

Appendix: Insights gathered at two LGBTQIA+ support groups

The data presented in the full report was gathered between February and March 2023. In May 2023 the researchers from the Qualitative Insight Team at Wirral Council gathered additional insights at two LGBTQIA+ support groups. Thanks to the support of professionals from a local sexual health organisation who facilitated the engagements, the researchers were able to speak to 12 people at these events. The findings from these engagements are detailed below.

Availability and accessibility of sexual health services

A key barrier to sexual health services identified by people at the LGBTQIA+ support groups was the availability and accessibility of services. In terms of availability, participants discussed how they have to travel to Liverpool to access services that are tailored to them or have staff that make them feel comfortable. One person said that travelling to Liverpool by public transport is expensive and driving in the city causes them anxiety, plus parking is expensive in the daytime. In particular, there is need for a trans-specific clinic in Wirral. A participant described how having to access trans-specific services in general sexual health venues can be uncomfortable, as being recognised is a concern. They also don't want others to assume they are waiting for sexual health services like STI testing when they are attending a counselling or transitioning appointment etc.

It is not only important that services are available, but they must also be accessible with staff and resources that make people feel accepted and comfortable. For example, participants identified a need for wound recovery nurses in Wirral who understand trans people's needs. Participants knew of trans people who'd had negative experiences of wound recovery post-transition because their nurse had a negative attitude towards their transition wounds. As such, the need for compulsory transgender awareness training was raised in relation to both sexual and mental health practitioners (although it was also recognised that the transgender community is small in Wirral). One person described how their mental health was closely linked to their sexual health, but when they were finally able to access counselling, they didn't feel understood. For example, the counsellor didn't know the difference between 'gay' and 'trans' (sexuality and gender). Others described how they'd been told by healthcare professionals 'you're the first trans person I've ever met'. These experiences can impact people's confidence in services.

Another barrier related to the accessibility of services was around discreteness. Participants described how discreteness is needed because Wirral is a small place, and so being recognised is a concern. For example, a transgender person said they would like to be able to ring in advance to organise discrete entry to their appointments, rather than having to wait in the waiting room where they fear they'll be recognised.

Participants discussed the balance between discrete services, and services that are difficult to find. They spoke about how there is a fine line. An example was given of the Axess clinic in Liverpool which they described as hard to find, which may be encouraging for people seeking discreteness, but which may also be a barrier for some people who are unable to locate it.

GPs and healthcare

A recurring theme across the different people involved in this research was a lack of confidence in GPs. This theme also appeared in conversations at the LGBTQIA+ support groups. There was some negative perception about GP's ability to support sexual health. For example, one person said: *"If I had to use the GP for sexual health, it would feel like a stab to the heart"*. This person felt more comfortable accessing tailored sexual health support outside of Wirral. They wouldn't expect their GP to understand their sexuality, but they expect openness and a non-judgemental approach.

The inaccessibility of GP services was also raised. Like in the full report, participants at the LGBTQIA+ groups described how it's hard to book GP appointments, and that the online booking systems aren't friendly for people who aren't digital savvy. There was concern that some GPs are now only offering 'Patches', with no option for in-person contact. See below for concerns raised about cis-normative language in healthcare services.

Mental health

In conversations with people in the LGBTQIA+ communities, it appeared that sexual health and mental health can be closely linked. However, waiting times for mental health support is a huge barrier. People described finding their own coping mechanisms by the time they are given an appointment. In addition, the counselling on offer is generic and professionals don't always have experience of working with people who are LGBTQIA+, which means that people don't benefit from the counselling after having waited a long time.

Cis-normative language

In the full report, a professional explained that transgender people can struggle to access services for their gender assigned at birth, particularly when making a booking online. At the LGBTQIA+ support group, a transgender person described their first-hand experience of this. They explained how when they select 'male' as their gender on the online booking system, services for 'females' don't appear as an option. This makes people feel excluded and apprehensive when accessing services.

Education

Throughout the research, a recurring theme was the need for continued improvement of sexual health education and awareness. Some participants in the LGBTQIA+ support groups perceived that people in the LGBTQIA+ communities are more open about sexual health. One person described how before they transitioned, they had little contact with sexual health advice and support, but that now they are around people and services in the LGBTQIA+ communities they have more open and frequent conversations about sexual health. Another person said they wouldn't have known where to go for STI or HIV testing before they were signposted by the support group leader – this shows that community groups are a key access point for sexual health information. As in the full report, some attendees of the LGBTQIA+

support groups felt that adults don't have easy access to sexual health information and that there's a need for more sex education after school years.

Testing and vaccinations

A few brief insights were gathered on STI testing and vaccinations at the LGBTQIA+ support groups. For example, one person described how they've been trying to access an HPV vaccine for around three years, but they'd been told they're too old. Another person recalled how they'd ordered an at-home STI testing kit, which they said was easy to order online and they felt the packaging was discrete.