us why? (tick which proportion for each category)

	None	A few	Most	All	Not applicable
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your teachers/college staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health workers/your GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your religious/faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are not out to any of these groups, could you tell us why?.....

YOUR HEALTH

Q3. Do you currently smoke tobacco? (tick one)

- Yes - daily
- Yes - occasionally
- No - not at all → go to Q7
- Prefer not to say → go to Q7

Q4. Have you ever quit smoking for more than a month in your lifetime (tick one)

- Yes, how many times.....
- No → go to Q6
- Prefer not to answer → go to Q6

Q5. If yes which method did you use to quit for more than one month? (tick all that apply)

- GP or practice nurse
- NHS Stop Smoking Service
- Pharmacy Support
- Willpower
- Friends/Family Support
- Other, please specify

Q6. Which of the following statements best describes your current intentions about smoking? (tick one)

- I intend to give up smoking within the next month
- I intend to give up smoking within the next year
- I intend to give up smoking but I don't know when
- I am unlikely to give up smoking
- Don't know

For the following questions 1 drink = 1 unit = ½ pint beer or 1 glass of wine or 1 single spirit.

Q7. For MEN, how often do you have EIGHT or more alcoholic drinks on one occasion? And WOMEN, how often do you have SIX or more alcoholic drinks on one occasion? (tick one)

- Never → go to Q11
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Prefer not to say → go to Q11

Q8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (tick one)

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Q9. How often during the last year have you failed to do what was normally expected of you because of alcohol? (tick one)

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Q10. In the last year has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested you cut down? (tick one)

- No
- Yes, on one occasion
- Yes, on more than one occasion

Q11. In what ways could we encourage LGBT people to drink safely?

.....

.....

.....

Q12. In the last year have you used any illicit or recreational drugs (e.g. cannabis, cocaine, poppers, ecstasy, GBH, heroin, ketamine etc)? (tick one)

- Yes
- No → go to Q16
- Prefer not to say → go to Q16

Q13. In the last year, on average, how often have you used the following drugs? (tick one for each drug)

	Daily	Weekly	Monthly	Less than every 3 months	Never
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Methadone/heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substances/stimulants					
Please state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14. Are you worried/concerned about your drug use? (tick one)

- Yes, very concerned
- Yes, slightly concerned
- No, not at all concerned → go to Q16
- Not sure → go to Q16

Q15. Have you ever sought professional help for your drug use?

- Yes → please state where and tell us what you thought of the service.....
.....
- No → What would encourage you to access support?

Q16. In the last three years have you experienced any mental health problems? (e.g. anxiety, depression, self harm, eating disorders etc)? (tick one)

- Yes
- No → go to Q18
- Unsure → go to Q18
- Prefer not to say → go to Q18

Q17. Did you seek medical help for this? (tick one)

- Yes - if yes, where.....
- No - if not, why not?
- Unsure

Q18. If you were to experience a mental health problem in the future would you be likely to seek help/know where to go? (tick one)

- Yes
- No → could you tell us about it below
- Unsure

If not, why not?

Q19. Which of the following do you think best describes you: (tick one)

- I am underweight
- I am about the right weight
- I am a little overweight
- I am very overweight
- I am not sure about my weight

Q20. If you wanted support to lose weight where would you go? (tick all that apply)

- GP
- Slimming club (i.e. Weight Watchers, Slimming World etc.)
- Family/ friends
- Self help/ online
- Pharmacy
- Other, please state.....

Q21. Is there anything about your body shape or appearance that you would like to change? Please could you tell us about it?

.....
.....

.....

Q22. Do you think health campaigns (such as Stop Smoking, Eat 5 a day etc) should be especially targeted at LGBT people or should general campaigns be made more inclusive of LGBT people? (tick one)

- Messages should be aimed at LGBT people using LGBT media and venues
- General campaigns more inclusive of all people no matter what their sexuality/gender identity
- Both
- Unsure

Q23. Where do you think we should advertise health campaigns that are aimed specifically at LGBT people?

.....

.....

.....

Q24. How could we make general health promotion messages inclusive of LGBT people?

.....

.....

.....

Q25. Is your current gender identity the same as the gender (Biological Sex) you were originally assigned at birth? (tick one)

- Yes → go to Q27
- No
- Prefer not to answer → go to Q27

TRANS HEALTH

This section is for people who identify as Trans*. If you do not consider yourself to be Trans please answer 'no' to the question above and skip → go to Q27

**Trans is an umbrella term used to describe a whole range of people whose gender identity or gender expression differs in some way from the gender assumptions made about them when they were born. The terms transgender people and trans people can include, but are not limited to: Cross-dressing & transvestite people, trans women, trans men, transsexual men & transsexual women, people with a trans history, people identifying as androgyne, polygender, genderqueer, gender non-conforming, dual gendered, & non-gender identifying, gender questioning people, gender variant & gender diverse people, transgender people & intersex people and anyone who feels that the gender assigned to them at birth incompletely describes or does not at all describe their own personal gender or non-gender identity.*

Q26a. Do you consider yourself to be within any of the following categories? (tick all that apply)

- FTM / trans man
- MTF / trans woman
- Intersex person
- Androgyne / polygender / genderqueer person
- Cross-dressing / transvestite person
- None of these
- Other type of gender variant person, please specify.....

Q26b. Have you had any gender reassignment treatments like hormones and/or surgery? (tick one)

- Yes
- No
- Unsure
- Prefer not to say

Q26c. Have you ever had any problems accessing basic health care (i.e. with a GP, at a walk-in centre, with a dentist etc) because you are, or were, identified Trans? (tick one)

- Yes → could you tell us about it below
- No
- Unsure

If yes, could you tell us about it?

Q26d. Have you ever had any problems with your family because you are, or were, identified Trans? (tick one)

- Yes → could you tell us about it below
- No
- Unsure

If yes, could you tell us about it?

Q26e. How can we ensure sexual health services (including cervical and sexually transmitted infection screening, condom schemes etc) are appropriate for Trans people or those with a Trans history?

Q26f. How could mental health services be improved for Trans people or those with a Trans history?

Q26g. Have you ever experienced discrimination at work because you are Trans? (tick one)

- Yes → could you tell us about it below
- No
- Unsure

If yes, could you tell us about it?

If you have completed the Trans Health Section please now → go to Q44

Q27. What is your gender? (tick one)

- Male
- Female → go to Q38
- I prefer to use my own term, please state then → go to Q44.....
- Prefer not to say → go to Q44

The next section is about men's sexual health. Please → go to Q38 if you are female. Or → go to Q44 if you use another term or prefer not to tell us your gender.

Q28. Did you know free condoms are available in Wirral? (tick one)

- Yes
- No → go to Q30
- Unsure → go to Q30
- Prefer not to answer → go to Q30

Q29. Do you use the free condoms provided in Wirral? (tick one)

- Yes → go to Q31
- No

- Unsure
- Prefer not to answer

Q30. Would you use free condoms if you could get them? (tick one).

- Yes
- No
- Unsure

Q31. How often, if ever, do you get screened for sexually transmitted infections? (tick all that apply)

- Never
- Every 3 months
- Every 6 months
- Once a year
- After unprotected sex
- After change of partner
- Other, please specify.....

Q32. Have you ever been offered an HIV test? (tick one)

- Yes, over a year ago
- Yes, within the last year
- No → go to Q34
- Unsure → go to Q34

Q33. Did you accept the offer of an HIV test? (tick one)

- Yes
- No
- Unsure

Q34. Would you know where to get an HIV test? (tick one)

- Yes
- No
- Unsure

Q35. Where would you like to see HIV testing available?

.....

.....

.....

Q36. Men who have sex with men are at increased risk of developing anal cancer in later life. What should NHS Wirral be doing to help reduce this in Wirral and make people aware of this?

.....

.....

.....

Q37. Are the services in Wirral providing everything you need for your sexual health? (tick one)

- Yes → go to Q44
- No → go to Q44
- Not sure → go to Q44

Please could you tell us why?

.....

.....

The next section is about women's sexual health if you are male please → go to Q44

Q38. Have you had a cervical smear test in the last 3 years? (tick one)

- No
- Yes → go to Q40
- Unsure → go to Q40

Q39. If you have not had a cervical smear test, why not? (tick all that apply)

- I am not in the right age category
- I was told by a friend/relative/partner I do not need one
- I was told by a health worker that I do not need one
- I do not think I am at risk of cervical cancer, please explain why.....
- Other reason, please state

Q40. How could we encourage more Lesbians and Bisexual women to have regular cervical screening?

.....
.....
.....

Q41. How often, if ever, do you get screened for sexually transmitted infections? (tick all that apply)

- Never
- Every 3 months
- Every 6 months
- Once a year
- After unprotected sex
- After change of partner
- Other, please specify.....

Q42. Are the services in Wirral providing everything you need for your sexual health (tick one)

- Yes
- No
- Not sure

Please could you tell us why?

Q43. How do you think Lesbians/Bisexuals/women who have sex with women can be encouraged to attend STI screening?

.....
.....
.....

Please go → to the next page

EXPERIENCE OF HEALTH AND SOCIAL CARE

Q44. Have you attended any health service (i.e. GP, hospital, walk-in centre etc) in the last three years? (tick one)

- Yes
- No → go to Q47
- Unsure → go to Q47
- Prefer not to say → go to Q47

In this section we are interested in your experience of healthcare services particularly in relation your sexuality and gender identity. Healthcare workers include your GP (family doctor), practice nurses, hospital staff, physiotherapists, healthcare assistants etc.

Q45. In relation to your sexuality and gender identity, have you had any of the following POSITIVE experiences in a healthcare setting? (Tick all that apply)

In the **LAST THREE YEARS** a GP/healthcare worker...

- acknowledged I was Lesbian/Gay/Bisexual/Trans after I had come out to him/her
- said that my partner was welcome to be present at an appointment/consultation
- gave me health advice that took account of the fact that I am Lesbian/Gay/Bisexual/Trans
- did not ask inappropriate questions
- did not make inappropriate comments
- provided me with an opportunity to come out/discuss my gender identity
- has changed the record of my gender on their computer system to match my acquired gender
- acknowledged and used my new name and title
- used appropriate pronouns (he or she) when talking about me
- I attended a health service for Lesbian/Gay/Bisexual/Trans people
- None of these (I HAVE accessed healthcare services in the last year but not experienced any of these positive experiences)
- Any other comments or experiences?.....
.....

Q46. In relation to your sexuality or gender identity, have you had any of the following NEGATIVE experiences in a healthcare setting in the LAST THREE YEARS? (Tick all that apply)

- The environment of the GP surgery was not welcoming for me as a Lesbian/Gay/Bisexual/Trans person
- A GP/healthcare worker reacted badly when I came out to him/her
- A GP/healthcare worker ignored it when I came out to him/her
- A GP/healthcare worker asked me inappropriate or intrusive questions
- A GP/healthcare worker assumed that I am heterosexual/not Trans
- A GP/healthcare worker gave me health advice that took no account of the fact that I am Lesbian/Gay/Bisexual/Trans
- A GP/healthcare worker use inappropriate pronouns/refused to use my new name or title
- A GP/healthcare worker treated me as my former gender
- A GP/healthcare worker refused to change the record of my gender on their computer system to my acquired gender
- There was no opportunity to discuss my sexuality/gender identity
- I couldn't come out/discuss my Trans identity because it did not feel safe to do so
- Even though I had previously come out, the GP/healthcare worker still assumed I'm heterosexual
- I am not sure what the policy of the GP surgery is on confidentiality
- I have overheard homophobic/transphobic comments from GPs or healthcare workers
- The reception staff were hostile and unfriendly when they found out I was Lesbian/Gay/Bisexual/Trans
- They made inappropriate assumptions about me when they found out I was Lesbian/Gay/Bisexual/Trans
- None of these (I HAVE accessed healthcare services in the last year but not experienced any of these negative experiences)
- Any other comments or experiences?.....
.....

Q47. In the last three years, have you experienced discrimination because of your sexuality or gender identity in relation to....? (tick all that apply)

- Housing and living conditions
- Using bars or restaurants
- Shopping
- Dealing with trades people and business services
- Using public transport and taxis
- Skills, training and job opportunities
- Earnings, benefits and pensions
- Using leisure/sports facilities
- Access to information about health and social services
- Dealing with health workers
- Carers
- Police
- Registering a civil partnership
- Residential care
- Accessing hospital services
- Fire service
- Ambulance service
- Using alcohol and drug treatment services
- Using mental health services
- Using relationship guidance services
- Immigration or partners immigration
- From within your religious organisation
- Looking after children
- Other family relationships
- From within your cultural/racial group
- Friendships
- Workmates and colleagues
- From other young people at school
- From teachers at school/college
- Strangers in public
- Other, please specify.....
- Any other comments or experiences?.....

Q48. What term do you usually use to describe your sexuality/sexual identity? (tick one)

- Lesbian/Gay woman
- Gay man
- Bisexual
- Heterosexual/straight → go to Q53
- Prefer not to answer → go to Q53
- I prefer to use my own term, please state.....

The next section is about sexuality and the assumptions health and social care workers may make about you. If you are not Lesbian, Gay or Bisexual please → go to Q53

Q49. In the LAST THREE YEARS has a health or social care worker made an inappropriate assumption about your sexuality? (tick one)

- Yes
- No → go to Q53
- Unsure → go to Q53
- Prefer not to say → go to Q53

Q50. If yes, did you correct them? (tick one)

- Yes
- No

Unsure

Could you tell us why you did or did not correct them?

Q51. Could you tell us how this assumption/conversation made you feel & what impact it had on you?

.....

Q52. Do you think these assumptions of health and social care workers need to be changed? (tick one)

- Yes
- No
- Unsure

If so, how do you think this could be done?

LGBT Services and Support

Q53. What would you suggest as the top 3 tips to make health, social care and community organisations more 'LGBT friendly'/inclusive of people of all sexualities and gender identity?

.....

Q54. Do you know of any specific Lesbian, Gay, Bisexual or Trans health and social care services or community organisations in Wirral or Merseyside and have you used them? (tick one)

- Yes
- No
- Unsure

If yes, can you tell us which ones and whether you have used them.....

Q55. Do you feel you have a strong social support network (i.e. people/ groups you can turn to for support if you need it)? (tick one)

- Yes
- No
- Unsure

Q56. Who or what do you rely on most for social support? (tick all that apply)

- Family
- Friends
- Partner(s)
- Community group
- LGBT group
- Chat rooms/anonymous websites
- Other, please specify.....

Q57. Do you access any Lesbian, Gay, Bisexual or Trans services/organisations services outside of Wirral? (tick one)

- Yes
- No
- Unsure

If so, why do you choose to go outside Wirral?
.....

Q58. Are there any Lesbian, Gay, Bisexual or Trans support services/initiatives that don't currently exist in Wirral but you would like to see or that you would use if available?

.....
.....
.....

Q59. How old are you? (tick one)

- 18-24 → go to Q61
- 25-34 → go to Q61
- 35-44 → go to Q61
- 45-54 → go to Q61
- 55-64
- Over 64

The next section is for people aged 55 and older. If you are under 55 please → go to Q61

Lots of research suggests that older LGBT people face dual discrimination because of their age and sexual orientation/gender identity.

Q60a. Do you feel you face any particular problems because of your age and sexuality and/or gender identity? (tick one)

- Yes → please explain below
- No
- Unsure

If yes, could you tell us about it?

.....
.....

Q60b. In relation to ageing and sexuality and/or gender identity, do you have any concerns or worries about getting older? (tick one)

- Yes → please explain below
- No
- Unsure

If yes, could you tell us about it?

.....
.....

Q60c. How could the issues you have mentioned in the previous two questions be addressed in Wirral?

.....
.....
.....

Q61. How would you describe your ethnicity? (tick one)

- White - English/Welsh/Scottish/British → go to Q63
- White - Northern Irish
- White - Irish
- White - Gypsy or Irish Traveller
- White - Other

- Mixed/Multiple Ethnic group - White and Black Caribbean
- Mixed/Multiple Ethnic group - White and Black African
- Mixed/Multiple Ethnic group - White and Asian
- Mixed/Multiple Ethnic group - Other

- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Asian/Asian British - Other

- Black/African/Caribbean British - African
- Black/African/Caribbean British - Caribbean
- Black/African/Caribbean British - Other

- Arab
- Prefer not to say
- Other (please specify)
- Any other ethnic group, write in

Lots of research suggests that black or minority ethnic (BME) LGBT people face dual discrimination because of their race and sexuality/gender identity.

Q62a. Do you feel that you have to be less open about your sexual orientation/ gender identity because of your race/ religion?

- Yes
- No
- Unsure

If yes, please tell us what impact that has on you/ tell us more about it

.....

.....

.....

Q62b. What could be done to support people from the BME community who also identify as LGBT?

.....

.....

.....

Q63. How would you describe your religion/belief?

.....

Q64. Have you ever experienced homophobic or transphobic bullying, abuse or violence? (tick one)

- Yes → could you tell us about it below
- No
- Unsure

If so could you tell us about it?

.....

65. What can be done to address homophobic or transphobic bullying, abuse and violence in Wirral?

.....

.....

.....

Q66. Where do you live? (tick one)

- | | |
|---|---|
| <input type="checkbox"/> Bebington | <input type="checkbox"/> New Brighton |
| <input type="checkbox"/> Bidston and St James | <input type="checkbox"/> Oxton |
| <input type="checkbox"/> Birkenhead and Tranmere | <input type="checkbox"/> Pensby and Thingwall |
| <input type="checkbox"/> Bromborough | <input type="checkbox"/> Prenton |
| <input type="checkbox"/> Clatterbridge | <input type="checkbox"/> Rock Ferry |
| <input type="checkbox"/> Claughton | <input type="checkbox"/> Seacombe |
| <input type="checkbox"/> Eastham | <input type="checkbox"/> Upton |
| <input type="checkbox"/> Greasby, Frankby and Irby | <input type="checkbox"/> Wallasey |
| <input type="checkbox"/> Heswall | <input type="checkbox"/> West Kirby and Thurstaston |
| <input type="checkbox"/> Hoylake and Meols | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Leasowe and Moreton East | <input type="checkbox"/> Not sure or outside of Wirral – please specify or provide postcode |
| <input type="checkbox"/> Liscard | |
| <input type="checkbox"/> Moreton West and Saughall Massie | |

Q67. Do you consider yourself to have a disability? *(tick one)*

- Yes, please specify.....
- No → go to Q69
- Unsure → go to Q69
- Prefer not to say → go to Q69

Q68a. Generally, do you feel that your needs in relation to your disability are met? *(tick one)*

- Yes
- No
- Not sure

Q68b. Do you think that the ability to meet these needs is affected by your sexual orientation/ gender identity? *(tick one)*

- Yes
- No please tell us more below
- Not sure please tell us more below

Please could you tell us more.....
.....
.....

Q68c. What should be done to make sure that LGBT people with a disability are not at a disadvantage because of their sexual orientation/ gender identity?

.....
.....
.....

ABOUT YOU

Q69. Are you in an 'open' or non-monogamous relationship? *(tick one)*

- Yes
- No
- Unsure

Q70. Do you have any parental responsibility (either of children from a previous relationship or current relationship) *(tick one)*

- Yes
- No
- Unsure
- Prefer not to say

If yes, are there any services that would be helpful to you as an LGBT parent?.....
.....
.....

Q71. Have you got any other comments or observations to make about LGBT health and social care? If so please tell us about it below.

.....
.....
.....
.....
.....

Q72. What is the highest educational qualification you have? *(tick one)*

- I have no educational qualifications
- O-Levels/CSEs/GCSEs or equivalent
- A-Levels or equivalent
- University degree or higher
- Other, please specify.....

Q73. Are you currently...? (Tick one)

- In full time education
- Employed part time
- Employed full time
- Unemployed
- Medically Retired or on long-term disability/'sick' benefits
- Retired
- Other, please specify.....

Thank you so much for taking the time to complete our survey, we are very grateful for the information you have provided.

Prize Draw

If you would like to be entered into the prize draw to win a £50 High Street Voucher please complete the details below.

Your contact details will not be linked with your responses and will be stored separately. This section is optional and you do not have to complete it.

Name.....

Email address.....

Telephone number.....

Focus Groups

We are planning to run some focus groups and/or one-to-one interviews to learn more about the issues facing LGBT people in Wirral and what we can do to address these. We are hoping these will take place in September at a time to suit participants. Travel expenses will be paid and we will compensate participants for their time with a £10 High Street Voucher.

If you would like to be involved in this aspect of the research please complete the form below. We will contact you within a couple of weeks to organise the focus group.

This section is optional and you do not have to complete it.

Name.....

Email address.....

Telephone number.....

Wirral LGBT Survey - Young People

NHS Wirral are trying to find out more about the health and social care needs of Lesbian, Gay, Bisexual and Trans (LGBT) people who live, work or go to college/school in Wirral. This questionnaire asks about your health, your experience of services and how we can improve services. The information we get will help us develop and improve services for LGBT people and ensure funding is allocated appropriately.

This survey is for people who live, work or go to college/school in Wirral who identify as Lesbian, Gay or Bisexual or who have sex with people of the same sex. It is also for Trans people of all sexualities.

Please only take part if you:

- are Lesbian, Gay, Bisexual or Trans and/or
- are attracted to people of the same sex as you and/or
- have sex with people of the same sex as you.

This survey is about issues for young LGBT people so is for people under 18. If you are over 18 please ask the person who gave you this for the version for older people.

You may think some of the survey is intrusive as we do ask some personal questions, but please feel free to leave any questions blank or choose the 'prefer not to say' option if you do not feel comfortable answering it. You can stop doing the survey at any time.

All answers you give will be anonymous and confidential and only NHS employees working on this project will see the data you provide. At the end of a project all the responses will be added together and presented in a report that will be available on our website. None of the answers you give could be used to identify you.

However, we are also looking for people who want to take part in focus groups to look at some issues in more detail. If you are interested in being part of a focus group there is more information at the end of the survey. At the end of the survey we also give you an opportunity to enter a prize draw to win a £50 High Street Voucher. The name and contact details you provide will not be linked with your responses and will be stored separately.

Even if you have completed the Stonewall Gay Men's Health Survey recently please do complete this one as well - we are interested in local, Wirral health issues.

The survey will take between 5 - 15 minutes to complete depending on how much information you want to give us. The last date to complete the survey is 31 August 2011.

In this survey we use the term 'sexuality' to mean your sexual orientation or sexual identity (i.e. that you are Lesbian, Gay, Bisexual or have sex and/or relationships with people of the same sex). By 'gender identity' we mean a person's sense of being male or female, this could be the same as or different to the sex you were born.

If you want any more information about this work or if you would like a copy of this survey in another format, such as Braille, large print, audio cassette or CD, or in another language please contact:

'Have Your Say' team on freephone 0800 085 1547 or email haveyoursay@wirral.nhs.uk



1. How old are you? (tick one)

- Under 14
- 14
- 15
- 16
- 17

2. What is your gender? (tick one)

- Male
- Female
- I prefer to use my own term, please state.....

3. What term do you usually use to describe your sexual identity? (tick one)

- Lesbian/Gay woman
- Gay man
- Bisexual
- Heterosexual/straight
- Prefer not to answer
- I prefer to use my own term, please state.....

4. How many people are you 'out' to or know about your sexuality/gender identity? (tick which proportion for each category)

	None	A few	Most	All	Not applicable
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your teachers/staff at school or college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer/people at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health workers/ your GP/family doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your religious/faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If you are not 'out' to any of the groups in question 5 above could you tell us which ones and why?

.....

.....

.....

6. Have you ever had any problems with your family because of your sexuality/gender identity? (tick one)

- Yes → could you tell us about it below
- No
- Unsure

If yes, could you tell us about it?

.....

.....

.....

7. Have you ever experienced bullying, abuse or violence because of your sexuality/gender identity? (tick one)

- Yes → could you tell us about it below
- No
- Unsure

If yes, could you tell us about it?

.....

.....

.....

8. What can we do to address this type of bullying, abuse and violence in Wirral?

.....

.....

.....

9. What can be done to help young LGBT people at school/college?

.....

.....

.....

10. Have you ever experienced any mental health problems? (e.g. anxiety, depression, eating disorders, stress etc) (tick one)

- Yes
- No
- Unsure

11. Do you know of any Lesbian, Gay, Bisexual or Trans specific services/organisations in Wirral or Merseyside? (tick one)

- Yes → could you tell us about it below
- No

If yes, can you please tell us which ones and whether you have used them.

.....

.....

.....

12. Are there any LGBT support services/initiatives or organisations that don't currently exist in Wirral but you would like to see or that you would use if available?

.....

.....

.....

13. What other things could be done to improve things for young LGBT people in Wirral?

.....

14. How would you describe your ethnicity? (tick one)

- White - English/Welsh/Scottish/British
- White - Northern Irish
- White - Irish
- White - Gypsy or Irish Traveller
- White - Other

- Mixed/Multiple Ethnic group - White and Black Caribbean
- Mixed/Multiple Ethnic group - White and Black African
- Mixed/Multiple Ethnic group - White and Asian
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- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Asian/Asian British - Other

- Black/African/Caribbean British - African
- Black/African/Caribbean British - Caribbean
- Black/African/Caribbean British - Other

- Arab
- Prefer not to say
- Other (please specify)
- Any other ethnic group, write in

15. What is the highest educational qualification you have? (tick one)

- I have no educational qualifications/I have none yet
- GCSEs or equivalent
- A-Levels or equivalent
- I have no qualifications
- Other please specify:

16. Are you currently...? (Tick one)

- In full time education
- Employed part time
- Employed full time
- Unemployed
- Other, please state.....

17. Where do you live? (tick one)

- | | |
|--|---|
| <input type="checkbox"/> Bebington | <input type="checkbox"/> Greasby, Frankby and Irby |
| <input type="checkbox"/> Bidston and St James | <input type="checkbox"/> Heswall |
| <input type="checkbox"/> Birkenhead and Tranmere | <input type="checkbox"/> Hoylake and Meols |
| <input type="checkbox"/> Bromborough | <input type="checkbox"/> Leasowe and Moreton East |
| <input type="checkbox"/> Clatterbridge | <input type="checkbox"/> Liscard |
| <input type="checkbox"/> Cloughton | <input type="checkbox"/> Moreton West and Saughall Massie |
| <input type="checkbox"/> Eastham | <input type="checkbox"/> New Brighton |

- Oxton
- Pensby and Thingwall
- Prenton
- Rock Ferry
- Seacombe

- Upton
- Wallasey
- West Kirby and Thurstaston
- Not sure or outside Wirral - please tell us where or provide postcode.....

Thank you so much for taking the time to complete our survey, we are very grateful for the information you have given us.

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Email address.....

Telephone number.....

Focus Groups

We are planning to run some focus groups and/or one-to-one interviews to learn more about the issues facing LGBT people in Wirral and what we can do to address these. We are hoping these will take place in September at a time to suit participants. Travel expenses will be paid and we will compensate participants for their time with a £10 High Street Voucher.

If you would like to be involved in this aspect of the research please complete the form below. We will contact you within a couple of weeks to organise the focus group.

This section is optional and you do not have to complete it.

Name.....

Email address.....

Telephone number.....

LGB Needs Assessment: Questionnaire Distribution List

Contacts	‘Known’ LGB / ‘Generic’
Friends	Known
Silver Pride	Known
Women’s football teams	Known Generic
Wirral Council / Other staff forums	Known Generic
Merseyside Police LGB Forum	Known
Facebook pages (NHS Wirral; THT; LA) And other Facebook pages: including Liverpool Pride, Homotopia	Known
Liverpool Pride / Homotopia (website)	Generic
LGBT Community Network – Liverpool	Known
Armistead	Known
Gyro	Known
A&E, Gynae wards	Known Generic
Universities and Colleges (staff groups – LGB societies)	Known Generic
WMO	Generic
Wirral Change	Generic
Unity Theatre Everyman Novas FACT cinema ‘News from nowhere’	Known Generic
Sahir House	Known Generic
LGF Publications / Websites	Known
	Known

Pubs / Clubs	Generic
	Known
Mersey Marauder (football – male)	
Pink Sofa (Lesbian dating website)	Known
THT – Outreach	Known
PCT Staff Bulletins / WUTH / CWP	Known Generic
Housing Associations – News letters - Forum - Venture - Wirral Partnership - Maritime	Known Generic
YMCA VCAW CVS CAB	Generic / maybes
Age UK	Known Generic
Youth Settings (Health Service in schools)	Known Generic
Team Wirral Website	Known Generic
Training Agencies	Generic
CAMHS	Generic
Kooth.com	Generic
Wirral Mind	Generic
Health Visitors	Known / LGB
Brook – ‘work it out’	Known / LGB
One Stop Shops/libraries	Generic
Children’s Centres	Generic
Gyms / Leisure Centres	Generic
Saunas – Dolphin	Known
GUM	Known Generic
Drug Services (DAAT)	Known Generic
Trans Wirral	Known

GP Practices	Generic
Trans Forum, Manchester	Known
Day Centres	Generic
Williamson Art Gallery	Generic



**Health and Social Care Service Optimisation for LGBT population
Mini-group Discussion Guide
Up to 1.5 hours**

October 2011

KEY OBJECTIVE:

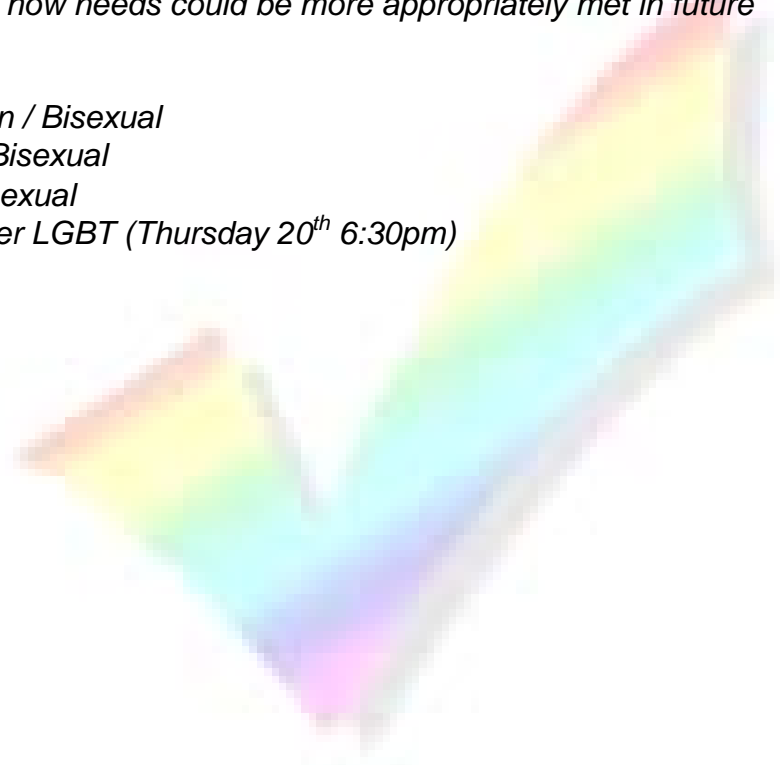
How can we optimise local service provision to make it more accessible and appropriate for the LGBT population in Wirral

AIMS:

- *Identify the health and wellbeing needs of the local LGBT population*
- *Establish if any 'gaps' exist between needs and the service provision*
- *Determine how needs could be more appropriately met in future*

GROUPS:

- *1 x Lesbian / Bisexual*
- *1 x Gay / Bisexual*
- *1 x Transsexual*
- *1 x Younger LGBT (Thursday 20th 6:30pm)*



Introduction & Warm Up

5 mins

Objective: Introduce the research purpose, help respondents feel relaxed/participate

Moderator Introductions:

- Welcome & thanks for attending
- Introduction of moderator, recording equipment, confidentiality
- Explanation of purpose of research and duration of session
 - Explain: Some research has recently been carried out in Wirral to understand the needs and experiences of the LGBT population. You may have completed a survey recently as part of this? This research has identified some issues with people's experiences of health / social care services in Wirral. Today we want to discuss your views on these and develop solutions

- Focus of today is what is really working in Wirral, what is not and how can we 'tweak' what we have to make it better. There will be some creative exercises
- Please speak on behalf of LGBT friends / relatives and not just yourselves i.e. a LGBT 'spokesperson' role

SHOW CARD 1

Aim of today: "LGBT friendly" services - how do we tweak what we have to make local services more attractive to LGBT people

Respondent Introductions:

Respondents to introduce selves, what they do, where they live, ideal dinner guest dead or alive etc.

Key relationships / Support structures 5 mins

Objective: Understand support structure, networks, influences etc

- **TASK (HAND-OUT A):** Thinking about all the people you can turn to for support (e.g. immediate family, broader family, friends, colleagues, partners, social services etc) can you draw a '**relationships map**' putting you in the centre and then mapping out your key relationships from the people who are closest to you, to those who are furthest away (show example)
- Explore relationships: Do you feel you have a strong social network? Who can you most rely on? Who would you turn to about health-related issues? Why?

Use / knowledge / general attitudes to healthcare services 10 mins

Objective: Gauge current usage, knowledge & attitudes towards services / support

- Where do you look for advice/information about health? Are there any areas you feel you need more information (as an LGBT person)?
- What sources do you get most of your health information from (probe on websites, posters, TV, books, newspapers, WOM, health professionals etc)
- Thinking about all the health services you have used....
- Have you had any particularly *positive* experiences at any services you would like to share? For every positive experience, ask 'how could this experience be enhanced?'
- Have you had any particularly *negative* experiences at any services you would like to share? For every negative experience, ask 'how could this experience have been improved?'
- Do you know of any organisations that offer LGBT specific sessions / support / activities? What do you think of them? Probe on formal sessions (e.g. NHS) and informal (e.g. book club)

Service interactions - issue exploration 15 mins

Objective: In-depth exploration of issues already identified

- These are some things that other people who identify as LGBT have said about their issues with healthcare services. Can you let me know your feelings on them i.e. whether you have had similar experiences or whether you have had the opposite experience (i.e. a very positive one)

- Then as a group please rank any negative experiences issues from major / common issues to minor / uncommon issues on the scale provided (**HAND-OUT B**)

Where people have had positive or negative experiences probe on what the service was / the context etc.

SHOWCARD SET 2

- The environment was not welcoming for me as an LGBT person
- Health/social worker reacted badly when I 'came out' as LGBT
- Health/social worker asked inappropriate or intrusive questions
- **Health/social worker assumed I was heterosexual
- Health/social worker gave me advice that took no account of the fact I was LGBT
- There was no opportunity to discuss my sexuality/gender identity
- I couldn't come out/discuss my trans identity because I didn't feel safe/comfortable doing so
- I felt there was a lack of understanding about LGBT issues and they didn't give appropriate advice
- I felt the health/social worker was homophobic/transphobic/biphobic
- Staff are hostile/unfriendly now they know I'm LGBT
- They made inappropriate assumptions about me when they found out I was LGBT
- They were preoccupied with sex and HIV
- (Trans only – A health/social worker refused to use my new name / title)
- (Trans only – A health/social worker treated me as my former gender)
- (Trans only – A health/social worker refused to change the record of my gender on the computer system)
- Other?

****FOR ALL NEGATIVE EXPERIENCES ASK “AND WHAT COULD BE DONE TO IMPROVE THIS?” WHAT CHANGES WOULD YOU LIKE TO SEE MADE TO ADDRESS THIS?**

****FOR ALL POSITIVE EXPERIENCES ASK “HOW COULD THIS BE ENHANCED?”**

'Coming out'

5 mins

Objective: To explore attitudes towards / experiences of coming out to health professionals

Use SHOWCARD: Health/social worker assumed I was heterosexual

- How often does this happen?
- Have you ever felt 'forced' to come out – in what situations? Why do you think assumptions were made?
- Do you think it is important your GP knows you identify as LGBT? Why? Why not?
- Is it important other health/social workers know you identify as LGBT? Who in particular should know? Why?
- What would be the best way to support 'coming out' / stop assumptions being made? What are all the things that would help? Can you all give your top 3 tips / recommended changes to services (**HAND-OUT C**)

Mental health issues / body issues

5 mins

Objective: Explore attitudes towards / experiences of mental health issues

- I want to talk about mental health issues now.. have any of you had experiences with anxiety/depression/other mental health issues?
- How did you deal with these issues? Who did you talk to about them? What information did you seek out? Did you visit a health/social worker?
- If dealt with alone – why was this? What were all the things that stopped you visiting a health professional?
- If went to a health worker - what was the experience like? How important is it that a GP knows about the fact you identify as LGBT when dealing with mental health issues?
- How comfortable would you say you are with your body image? Do you think the LGBT population has bigger issues with body image than heterosexuals? Why? Why not?
- Are there any services that can support positive body image? Do you know of any services in Wirral? (PROBE on weight management / healthy eating / physical activity services) What do you think of them? Would you go to them?
- Is there anything else that that can be done to support positive body image in the LGBT population? What ideas do you have?

Sexual health

5 mins

Objective: Explore attitudes towards / experiences of sexual health services

- Do you think sexual health provision is sufficient in Wirral? Is anything missing? What is required and where?
- Do you feel you have enough information about what you should and shouldn't be getting checked for? What do you think all these things are?
- What sort of information/advice would make you attend a sexual health service? From whom would this advice come from?
- What do you think of sexual health services? Probe on atmosphere / staff / information provided / how comfortable you feel etc
- One in two LGBT women in Wirral and one in three LGBT men in Wirral have never been screened for an STI – why do you think that is?
- One in two LB women in Wirral have never had a smear – why do you think that is?
- What would you suggest as the top three tips to make sexual health services more attractive? (**HAND-OUT D**)

Health Promotions

5 mins

Objective: Exploration of health promotions

- How much do you notice health promotion campaigns? By that I mean posters / leaflets / adverts about smoking, alcohol consumption, sexual health? etc
- Do you think health promotion campaigns are aimed too much at heterosexual people? Or do you think they are just as relevant to you?
- A lot of people have said they want health promotions to target LGBT people more? Do you agree with this? Why? Why not?

- How should a health promotions campaign best reach you? What would be the best tone / content / images etc? Where would a health promotion best reach you?
- Should health promotions just target LGBT people or just represent LGBT people?
- What do you think of the use of LGBT celebrities in health promotions? Is this appropriate? Why? Why not?

Specific groups

5 mins

Objective: Specific questions for specific groups

YOUNG PEOPLE ONLY

- Do schools/colleges do enough to support LGBT people?
- Are there any good services for young LGBT people? What are these?
- What else would help?

Idealisation Exercise

10 mins

Objective: To generate ideas to optimise services

- What do you think the major gaps are, if any, in LGBT provision in Wirral?
- What specific services / groups would be helpful / useful?
- Are there any services where you think it would be appropriate to have LGBT only times / sessions etc? What? Why? How?

TASK: (HAND-OUT E)

Based on everything we've talked about today, imagine you were in control of making a health service more 'LGBT friendly'. **What would you do differently to make it better?** I am going to ask you to do this exercise twice. First I am going to hand you a cheque for £500,000! What would you do with this. I want you to imagine and then design your ideal health service. Draw anything that comes to mind. No idea is a bad idea.

1. CHOOSE YOUR SERVICE

2. SOME THINGS TO THINK ABOUT IN THE DESIGN

- How do you want the service to make LGBT people feel?
- What is the environment/atmosphere like like? Furnishings? Colours? Sounds?
- Where is the service located?
- What are the opening hours?
- What images/symbols/posters are around?
- What are the staff like? What gender are they? Are they LGBT? What are they wearing? How do they treat you? What training do they receive?
- What promotional materials are there?
- What forms do you have to fill out – when? How? etc

Can you now do the same thing with £1,000...

THANK AND CLOSE

Appendix 5

Stakeholder discussion guide

Tell me a little bit about your organisation / your role within it?

What is a typical day for you?

What are all the different sorts of people you work with? How do they come to you?

What do you hear on the ground about issues / barriers with LGBT accessing healthcare services? Assumptions?

What “tweaks” to services might improve healthcare services for LGBT groups?

What challenges, if any, do you face?

What things could support your work more?

GP discussion guide

Bit of an intro/headliners of main findings regarding experiences with GPs in so much that it was a mixed bag of experiences. A definite thread that ran through the discussions was around the importance of educating health professionals on their role as the ‘gatekeeper’ when patients ‘came out’ and the importance of this role.

Q. The qualitative feedback suggests that in many situations GPs are the 1st people LGBT ‘coming out’ to especially where mental health issues are involved. How do you think more avenues could be created for patients to discuss sexuality? How do you think this could be achieved in practice? Probe for whether and what specific information could be available

Q. Guidelines for GPs in dealing with ‘coming out’. What do you think could be included in these guidelines to support GPs to deal with patients who ‘come out’ to them? Probe training? If so, what could be included to support GPs?

MH issues were prevalent in the group discussions with issues like chronic fatigue, depression, low self-esteem and confidence and nervous breakdown

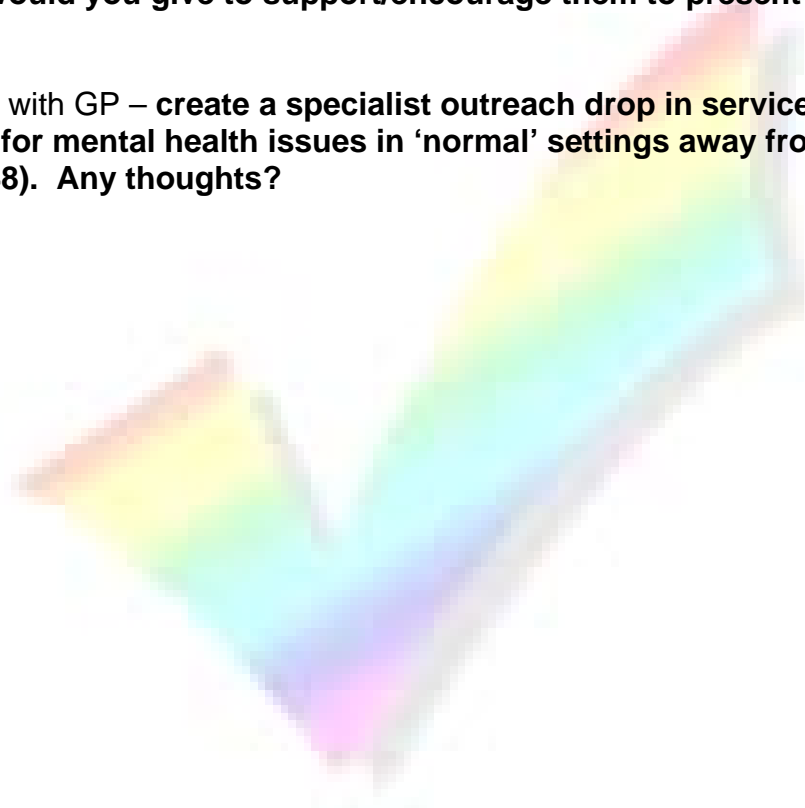
Q. MH services – positive experiences of GPs. The gold standard that clients want from their GP is kindness, acceptance, empathy and a clear course of

action/follow up. Do you think this is achievable in everyday practice? Do you perceive any barriers/challenges with this requested standard?

Q. Negative experiences of GPs. For some the experience wasn't so positive with their issues not taken seriously and the course of action being prescription drugs. What is the pathway that is used for patients presenting with MH issues and how do you think this could be improved?

Q. Stigma was a barrier that stopped presentation to GPs with MH issues (44). Some of the participants reported dealing with their issues alone for fear of dual discrimination for being LGBT and having a MH issue. What messages would you give to support/encourage them to present to their GP?

Q. Float idea with GP – create a specialist outreach drop in service specifically for mental health issues in 'normal' settings away from GP surgeries (48). Any thoughts?



Appendix 6

AGE CONCERN WIRRAL

HIDDEN VOICES – LGBT FOCUS GROUPS

Notes of Focus Group with 50+ Lesbians, Gay Men & Bisexuals

- Lack of a visible, recognised LGB community within Wirral
- No definite community – community implies shared values
- Lots of collections of small groups
- No cohesive centre / focal point
- Compare to likes of Toxteth where there is a more visible gay population
- Issues about wanting to belong somewhere
- Feel the need to be part of a LGB community – particularly during later life
- Certain support needs to be from other members of LGB community
- Want to share the feelings of isolation and discrimination with like-minded individuals
- Help needed with 'coming out' during later life
- Many LGB people who are now older may still not be 'out'
- Many older gay men may have been married and have children
- Double discrimination – older LGB have already been through much discrimination during their adult lives
- Different needs when telling family members as an older LGB person
- Older people not likely to enter into civil partnerships – some people disagree
- For older LGB people self-confidence and engagement in local community dependent upon level of acceptance by others
- Range of discrimination experienced – violence (including from other gay men), verbal intimidation
- Invisible minority (very different if you are black or physically disabled)
- Can't hold hands in public – have to 'pretend' about relationships when out in public
- Discrimination within the gay community between younger and older gay men and lesbians
- Issues of faith and sexuality
- Discrimination stops you from living the life you want to live
- Many older LGB staying in the closet out of fear of rejection
- Would like to take part in hobbies and leisure interests with other LGB people – e.g. poetry, theatre, creative arts, natural history, photography, meditation, holistic therapies
- No LGBT organisation in Wirral / meeting place since Jigsaw Centre closed down
- Would like to develop opportunities for Focus Groups / Listening Groups
- Don't feel connected to the LGB 'scene' in Liverpool

- Assumption that all gay men like loud music and dark cavernous places
- What happens in later life to LGB people as they experience disease and illness – need someone to be able to physically and emotionally support each other
- Don't want to have to move to different places to get the help and support you need as an older LGB person
- Issues over security of tenure when living with a same sex partner
- Would not want to be in a ghetto in a part of Wirral
- Support group is needed to look at things like:
 - Help with housing
 - Places to live
 - Safety
 - Social support – issues which affect all LGB people – isolation / wellbeing
 - Health
 - Just being able to talk
- Perhaps a gay coffee bar / piano bar
- Gay Weatherspoons
- Lack of choice currently in Wirral
- Lack of information about Civil Partnerships – been trying to plan one – no information available locally
- Lack of awareness of Age Concern Wirral Factsheets
- Where to go for LGB specific legal and financial information
- Would like to make more LGB friends
- Perception of Age Concern had been as stairlifts and charity shops – didn't realise before that it was an organisation for social change

Key issues to take forward:

- Support networks for older LGB people
- Supporting social contact for older LGB people
- Access to LGB specific information

Issues to be discussed next time:

- Aspirations for later life
- Fears and concerns for later life
- Expectations and concerns about social care
- Where support is currently available and how support might best be provided to older people
- Employment and learning – experiences and opportunities

Jamie Anderson

Senior Manager – Support Services

15th July 2009



Appendix 6

AGE CONCERN WIRRAL

HIDDEN VOICES – LGBT FOCUS GROUPS

Notes of Focus Group with 50+ Trans

- People coming forward to participate in Focus Group are engaged in other structures – e.g. Support Groups / Housing Associations / Equalities Partnerships
- Broad acknowledgement of difficulties in bringing other Trans people into involvement
- *'by the time people are old, they do not have the energy to fight'*
- Post-operative, people are blending back into society, identifying as just male or female, not using Trans identity. Once people are integrated into their community, they don't want to 'come out' again
- Issues relating to later life and Trans depends on where an individual is at – e.g. someone who transitioned many years before later life will have less Trans identity than someone 50+ who is just starting transitioning (or even only just coming out)
- Some people felt that no matter how much someone is accepted, there are always going to be times when they need the support of the Trans community – examples given of people who have disappeared off the Trans scene for up to 10 years before coming back
- Trans community needs to be more visible as otherwise never going change people's hearts and minds – need to educate people and interact with them
- Different terminology – Trans / Trans male / Trans woman / Man or woman with a trans history
- Issues about lack of confidence – impact of level of skills before transition
- Being trans gives you a point of view from both sides (male / female)
- Pride? Very proud of background, very proud of still being here. Proud of trans heritage – don't choose to be who I was
- Wouldn't have willingly wanted that for myself or my family
- Mental health & emotional health needs must be considered
- Emotions – hurt, pain, vulnerability, fear, frightened
- Issues of faith – needs to be explored more
- Trans is another diversity
- Recognition that biological not a woman / man
- Must recognise that medically things do go wrong over a period of time – Trans but not superwomen / supermen
- Major issues about gender identity within health services (primary care and acute services)

- Trans need to make individual judgements at each contact with health services as to whether to reveal Trans identity or not
- Computer systems make it difficult for certain tests to be ordered electronically depending on particular gender identity (e.g. oestrogen tests)
- Mixture of good / bad experiences of GPs working around the system
- Mixture of experiences around hospital support / care
- Major issues within Hospital around medical records & gender identity – took up to 2½ years for gender to be changed – registered as one sex with GP and another with hospital
- Correspondence – examples of letters coming addressed to Miss / Mr ... formerly Miss / Mr
- Dignity issues in use of language / change of gender / correspondence
- Sports / physical activity – issues around changing facilities – one gym refused membership – challenges for someone wanting to go swimming / gym etc
- People who transitioned many years may have been that scared off by people's reactions at the time that they may now completely conceal their Trans identity, irrespective of any help or support they may need
- Some people may genuinely not need any support
- Lack of local support groups
- Lack of trans-specific clubs / social groups – people's experiences being gay clubs etc – not same issues
- Lack of information / help / assistance – issues of availability, accessibility, understandability, accuracy
- Quality of the information that is provided
- Issue of term LGBT – there are times when Trans has to be taken on its own – specific issues need own support network – e.g. What do with GRC etc
- Care homes – issue of having had surgery becomes more of an issue (including people in stealth) when move into care home / need intimate personal assistance
- Care homes specifically for Trans people – different feelings about this. Would allow for specialist understanding and support, may further segregate communities
- May create ghetto
- Rather than separate facilities, full and better training of all staff more appropriate
- Real issues of tolerance amongst the older population – issues of the attitudes and behaviours of other residents
- One suggestion that it might be a cycle like disability – need to be separated and then segregate in
- A ghetto can be a safe place to start
- Strong desire to have an impact on the attitudes / training of care home staff
- Example of Safe Houses – been developed where ordinary housing associations won't have or cannot safely accommodate Trans people

- Some older people now who have a Trans history may not have their GRC (may not even know about GRC). May start to experience problems in the future.
- Old age – something which someone has kept so well hidden for so many years may start to come out, care staff get to know, stealth completely falls apart
- Changing Minds – how can people be reached to change their hearts and minds
- Integration
- Confidence / rebuilding of confidence
- *'I don't do corners anymore'*
- Issue of support for older people who are parents of Trans people
- Impact upon family units – loss & gain (e.g. loss of a son, gain of a daughter)
- Grieving process for parents
- Family issues – changes to family structures at point of transition, relationship breakdown, results in lack of family support in later life
- Lack of employment due to Trans identity – lack of private pension provision / savings – lack of funding to support choice in later life
- Supporting employment options for Trans people earlier in life could have a big impact
- No-one's preferred option is to go into care but many trans people see it as inevitable as they do not see any alternative – would prefer alternative options
- Lots of trans disabled people – situations people are in, things do fail
- Issues in later life – natural ageing processes, impact of long term medications – results in some body breakdown
- Silver Pride – worked very well in Liverpool, much needed in Wirral
- Issues about Wirral as an area – extent of publicity about Hidden Voices project, very poor reach despite intensive efforts to promote / recruit people
- Areas people identify with / relate with
- Wirral a place people pass through to get to out-of-borough services and support

Key issues to take forward:

- Support networks for older people with trans history
- Housing options for older trans people
- Care services for older trans people (particularly in light of personalisation agenda)
- Supporting older people with Gender Recognition Certificate issues
- Dignity in care agenda
- Education / awareness raising

Issues to be discussed next time:

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18th June 2009



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