

# Delivering Equality

Somerset Lesbian, Gay, Bisexual & Trans  
Health and Social Care Report

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## **1. EXECUTIVE SUMMARY**

1.1 The Executive Summary of 'Somerset Lesbian, Gay, Bisexual & Trans Health and Social Care Report', published November 2012.

1.2 Section headings of the full report are:

- Executive Summary
- Demographic Data
- Health Report
- Social Care Report
- Missing Health and Social Care Services
- Education
- Additional comments on the research from participants
- Bibliography and Appendices

### **INTRODUCTION**

1.3 In April 2012, NHS Somerset and the Somerset Local Involvement Network (LINK) jointly commissioned the Diversity Trust to find out about the experiences and views of LGB&T people of health and social care in Somerset. In particular, they wanted to hear about the stories, both positive and negative LGB&T people in Somerset had to tell about accessing and receiving health and social care. The research was carried out throughout the county between April and October 2012. The Executive Summary report includes the aims, sample size, outputs, headlines, conclusion and recommendations.

1.4 Copies of the report and sections and a related training module are available from the Diversity Trust website [www.diversitytrust.org.uk](http://www.diversitytrust.org.uk)

### **AIMS**

1.5 The research had six main aims:

- Facilitate a series of focus groups with a wide population of LGB&T people in Somerset
- Interview LGB&T community leaders and individuals within Somerset
- Survey a sample of Somerset resident LGB&T people
- Promote the research through a range of media, including social networks and social media
- Produce a set of reports with recommendations
- Develop a local LGB&T training model for use with health and social care service providers throughout Somerset

- 1.6 A total of 246 people took part in the research, including; 44 participants in focus groups, 12 face-to-face interviewees and 190 respondents to an online survey.
- 1.7 The focus group and interview participants were drawn from the Somerset LGB&T population. The online survey respondents were drawn from people who “lived, worked or socialised” in Somerset, and therefore do not only reflect the Somerset LGB&T population, but are a sample of both the Somerset LGB&T population and other LGB&T people with an attachment to Somerset.
- 1.8 Over 55% of the sample identified as female and over 35% were young people, under age 25, and a further 20% over age 55. Where social and support groups and spaces have been set up by the local LGB&T community, for example support groups for Lesbians (Somerset Lesbian Network) and for young LGB people (2BU), this has been reflected in the sample demographic of the survey.
- 1.9 Social isolation has been decreased for these populations through community development, which has often received no or very little formal financial investment or support from statutory authorities.
- 1.10 It is possible to conclude that the lower numbers of Gay and Bisexual men in the sample stems from:
- Survey fatigue: Gay and Bisexual men have been heavily surveyed over recent decades on their experiences of HIV and sexual health
  - A lack of community development and engagement, apart from HIV and sexual health for Gay and Bisexual men, has resulted in a lack of formal spaces for Gay and Bisexual men to meet and gain support
- 1.11 Additional work was carried out to include the voices of Trans people throughout the survey, including one-to-one interviews, focus groups and distribution of the programme through Trans groups and networks. This was reflected in over 10% of the sample identifying as Trans.

## **OUTPUTS**

- 1.12 Six focus groups, with 44 participants (range in group 2 to 18), took place between April and October 2012. The focus groups were recruited from existing groups and networks and focussed on the experiences of Lesbian and Bisexual women, Gay and Bisexual men, young LGB people, mixed LGB&T groups and a Trans focus group. The focus groups took place in or near Taunton and Yeovil in Somerset.
- 1.13 Interviews with 12 community leaders and individuals took place between April and October. The interviews were carried out around the county in Glastonbury, Martock, Street, Taunton, Wellington, and Yeovil. Interviews were with individuals and representatives from LGB&T community groups and other organisations, including:

- 2BU
- NHS Somerset
- Somerset College
- Somerset County Council
- South West Regional LGB Equality Network
- South West Regional Trans Equality Network
- QWesT FtM UK
- Terrence Higgins Trust

- 1.14 Additional interviews were carried out with individuals within Somerset LGB&T communities not attached to community groups or organisations. These interviewees were recruited from contacts suggested as potential contributors by the initial round of interviewees. All quotes in this report are anonymised.
- 1.15 The LGB&T Somerset Health and Social Care Survey was online between July and October 2012. A total of 190 people completed the survey.
- 1.16 The programme was promoted via social networks and social media including Facebook, LinkedIn and Twitter, as well as LGB specific social media including community profiles on Gaydar and OutEverywhere. Online databases were used to increase the reach of the programme through organisations which included 2BU, Equality South West, the Intercom Trust, the LGBT Consortium, Somerset Lesbian Network and the South West LGB and Trans Regional Equality Networks.
- 1.17 Contact was made with a Trans group based in Taunton, 'Somerset TG' and a group for disabled Gay and Bisexual men in Bristol, 'So Out in the South West', with links in Somerset. Contact was also made with Age UK and Somerset Racial Equality Council (SREC) to increase the number of older LGB&T and Black Minority Ethnic (BME) LGB&T participants. The survey was distributed through a range of community groups and networks to achieve a broad range of LGB&T individuals taking part.
- 1.18 The programme featured on Shout Out Radio, a Bristol based LGB&T radio programme on BCFM.

## HEADLINES

### 1.19 Assumptions

- 1.19.1 The main headline from the research is the assumptions often made by health and social care professionals about people's gender identity and/or sexual orientation.

“The assumption is everyone is heterosexual and married. I am regularly asked “what about your husband”, when the word 'partner' could easily have been used instead.”

(Lesbian, age 50)

- 1.19.2 Making assumptions can be addressed through staff training. Training will significantly improve both the accessibility and experiences of health and social care services for LGB&T people.

### 1.20 Confidentiality

- 1.20.1 Another headline is about people feeling safe to 'come out', to discuss their gender identity or sexual orientation, and feel their 'coming out' won't compromise their access to services or the responses they receive. LGB&T people have a much more positive experience of accessing and receiving health and social care when they feel safe to 'come out'.

“I am very pleased that there are confidential services (sexual health services) as I am in the closet, I am nervous about the lack of confidentiality. For instance, I haven't yet told my GP that I'm gay because I know a little bit about GP surgeries and the staff that staff them, not the doctors, I mean the rest of the staff and I'm afraid that I don't believe in confidentiality when it comes to anything remotely scandalous.”

(Gay man, age 56)

- 1.20.2 People sometimes choose to go out of county to access health and social care for fear of being 'outed' (having their gender identity or sexual orientation disclosed without consent), or having to disclose their gender identity or sexual orientation, when they may not feel safe to do so.

“It would be difficult for me to stay in the closet if I went there (to the local sexual health clinic), not in this case, because I'm worried about the confidentiality of the staff, but quite simply because I'm likely to be in the waiting room with somebody I know and I don't want to be in that situation. So I go outside the area, I go to Bristol for visits to the <sup>2</sup>STI clinic and they're fantastic.”

(Gay man, age 56)

<sup>2</sup> Sexually transmitted infection



## 1.21 Mental Health

- 1.21.1 Just under half of survey respondents, 48.9%, had sought medical help for anxiety or depression. About 30%, <sup>3</sup>one in four, of people in the UK population experiences a mental health problem in any given year (Mind, 2012).

“One GP told me that I was depressed because I am lesbian. I was depressed because of the stigma and homophobia I was experiencing. When the first "port of call" for help and support is as prejudiced as this, then it stands to reason that LGB&T individuals are hesitant to engage. Why should they when they are faced with yet more negative judgement?”  
(Lesbian, age 41)

## 1.22 LGB&T specific services

- 1.22.1 There were many contributions throughout the research about the pro's and con's of LGB&T specific versus inclusive mainstream services. In conclusion both are required during the transition from an organisational culture which is exclusive of LGB&T to a culture which is inclusive of LGB&T. During this period of transition LGB&T specific services are required to ensure accessibility, a culture of safety and inclusion, is made available to all.
- 1.22.2 Many towns and cities around the UK have specialist dedicated LGB&T health and social care services, for example 'Inscape' in Portsmouth <http://www.inscapeLGBT.co.uk/>
- 1.22.3 NHS Somerset, and partners could develop a similar satellite service for LGB&T health and social care.

## 1.23 Sexual health

- 1.23.1 Over half the respondents, 57%, experienced no barriers to sexual health services. Many Lesbian and Bisexual women however felt there were barriers to sexual health services and that services were geared mainly towards Gay and Bisexual men, and/or towards Heterosexual and young people.

“I would not have found out about it (sexual health services) if it were not for word of mouth.”  
(Lesbian, age 24)

- 1.23.1 An increase in visibility of sexual health services would reduce the inaccessibility of sexual health services for all, including LGB&T people.

“I think the people on the frontline, the people who staff the STI clinics for instance, are worth their weight in gold, I think they're doing a lot more than checking people for STIs. They're doing a social service and I think they should be given medals. I worry about result ing in them losing their jobs or that service being cut down and it would be absolute disaster if it happened.”  
(Gay man, age 56)

<sup>3</sup> Mind report 2012 'How common are mental health problems?'

## 1.24 Social Isolation

- 1.24.1 A large proportion of survey respondents, 41.1%, had over 25 Heterosexual friends, whilst 16.0% have over 25 LGB and/or T friends. 4.3% of respondents had no LGB and/or T friends and 1.6% had no Heterosexual friends. The data suggests it is more likely for LGB and/or T people living in rural communities to have more friendships with Heterosexual people than with other LGB and/or T people.

“Loneliness and the isolation of living in a rural area.”

(Gay man, age 66)

## CONCLUSION

- 1.25 Whilst the majority of people who took part in the survey were in good health, with positive mental health and reported good experiences when accessing health and social care services, there are still barriers to health and social care for some individuals and groups of LGB&T people. These barriers are increased when other equalities issues are considered. For example the experiences of younger LGB&T and older LGB&T people, and when gender and gender identity is an additional consideration. Further research is needed into the specific health and social care experiences and needs of protected groups within LGB&T communities, in particular the needs of BME and disabled LGB&T people.
- 1.26 The barriers LGB&T people experience are not unique to Somerset and due attention should be paid across all sectors, and across all services where services are being provided to the public to ensure they are LGB&T inclusive.
- 1.27 This report is an important contribution to the on-going debate and development of LGB&T health and social care in Somerset. It shouldn't be seen as the end of the journey, but the beginning, as two interview respondents explained.

“This (research) is not to be something that papers over the cracks, this is not to be something that is ticking the boxes for diversity, ticking the boxes for LGB&T, which I would be confident that it's not. To hear the messages from all the interviews, all the questionnaires, because there's going to be such a wide-range of issues out there for everybody right from young people right the way through to older LGB&T people. Just to listen really.”

(Lesbian, age 42)

“I think that if they consulted more and said, this is a brilliant opportunity, actually what could we do?’ The fact we don't go in there and say 'Do you know what, you should do this for us', well some of us don't feel comfortable doing that. And therefore if they were to ask, 'is there something we could do to improve? How could we make the services feel personalised to you? We would tell them and I believe a lot of people would say 'this will make a real difference'.”

(Gay woman, age 39)

## RECOMMENDATIONS

- 1.28 There are three very simple changes that any and all service providers can make to their practices which would alter the experiences LGB&T people have when accessing health and social care. Making positive changes which will impact do not have to involve a significant financial burden.
1. Use positive images: display posters, or other media, in public spaces, especially reception areas, which include positive images reflecting LGB&T lives.
  2. Display a mission statement that includes the 'Protected Characteristics' in the Equality Act (2010): age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
  3. Use inclusive language: by moving from using words such as “husband/wife” and “boyfriend/girlfriend”; by not making assumptions and using more inclusive language such as “partner”. Especially when the gender identity or sexual orientation of the person is unknown. This will significantly improve the experiences of LGB&T people when accessing and receiving health and social care.
- 1.29 **LGB&T Friendly Logo**
- 1.29.1 Creation of an LGB&T friendly logo for health and social care services, especially for GP and other frontline health and social care services. Have this displayed in public spaces, especially in reception areas.
- 1.30 **LGB&T Champions**
- 1.30.1 Organisations ensure leadership in LGB&T issues by having an LGB&T Champion at Board and senior management levels. LGB&T Champions across all levels of the organisations, including an LGB&T representative on the frontline would improve accessibility to LGB&T patients. LGB&T role models really help to ensure all LGB&T people feel safe, included and represented.
- 1.31 **LGB&T Support Group for staff**
- 1.31.1 Health and Social Care service providers to support the development of an LGB&T support group for LGB&T staff. This development could be adapted from the examples set by local authority staff support groups.

## 1.32 MONITORING

1.32.1 A number of people in the sample were in relationships, but they didn't co-habit or live together with their partner. Consideration should be given to including this option when monitoring 'relationship status' in the development of monitoring forms in the future.

## 1.33 Person Centred Approach

1.33.1 The understanding of equality and diversity has changed. Previous best practice was considered to be to 'treat everyone the same/to treat everyone equally'. This approach doesn't acknowledge or recognise the diversity of communities and a more individualistic, person centred approach is now considered better practice.

1.33.2 The report has shown there are pockets of excellent practice and in the main good and very good practice. There are however, still some examples of poor and very poor practice, including examples of direct and indirect discrimination.

1.33.3 Whilst individuals experiencing direct and indirect discrimination can be supported in making complaints, it is important for the culture to change across organisations. An inclusive culture is then created whereby no-one, including LGB&T people, feels discriminated against or excluded.

## 1.34 Lesbian Health Matters

1.34.1 Good work is being done to raise awareness within the Lesbian community on women's health issues especially on the importance of having smear tests. Additional training is needed to get the same messages across to healthcare professionals.

## 1.35 Community Development and Engagement

1.35.1 Comprehensive LGB&T community development and engagement is urgently required throughout Somerset to develop groups for marginalised LGB&T protected groups within Somerset. There are significant gaps, including but not limited to groups and resources for young Trans people, Trans women, Black and Minority Ethnic (BME), disabled and older LGB&T people, as well as (non HIV and sexual health) resources for Gay and Bisexual men.

“Having moved here five years ago I was shocked at how little services, support groups, and information there was, and still is, for LGB&T people living in Somerset. Being a founding member of Somerset Lesbian Network I am aware of the social isolation, loneliness, and poor mental health this brings to individuals. Local support groups need to be better funded and supported to develop across this very big county.”

(Lesbian, age 55)

1.35.2 Where groups exist, including models of excellent practice, such as 2BU for young LGB people and the Somerset Lesbian Network, these LGB&T communities are thriving. The groups often rely upon the good will of volunteers from the LGB&T community and are mostly self-funded. Formal financial and other support is required to ensure these groups and resources are sustainable, with community development and engagement work to support the development of the existing groups and the creation of new ones.

### 1.36 **LGB&T Feasibility Study**

1.36.1 It would be timely for a feasibility study to be carried out by statutory authorities into the development of resources for protected groups within the LGB&T communities. This work would be supported by an Equalities Impact Needs Assessment (EINA) within the Public Sector Equality Duty of the Equality Act (2010).

### 1.37 **Further Research**

1.37.1 Further research is required, particularly into the health and social care needs of protected groups within LGB&T communities. Assessing further the needs of older LGB&T, BME and disabled LGB&T and specific population studies on Trans health and social care.

### 1.38 **Education**

1.38.1 The focus of this study has been on health and social care. A number of participants, particularly young LGB&T people, identified the need to supplement this study with a similar one into the experiences of LGB&T people in education. They reported the health impact bullying at school and college has made upon them, particularly in relation to their mental health.

1.38.2 In the School Report (2012) from Stonewall, 96% of LGB pupils heard homophobic language and more than half, 55%, of LGB pupils experienced direct bullying whilst in school or college. Urgent work is required across the education sector to tackle this problem to ensure another generation of young LGB&T people has better mental health and educational attainment. Further local research is required in this area.

### 1.39 **Information**

1.39.1 It would be sensible and beneficial for LGB&T information, particularly around mental health and sexual health, to be made available in all schools and colleges.

### 1.40 **Training**

1.40.1 Make the LGB&T Health and Social Care module developed within this resource mandatory across all service providers.

## 1.41 Training Module

1.41.1 Please see the LGB&T Health & Social Care Training Module available at [www.diversitytrust.org.uk](http://www.diversitytrust.org.uk) (Available December 2012).

## 2 DEMOGRAPHY AND DEMOGRAPHIC DATA

### CONTEXT

2.1 Research carried out by Stonewall in 2008 and 2012 and by Equality South West in 2009 and 2011 found:

- A third of Gay and Bisexual men have had a negative experience related to their sexuality when receiving health services (Stonewall, 2012)
- A third of Gay and Bisexual men are not 'out' to their general practitioner or other healthcare staff (Stonewall, 2012)
- Only one in 11 Gay and Bisexual men have been asked directly about their sexual orientation by healthcare professionals (Stonewall, 2012)
- Half of Lesbian and Bisexual women have had negative experiences in the health sector (Stonewall, 2008)
- Half of Lesbian and Bisexual women are not out to their GP (Stonewall, 2008)
- One in ten Lesbian and Bisexual women say that a healthcare worker ignored them when they did come out (Stonewall, 2008)
- 70% of Lesbian and Bisexual women said healthcare workers made inappropriate comments when they did come out (Stonewall, 2008)
- 90% of women felt their partner wasn't made to feel welcome. Only one in ten Lesbian and Bisexual women felt that their partner was welcome during a consultation (Stonewall, 2008)
- Trans people frequently encounter barriers in health and social care services, with policies and access to adequate and safe treatment being inconsistent and generally unsatisfactory (Equality South West, 2001 and South West Transgender Equality Network, 2009)

### POPULATION SIZE

#### 2.2 Lesbian, gay and bisexual (LGB) population size

2.2.1 The Office of National Statistics's recent Integrated Household Survey (2012) estimated 1.5% of the population are LGB. Estimates range from 0.3% to 10% using different measures and sources. <sup>4</sup>None of these estimates correct for the possibility of higher than average rates of non-reporting and misreporting among LGB people.

2.2.2 <sup>5</sup>In 2005 the UK Government, when analysing the financial implications of the Civil Partnerships Act, concluded there were 3.6m Lesbian and Gay people in Britain, around 6% of the population.

<sup>4</sup> Equality and Human Rights Commission (2009) Peter J Aspinall

<sup>5</sup> HM Treasury and Department for Trade and Industry (2005)

“There is a lack of understanding of the level of the LGB&T population. If you look at the Census, because so many (LGB&T) people don't report in the Census, they don't tick the box to say. Well, in the Census it actually says 'are you living with a person of the same-sex?' It doesn't actually say 'are you Lesbian or Gay?' So, you could be Lesbian or Gay but you don't tick the box because you're single at the time or whatever. So that reports something like 2% of the population as Lesbian or Gay. And then people have workforce data where people can self-disclose their sexuality. And obviously people at work, still that's not everyone that's doing that so that's a lower percentage. So there's this kind of assumption that we're only talking about 2% of the population. How many resources do you put in? I think that if people use the Stonewall guidance, which was used by the Government for implementing the Civil Partnership Act, then local authorities and health, even right down through local GP practices, they could say, 'if 6 or 7% of my population are (LGB&T), that's this many people to me'. And I think if every practice did that they would suddenly see the difference.”

(Focus group participant)

2.2.3 <sup>6</sup>Based on the above, the population of LGB residents in Somerset could range between 8,000 and 53,000 LGB people. The HM Treasury estimate gives a population size of approximately 32,000 LGB people in Somerset.

## 2.3 Trans population size

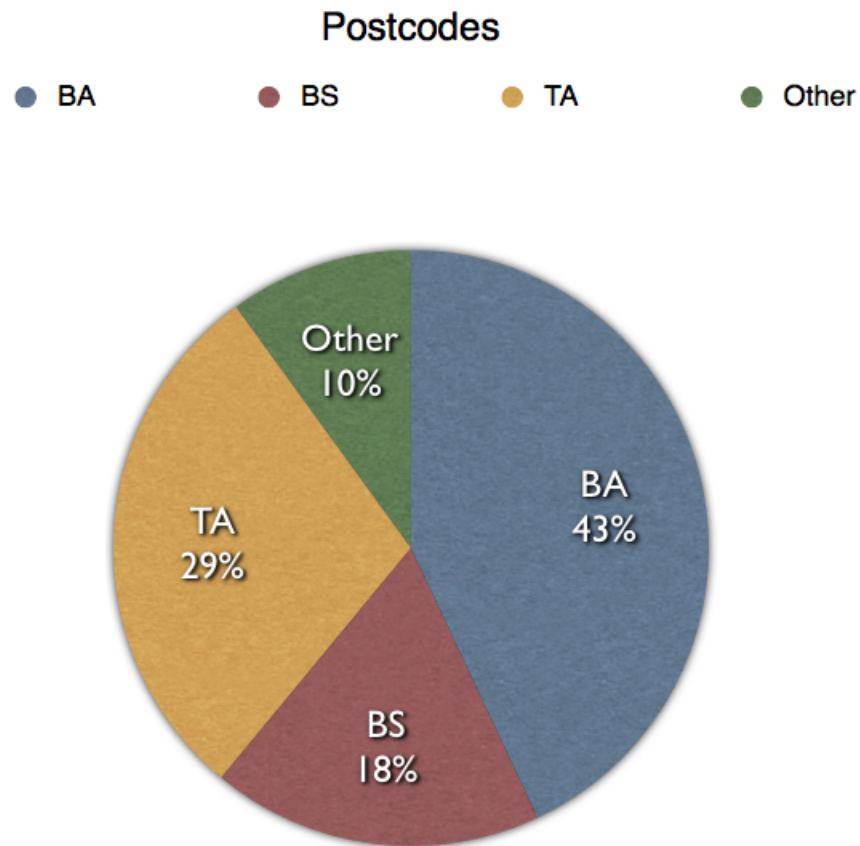
2.3.1 At present, there is no official estimate of the Trans population in the UK. The England, Wales and Scottish Census have not asked if people identify as Trans and did not include a question in the 2010 Census. <sup>7</sup>GIRES, in their Home Office funded study, estimates the number of Trans people in the UK to be between 300,000 and 500,000, defined as 'a large reservoir of Transgender people who experience some degree of gender variance'.

<sup>6</sup> Somerset Intelligence Network (SINe) Census 2011

<sup>7</sup> 'Gender Identity Research in Education Society' report (2009)



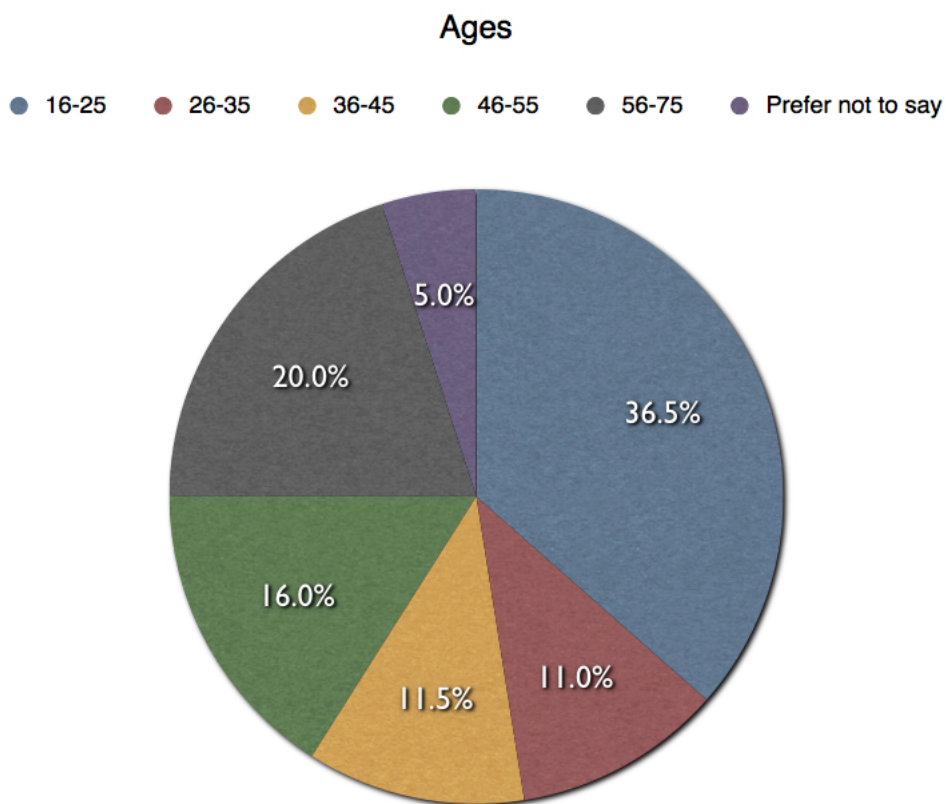
## DEMOGRAPHIC DATA



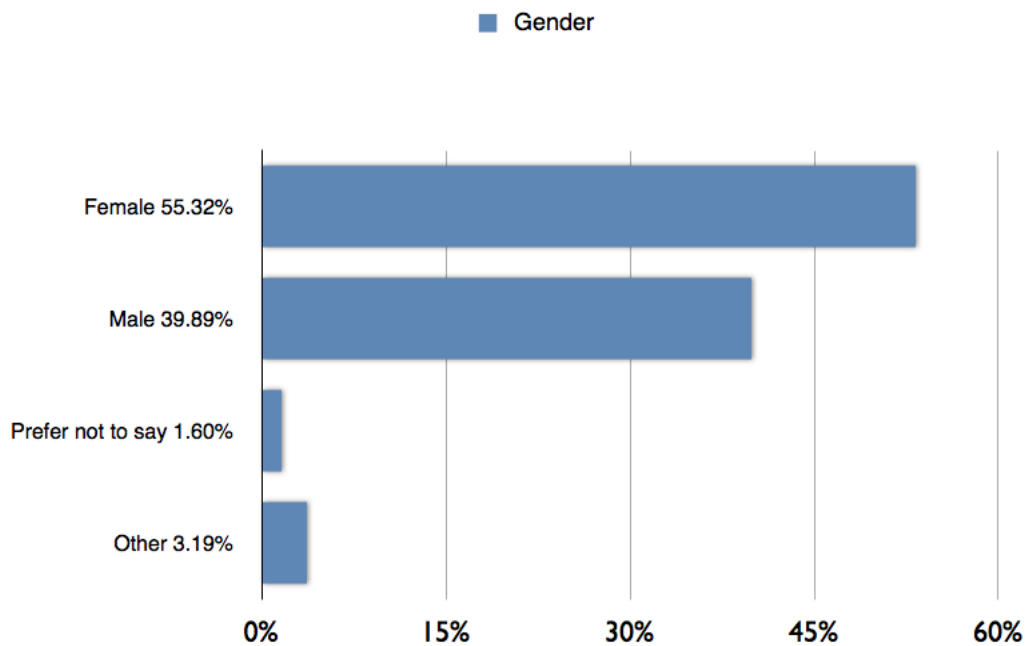
### 2.4 Postcodes

2.4.1 Participants were asked for the first part of their home postcode, e.g. TA1. Most of the people who took part in the programme lived in or near Somerset (around 90%), including 43% from Bath and the surrounding areas (BA postcodes), 18% from Bristol and the surrounding areas, (BS postcodes), and 29% from Taunton and the surrounding areas, (TA postcodes). A further 5% came from other parts of the South West, including Cornwall, Devon and Dorset. And a further 5% came from other areas including Colchester, Hampshire, Newport, Slough and Surrey.

## 2.5 Age range



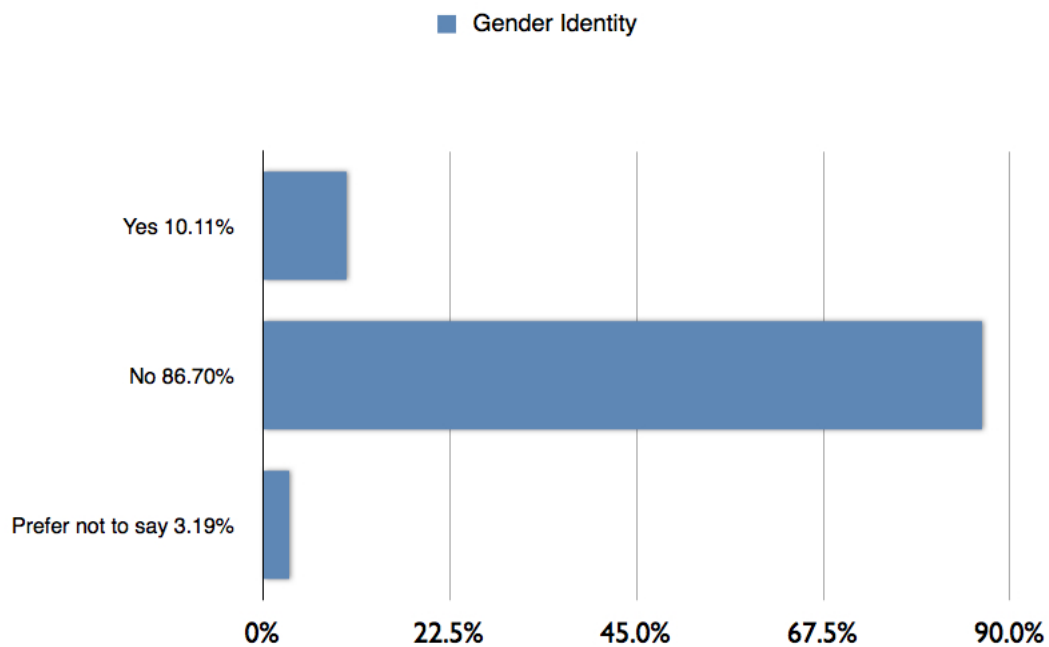
2.5.1 People of many different ages took part in the LGB&T Somerset Health and Social Care Survey. Participants ranged in ages from 16-75 years. The largest percentage, 36.5%, were aged between 16-25 years, 11% were aged 26-35, 11.5% were aged between 36-45, 16% were aged 46-55, 20% were aged between 56-75. A further 5% preferred not to state their age.



## 2.6 Sex and gender

2.6.1 Participants were asked to identify their sex/gender. The majority of people who took part in the survey identified as Female, 55.32%, 39.89% identifying as Male, 3.19% as Other, including “Androgynous”, “Gender Queer” and “Trans”. An additional 1.60% preferred not to state their sex/gender.

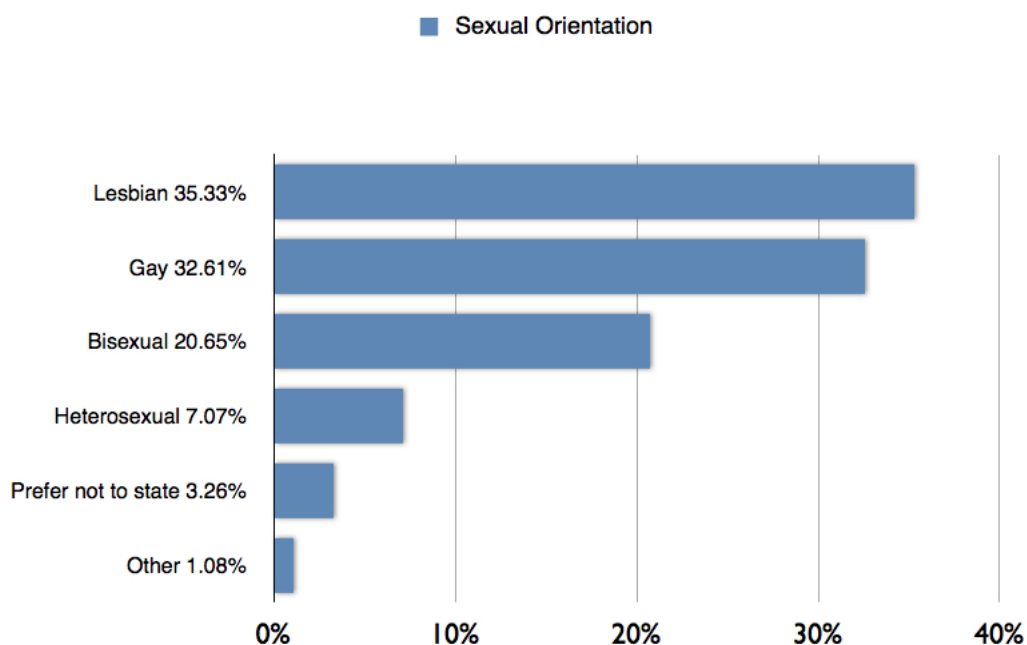
2.6.2 One respondent commented “I have questioned my gender in the past.”  
 (Lesbian, age 17)



## 2.7 Gender identity

2.7.1 A further question asked participants to identify their gender identity. The majority of respondents identified as <sup>8</sup>Cisgender, 86.70%, 10.11% as Trans/Transgender and 3.19% as "Prefer not to state".

<sup>8</sup> A person whose gender identity is the same as the identity they were assigned at birth

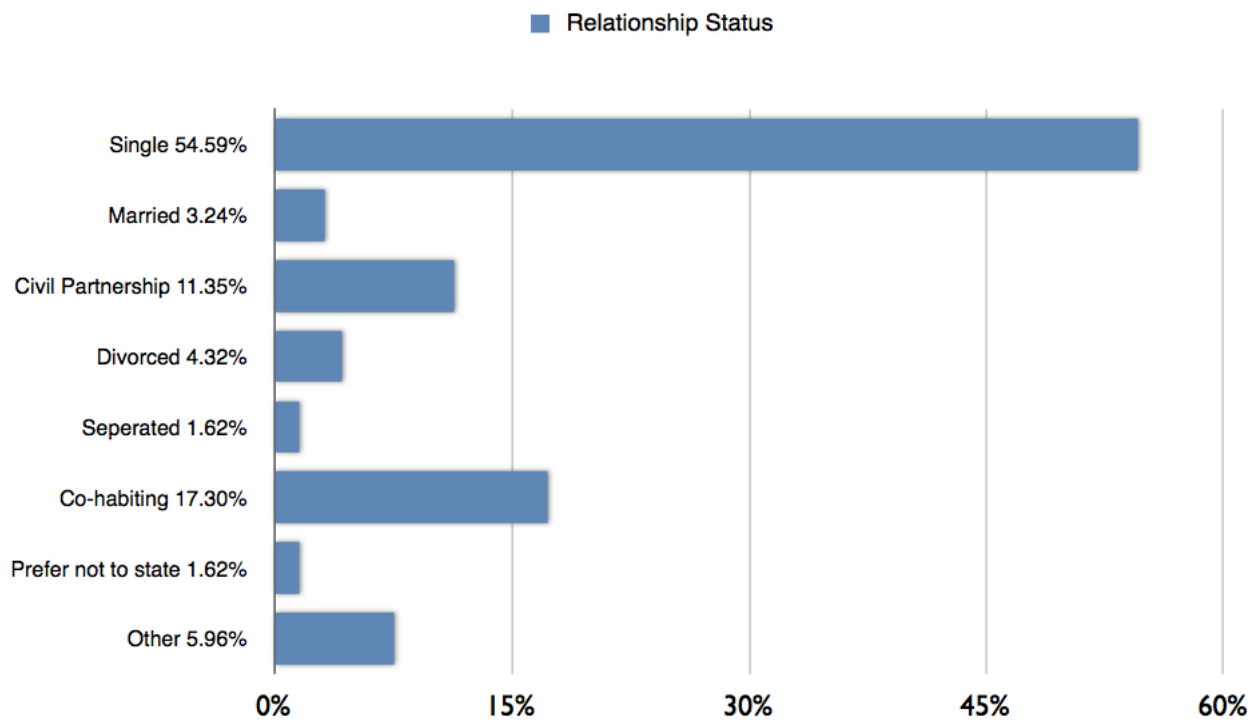


## 2.8 Sexual orientation

2.8.1 The majority of respondents identified as either Lesbian, 35.33%, Gay 32.61%, Bisexual, 20.65%, Heterosexual, 7.07%, and “Other”, 1.08%. The following identities were described in the “Other” responses option; “Asexual”, “Pansexual”, “Queer” and “Questioning”. The remaining 3.26% preferred not to state their sexual orientation.

2.8.2 One respondent commented “I’m in a same-sex marriage but I don’t fit into the categories.”  
(Trans woman, age 61)

2.8.3 Another respondent commented “I dislike the term ‘Bisexual’. I have a boyfriend but I only label myself as Lesbian.”  
(Lesbian, age 17)



## 2.9 Relationship status

2.9.1 The majority of the respondents were single, 54.59%, with a further 17.30% co-habiting, 11.35% in Civil Partnerships, 4.32% divorced, 3.24% married, 1.62% separated and 1.62% chose to “Prefer not to state”.

2.9.2 The remaining 5.96% chose the 'Other' option, and mostly included being in relationship without co-habiting, or living together including;

“Involved but we don't live together.”

(Gay man, age 50)

“I'm in a relationship.”

(Pansexual woman, age 19)

“Widower after civil partnership.”

(Gay man, age 61)

“In a relationship but not co-habiting.”

(Lesbian, Trans woman, age 47)

“Open relationship.”

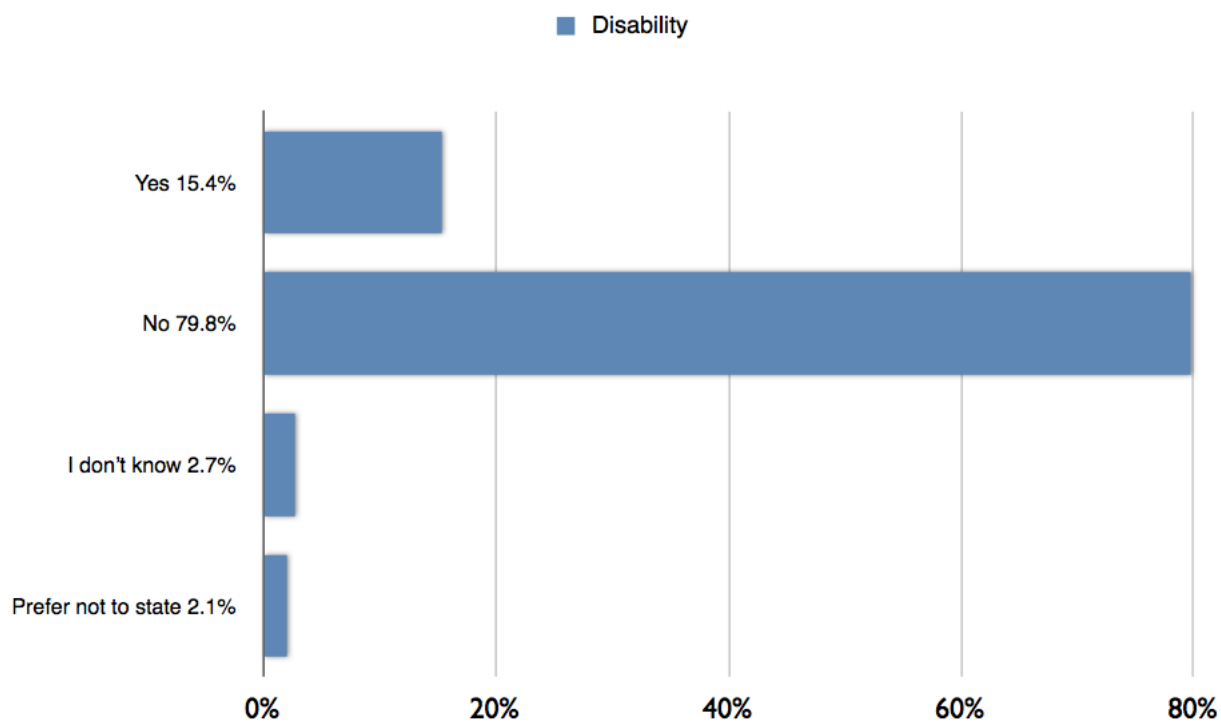
(Gay man, age 17)

“Long term relationship but not yet co-habiting/civil partnership.”

(Gay man, age 21)

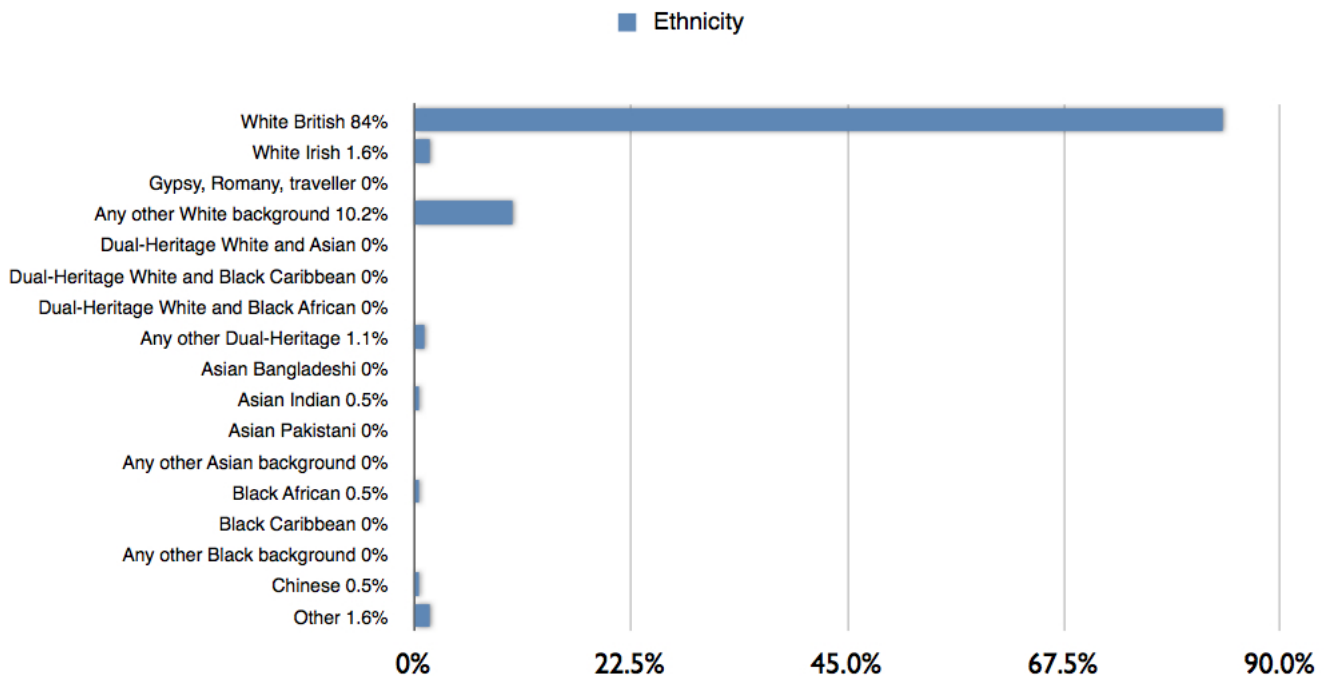
“I am ex married and have a male partner but we don't co habit.”

(Gay man, age 56)



## 2.10 Disability

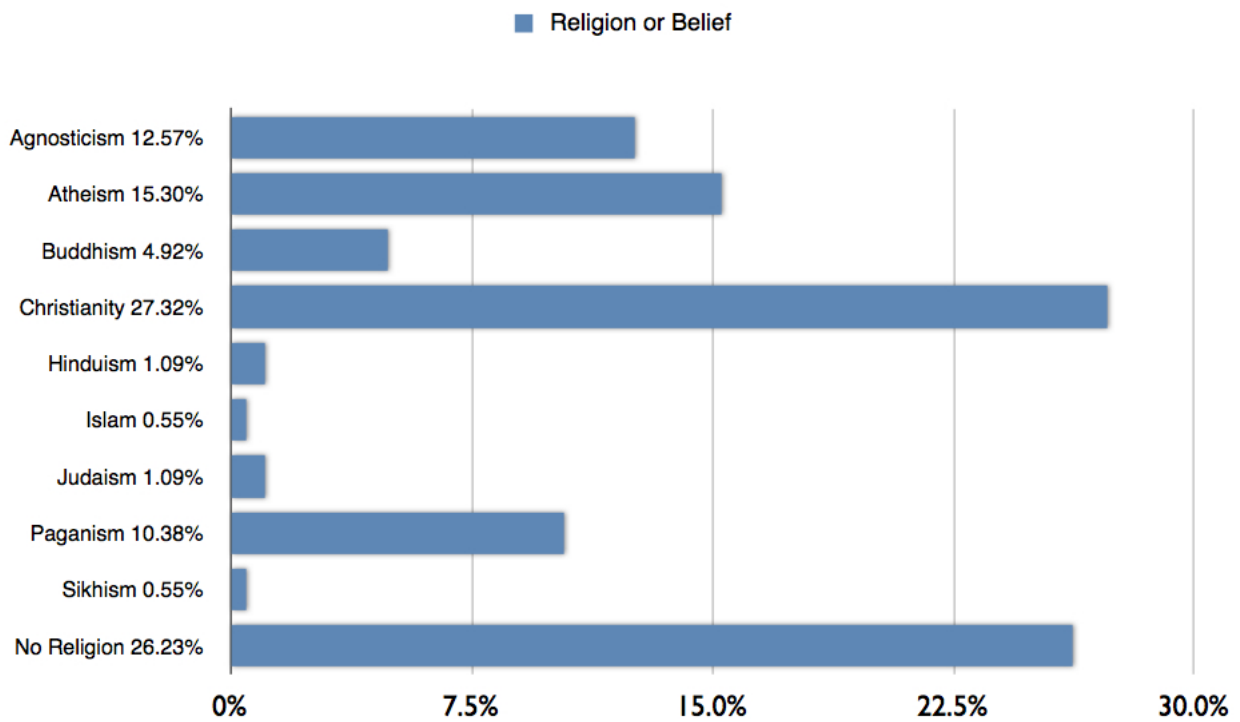
2.10.1 The majority of respondents, 79.8%, answered “No” when asked if they had a disability, 15.4% answered “Yes” they did have a disability, 2.7% answered “I don't know” if they had a disability, and 2.1% “Prefer not to state” if they had a disability.



## 2.11 Ethnicity

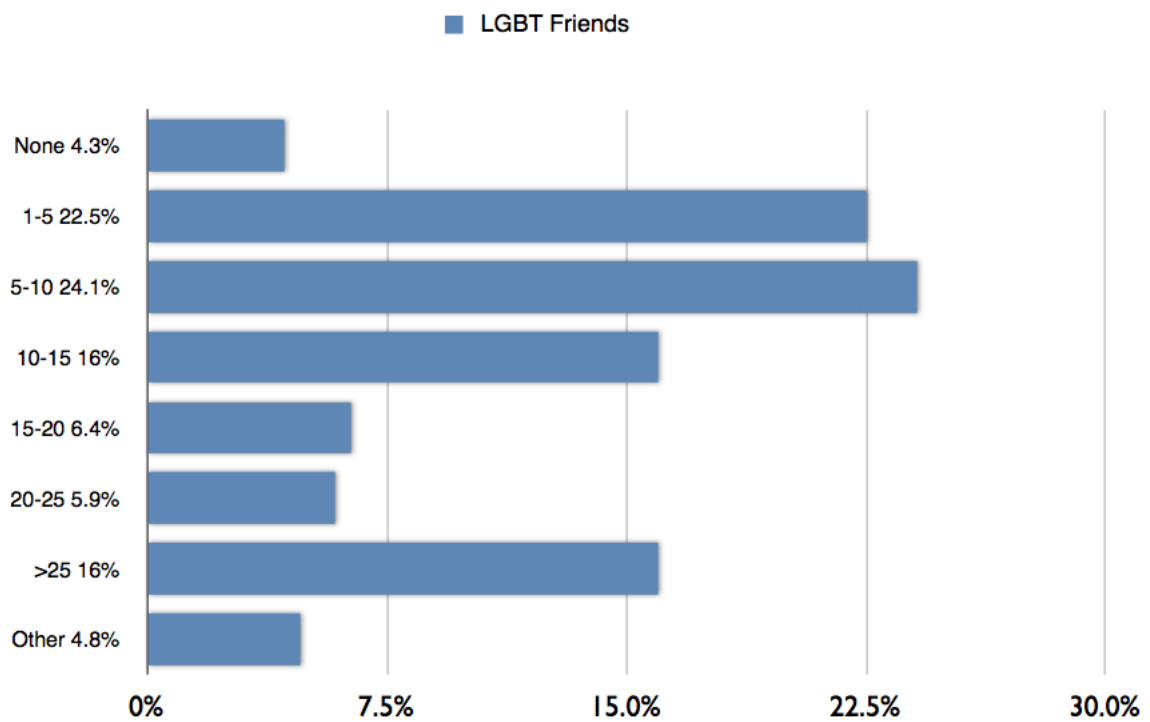
2.11.1 The majority of respondents identified as White British, 84%, with 10.2% as Any Other White background and 1.6% as White Irish. The remaining 4.2% came from Black and Minority Ethnic/Other back grounds or heritage including Asian, Black African, Chinese and Dual Heritage. Other responses included English/Yemini, Welsh and Burmese British.





## 2.12 Religion or belief

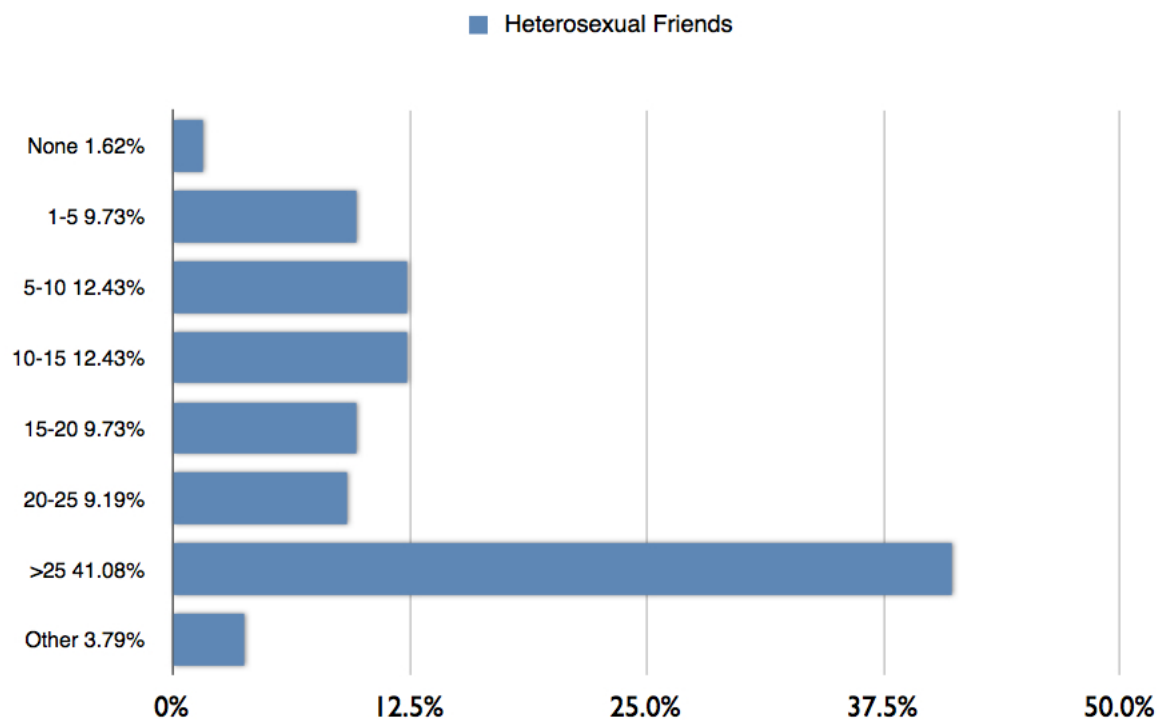
2.12.1 The majority of respondents identified as either Christian 27.32% or as having no religion, 26.23%, 15.30% as Atheist, and 12.57% as Agnostic. When added together the categories for No Religion, Atheism and Agnosticism came to 54.1%. Other respondents identified a range of religions and beliefs, including Buddhism, 4.92%, Hinduism, 1.09%, Islam, 0.55%, Judaism, 1.09%, Paganism, 10.38%, Sikhism, 0.55%. Other responses included; “Quaker and Pagan”, “No Belief”, “Spiritualism”, “Spiritual”, “not sure”, “prefer not to say”, “Nichiren Buddhism”, “Theism”, “I don't believe in organized religion” and “I have a mixture of spiritualities”.



## SOCIAL LIFE

### 2.13 LGB&T friends

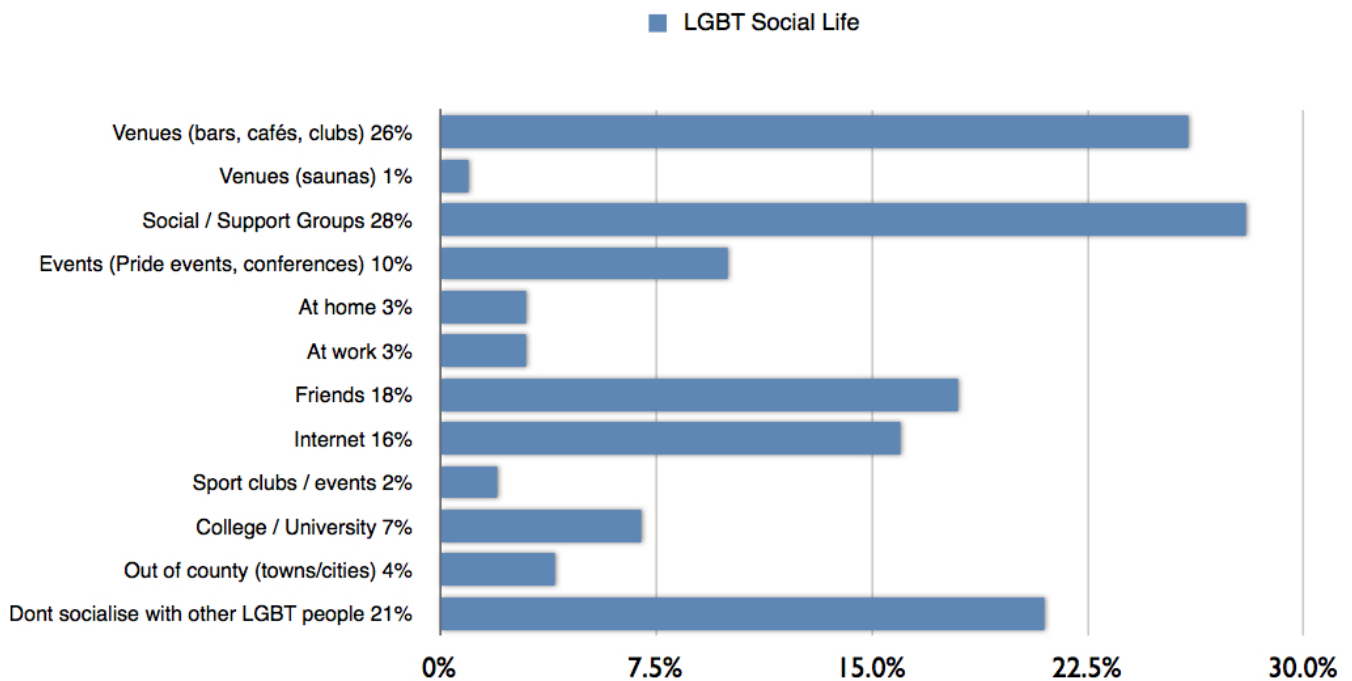
2.13.1 Participants were asked how many LGB&T friends they had. The largest proportion of respondents, 24.1%, had between 5-10 LGB&T friends, the next highest category with 22.5% having between 1-5 LGB&T friends and the next highest responses were 16.0% with 10-15 LGB&T friends and a further 16.0% with over 25 LGB&T friends. 4.3% of respondents had no LGB&T friends. Other responses included “no idea”, “have no gay friends”, “prefer not to say”, “not sure if you mean close or all”, “not sure”, “lots of them”, “depends on what you count as friends”, “people I know in person and I am close with - 1”, “people I work with or have worked with - 2”, “people I know and chat with online - several”, “I have a few close LGB friends but I know more because I attend a support group”.



## 2.14 Heterosexual friends

2.14.1 Participants were asked how many Heterosexual friends they had. The largest group of respondents, 41.08%, had over 25 Heterosexual friends, 12.43% of people reporting between 5-10 Heterosexual friends, and a further 12.43% reported having 10-15 Heterosexual friends. 9.73% reported having 15-20 Heterosexual friends and 9.19% having 20-25 Heterosexual friends, 9.73% reported having 1-5 Heterosexual friends and 1.62% reported having no Heterosexual friends.

2.14.2 Other responses, 3.79%, included: “no idea”, “I prefer not to say”, “not sure if you mean close or all”, “not sure”, “probably less than are LGB&T”, “all others”, “many” and “mostly all my friends are Heterosexual”.



## 2.15 LGB social life

2.15.1 Participants were asked where they went to meet other LGB&T people. 157 respondents, (82%), answered the question.

2.15.2 The majority of respondents used either the LGB&T commercial “gay scene” (26%) including bars, cafes, clubs and pubs and/or a combination including LGB&T social and support groups and networks (28%) to meet other LGB&T people. A significant percentage (21%) didn't choose to meet or socialise specifically with other LGB&T people. Other ways in which people met other LGB&T people included; through existing friends and social networks (18%), through the internet/online (16%), through LGB&T events, such as Pride events (10%), through college or University (particularly University LGB&T Societies) (7%), at home (5%), at work (3%), at sports clubs and events (2%) and 4% of LGB&T people go out of the county only to meet other LGB&T people.

2.15.3 NB. Participants were given the opportunity to self-identify where they went to meet other LGB&T people and many respondents described more than one way in which they met other LGB&T people.

“I am quite happy with not being 'in the scene' but that's probably why I live in Somerset. Actually, where I moved to, it was ten years now, does me an awful lot of good in terms of my being with good friends, good partner, daughter, environment, quality of life. I'm probably more content in that respect but, if everything went crumbling down, then I probably would run straight back to the city because I don't think that there's much out here to support people.”  
(Lesbian, age 53)

2.15.4 Living as an 'out' LGB&T person in rural communities isn't all bad as one interview respondent concluded.

“As our little family unit, we've been completely accepted in quite a small town/big village in western Somerset which, when you live in a city, you imagine that that would never happen. So I would say to men and women living in cities, LGB&T, if you think that you want to live out in the countryside, don't limit yourself don't be fearful because if that's what you want, go for it. And living in the city has got lots of benefits in terms of political action and all that sort of thing but, holistically, we are more than that aren't we?”

(Lesbian, age 53)

2.15.5 A range of reasons were given as to why people didn't choose to meet specifically with other LGB&T people, as follows:

“I don't target my activities to meeting other LGB&T people, however if I did, I would probably attend an organised group setting, rather than going out to clubs.”

(Lesbian, age 27)

“When I was in my twenties I met other LGB&T through gay pubs and clubs ('the scene') and through playing football. However, now I have a solid group of friends, some of whom are lesbian or gay I don't specifically go out to meet other LGB&T people. But, my wife and I have a child, so it is important for me to know other gay parents, therefore I 'chat' to other gay parents and prospective parents via Fertility Friends Forum (online LGB&T thread) who I hope to meet in person at some stage.”

(Lesbian, age 38)

“I don't go anywhere, if people who come into my life through general socialising or through my professional life that is how I would meet another gay person.”

(Gay man, age 46)

“I meet them (other LGB&T people) in the same places that I meet other people, at work, at University, on nights out.”

(Bisexual woman, age 31)

“I don't really go anywhere to meet LGB&T people. I meet people, if they identify as LGB&T, then cool, if they don't, then cool.”

(Lesbian, age 20)

“The same place I go to meet straight people, pubs or the internet. I don't define myself by the fact that I'm a LGB&T person, nor do I define others by that standard, when I go out to meet new people I don't look to meet them because of their sexual orientation.”

(Bisexual man, age 20)

“I don't go out to directly meet other LGB&T people, there aren't any groups locally.”  
(Bisexual woman, age 19)

“Through friends, at University and at work. The same ways you meet anyone really.”  
(Gay man, age 21)

## 2.16 Trans social life

2.16.1 Some Trans respondents reported meeting other Trans people through a Gender Clinic or through Trans specific support groups including Gloscats, QWest and Unique TG.

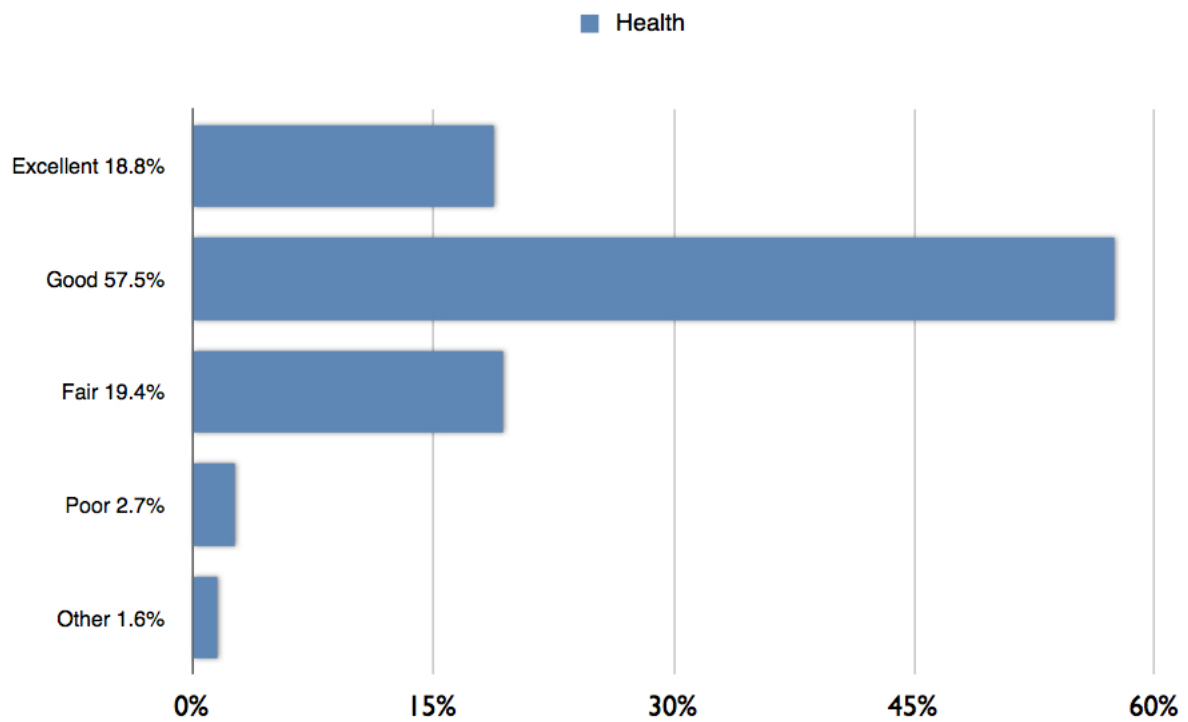
“I meet other 'T' people at the gender clinic, I don't go anywhere to specifically meet people.”  
(Bisexual, Trans woman, age 44)

2.16.2 Other LGB&T community-based social and support groups used by LGB&T people to meet included 2BU (for LGB young people), Bristol Cross Roads, Bristol Sociability, the Edward Carpenter Community (ECC), Gay Outdoor Club (GOC), Gay West, Gendered Intelligence, Hiking Dykes, Pink Herrings and the Somerset Lesbian Network (SLN).

2.16.3 Use of social media and the internet was reported by 16% as the main or only way of meeting other LGB&T people including the sites Gaydar and Missing Lesbians, or through LGB&T specific online forums and chat rooms. Facebook was also reported as a utility to connect with other LGB&T people online.

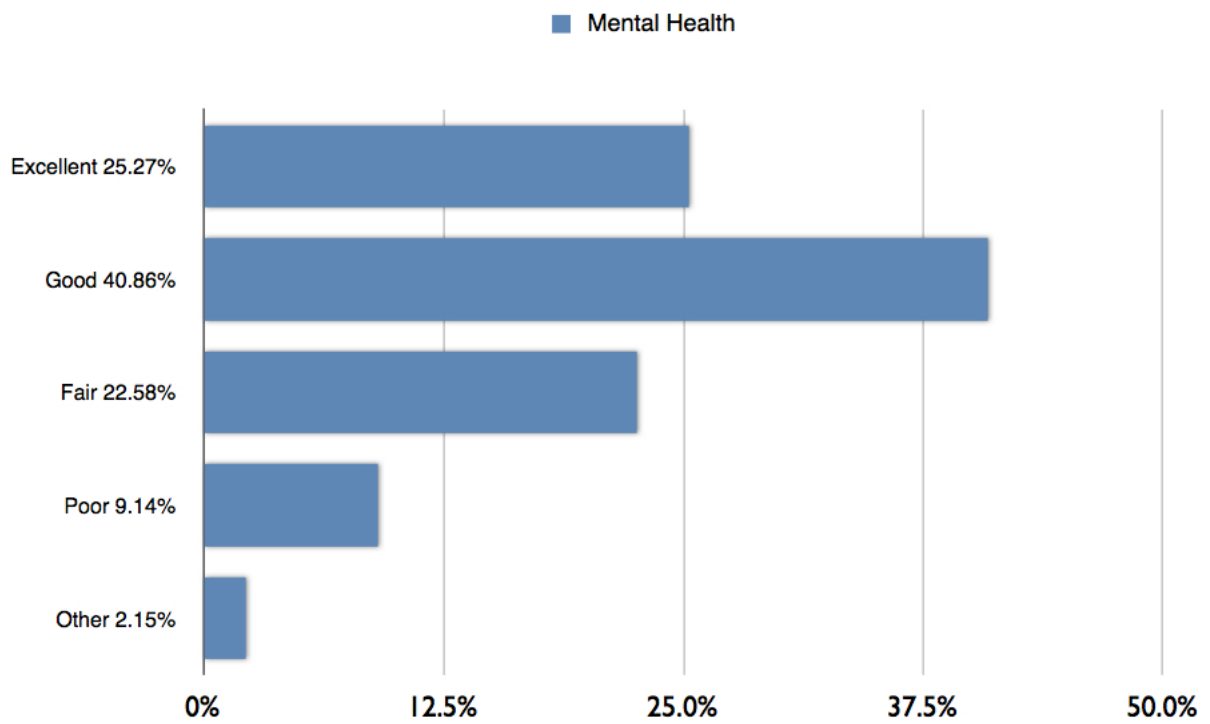
2.16.4 Respondents also reported meeting other LGB&T people through community-based events such as LGB&T Pride (especially in Bristol) and Stonewall events (especially in London).

### 3.0 HEALTH REPORT



#### HEALTH OF THE SAMPLE

3.1 The survey found a healthy population, with the majority of respondents, 57.5%, reporting their health as “Good”, 19.4% as “Fair”, 18.8% as “Excellent” and just 2.7% as “Poor”.



### 3.2 Mental Health of the Sample

3.2.1 A positive picture of mental health is reported with 40.86% stating their mental health was “Good”, 25.27% as “Excellent”, 22.58% as “Fair”, and 9.14% as “Poor”. Other responses included;

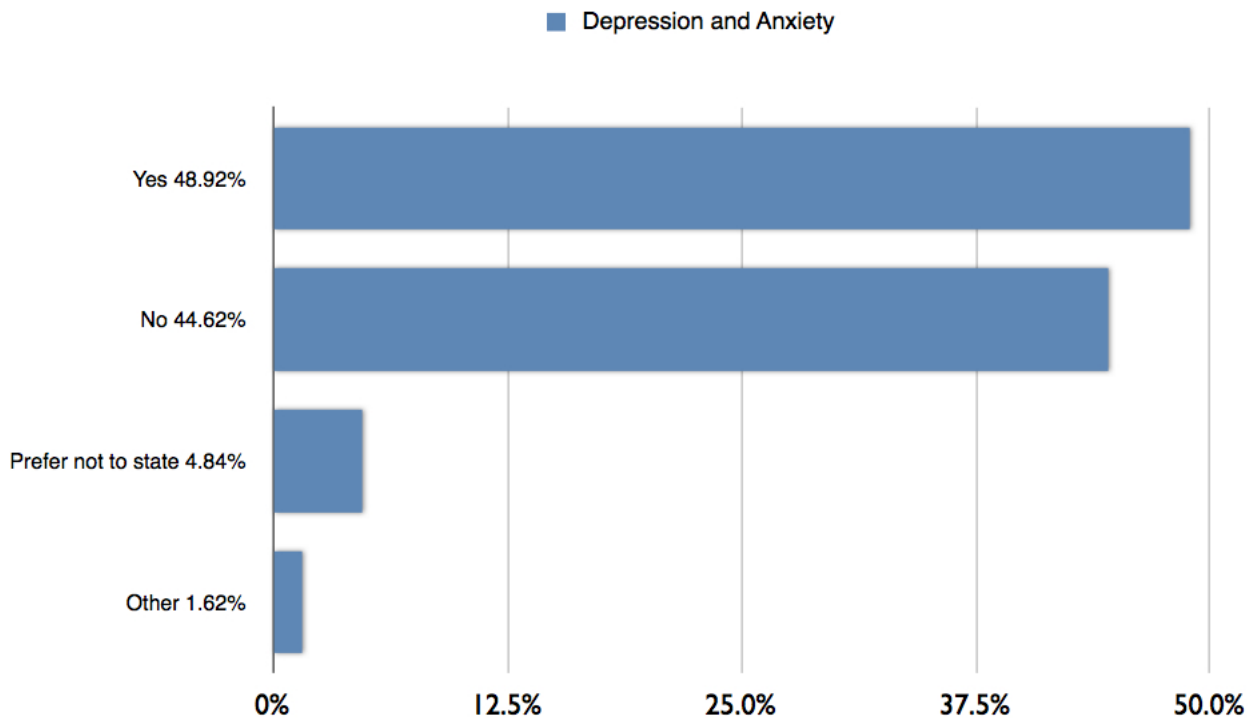
“I think I have good mental health.”

(Bisexual woman, age 19)

“I have up and down days that vary drastically.”

(Lesbian, age 17)





### 3.3 Anxiety and Depression in the Sample

3.3.1 Just under half of respondents had gone for medical help with anxiety or depression, 48.92%, 44.62% had not gone for help and 4.84% “Prefer not to state.”

“I am an NHS worker, and I have suffered from bullying by management, no one would admit it, I do wonder whether it was due to my Lesbianism.”

(Lesbian, age 58)

“Generally not acknowledged or discussed - don't take up many services.”

(Lesbian, age 52)

“There's no difference from before I found out I was a Lesbian.”

(Lesbian, age 17)

### 3.5 What LGB&T people value or like about Health Services

#### 3.5.1 Acceptance, recognition, understanding and not being judged are very important for LGB&T people when accessing health services.

“I'm a parent, I have a six year old daughter, the straightforwardness in terms of us being a same-sex parent family, I've appreciated not having to explain in front of my daughter. In terms of our GP, our dentist, those kinds of things, that's been great which surprised me because that wasn't my experience as a Lesbian accessing health care on my own, but as a family it seems to, just be different I guess. It's been a lot easier.”

(Lesbian, age 42)

“The open recognition of my sexual preference and the acknowledgement of my partner.”

(Lesbian, age 56)

“Acceptance for who I am.”

(Lesbian, Trans woman, age 41)

“They (healthcare professionals) do not ignore my sexuality, they tell me about reproductive and sexual health for example with the latest info about how Lesbians are affected.”

(Lesbian, age 35)

“The individuality you're treated with.”

(Gay man, age 22)

“I had an operation probably about 4 years ago. My partner came with me and settled me in and came down with me and walked as far as she could to the operating theatre, and it's totally accepted, there wasn't any problem at all. And because we were actually quite affectionate to each other because I was going in for an operation and I think that's a really good experience.”

(Focus group participants)

#### 3.5.2 Some respondents valued not being treated differently, as an LGB&T person, valuing every one being treated equally.

“Understanding health care professional who don't treat me different because I'm gay.”  
(Lesbian, age 20)

“Our Dr has always been completely supportive of our (my wife and I) wish to try for a child, (GP) has never made me feel different or part of a minority group.”  
(Lesbian, age 38)

“I am a much happier and healthier person thanks to the care available from professionals.”  
(Gay man, age 35)

- 3.5.3 Whilst for others recognition of who a person is and what is important to them, in respect of their gender identity and/or sexual orientation, is important for LGB&T people in accessing health services.

“You need to consider the wider population and all those diverse strands. A 'one size fits all' approach isn't working and won't work. It needs to be - and I know you can't make it completely individualised - but it should at least be personal to, for example, why shouldn't there be services for gay and lesbians? Why shouldn't there be services for Trans people? And why shouldn't that be clear, visual and communicated well so that everybody is aware? And, consider consulting the (LGB&T) community about what they want and not just assuming that they will want these services, and they will want them delivered in this way.”  
(Gay woman, age 39)

“That they recognise who I am.”  
(Lesbian, age 55)

- 3.5.4 Other responses related to general issues when accessing health services including; accessibility, location, speed, efficiency and the friendliness and professionalism of service providers. A number of respondents also commented on the free availability of health services being important to them.

## COMING OUT

- 3.6 Complexities around coming out and disclosing gender identity and/or sexual orientation are varied for different respondents. Some respondents reported feeling unable to 'come out' to HCP's whilst others felt 'coming out' wasn't important to them in their treatment and care.

“In terms of my sexuality, I've valued it not being an issue; we've never talked about it but I've never hidden it. That's it, I don't come out and I don't not 'come out', do you know what I mean? I just am. And if someone makes an assumption about something, I'll correct them if I feel safe. Sometimes I haven't felt safe in the past but I think as you get older, for me any how, you become more confident and able to do that because you are much more comfortable in your own skin and who you are and what you're about and stuff like that. So, and you know yourself better so I think in the past that probably wouldn't be the case but I've always felt positive, I've never had any kind of reaction shall we say when I've had to do that, so I value that.”  
(Lesbian, age 50)

“I was involved in a car accident about five years ago, (my partner) was brought in by ambulance. There was a male nurse who said 'Are you ok?' and I said 'I'm just waiting for my friend', and he went 'is she your friend?' and I said 'She's my partner'. I didn't really want to say 'She's my partner', are they going to judge me, he kind of knew 'Don't worry I'll get you a cup of tea' and he really looked after me actually and then I felt perhaps it would've been ok to be more open but I still felt unsure about it.”

(Focus group participant)

“When I had first started on that journey to coming out, I was living here in Somerset, I just...there was nothing, I could find nothing. I would ask around, I would do some of those internet searches and nothing. I do think the fact that I couldn't find any support at the time at all did not help my own mental health at the time. You're going through a crisis when you're facing coming out, making that decision that that is how you want to live your life because obviously I was in heterosexual relationships before, and I found it tremendously supportive over the last two years to have a group to come to and the people I've met in all different places across the county. It's really good and I think if this had existed when I was starting to come out, I would've dealt with the whole process so much more easily. Like, say for instance, I could've come along and talked to (other Lesbian Mum's) about how best to handle it for my children: how to tell them and how to handle them and their queries. We need to have the support available there and it is a health and social care issue...”

(Focus group participant)

“I'm unable to come out.”

(Lesbian, age 63)

### **DISLIKES ABOUT HEALTH SERVICES**

- 3.10 A range of experiences reported by respondents, including praise for the health services received with some specific cases of bad or poor treatment by healthcare professionals.

## ASSUMPTIONS

- 3.11 Many respondents reported the assumptions made about gender identity and sexual orientation, the cisgenderism and heterosexism they experienced, and the lack of understanding about being LGB&T, being the issue which excluded LGB&T people the most. Others reflected on the lack of awareness, training and experience in specific LGB&T health issues.

“There could be more inclusivity and acknowledgement - inclusivity like not making assumptions - being heterosexist - assuming that everyone who comes to the service will be hetero sexual and I've noticed this more in the country than in the city that, because of my age, they always call me 'Mrs' assuming that I'm with a husband not a civil partnership. I'm relatively assertive so I know what I want to find out and I'll ask questions but I can imagine some people with a lack of confidence wouldn't go there and wouldn't find out what service there might be for them; you'd have to ask for it.”

(Lesbian, age 53)

“There is an assumption everyone is heterosexual ('heterosexism') and it is left up to the individual to 'come out' (disclosing gender identity and/or sexual orientation). Sometimes I feel safe to 'come out' and sometimes I don't. When I do 'come out' I am unsure of what their (healthcare professionals) reaction will be.”

(Lesbian, age 43)

“There is always an assumption that you are heterosexual in all services and little understanding of LGB&T issues.”

(Lesbian, age 48)

“The assumption is everyone is heterosexual and married. I am regularly asked “what about your husband”, when the word 'partner' could easily have be used instead.”

(Lesbian, age 50)

“The lack of awareness that people can be 'other' than heterosexual.”

(Lesbian, age 46)

“I think the main thing is about assumptions and that people really need not to make assumptions about people's sexuality. And also if you do say that you're a Lesbian, then that should not be looked at with 'ooh' and a gasp of breath, an intake of breath which often happens when you do say it to people. I've been similarly treated in the past by a GP that I'd had for years and, when I was trying to tell him that I was a Lesbian, how am I going to just come out and say that 'I'm a Lesbian', you know, how do I say this to him? It's those sorts of things really.”

(Lesbian, age 63)

“Assumption of heterosexuality, in one case assuming I was the mother of my partner, with out asking how we were connected.”

(Lesbian, age 40)

“Assuming I was trying for children because I answered 'yes' to being sexually active, but no to the use of contraception.”

(Lesbian, age 40)

“A lack of understanding of LGB&T relationships, i.e. assuming I'm my partners 'friend', not allowing me into the consultants room with my partner as a 'family only' policy.”

(Lesbian, age 27)

“I think a lot of it is about making assumptions and, I don't have a partner, so I'm never in a situation where I'm having to go in and they go 'where's your partner? Where's your husband?', you know, because I don't have one. I'm always clear about that, I'm single, I live on my own, or that's the story they get from me. There's always like 'Oh, well who's going to come?'; there's no thought that I might have a girlfriend, I haven't but if I did, it would be assumed that it would be a family member or something like that. It's just assumptions, I think they're the worst things really because it predicates what's going to happen next then if they make those assumptions about you. So your whole treatment is set up from the moment they make that assumption about you I think.”

(Lesbian, age 63)

“I think sometimes just questions on things; its back to that same thing of an assumption that you're 'Mrs' all the time, that happens in Somerset all the time. I have to ring to order something or you talk to someone on the phone, and it's always 'ok Mrs Smith, leave your card' or its 'Mrs This' or 'Mrs That'. Ok, I'm not that age, I don't have a wedding ring even on my wedding finger, even though I am civil partnership. And it's just like....I don't want to have to be in a position where I have to correct people all the time.. it's not my...and you come across as 'they're a bit frosty' or 'they're a bit uppity' and I just don't need it, nobody does. So it's the assumption stuff that's the real thing but I don't think that health and social care are exclusively guilty of that and, as a minority group, I guess that you're just more aware of it than if you're the majority, you're not. And I understand all that but sometimes you just get tired.”

(Lesbian, age 50)

“I think that there's a general feeling that hospital staff are all given good training (in equality and diversity). It's one thing to have been trained but it's another thing, it's like 'how do I know that they know'. So, as much as hospitals and NHS may say staff are trained, how do we know that? I think the NHS, one of the faults that they have, is that they think 'we are very inclusive whatever the patient is, whether they're fat, whether they're ultra-thin, whether they're gay....we care about anybody and everybody'. I guess that programmes like Casualty or whatever else, those kind of scenarios come up and there is subtle messages through the media but I think subtle is not enough. They need to demonstrate that more and again it's how do you do that? I think that it is the stuff that's about the use of language is the biggest thing. I had a situation with a consultant and it was like asking about my wife, no I'm single but I wouldn't have said to him actually I'm gay. And he was a lovely man and, looking back, had I said 'look I'm gay' I don't think it would've fazed him but actually it's the fact that he asked about my wife and I thought surely on my notes it must say I'm single. Those kinds of things might only be little, but you start adding them up and then you get quite anxious about stuff.”

(Gay man, age 51)

“They (healthcare professionals) don't know how to deal with LGB&T health issues.”  
(Lesbian, age 29)

“Health care professionals don't get the fact that to admit that you're gay - you can talk about drugs, getting somebody pregnant - but to actually admit that you're gay is actually quite a huge thing to do, and because of my background, being Christian, and you're going to go to hell and all that, those little things are still there.”  
(Gay man, age 51)

“I think health, there's always that kind of thing, the doctors or the surgery of, it still feels like the assumption is going to be made that you are straight and that it's your job to try and identify and to explain that especially if comments have been made about...I think things have improved and terms like 'partner' are being used more and more but comments like 'are you married?' automatically puts you in a 'well do I just say yes or no or do I have to say no, but..'. So assumptions are always the challenge I think. And making people feel able to talk about their sexuality a bit more so a little poster up on the wall so that people know that actually something, that this is a subject which can be approached.”  
(Gay man, age 56)

“I went to go and get a mole checked. I went with my partner who works in the hospital and, because I was with my partner in the hospital, the health care professionals recognised her and became flustered and so the nurse who received me said 'so, you are here with your mum?', bearing in mind my partner's younger than me, it wasn't even close, and I just kind of looked at her and she left the room in a fluster because she'd seen my partner. And then the consultant came in and said 'so I hear that you're here with your mum, on no, that can't be right'. Where in that mechanism is there thoughtfulness, just a consideration that that might be different? They got flustered because my partner was working in the hospital, they knew that and just got themselves all caught up and made default assumptions like 'you're my mum', what's the matter with you? It's not even close! So that was really recent, about a month, two months ago. ...massive assumptions...”  
(Lesbian, age 42)

“I think for me, often it's just around assumptions, it's not really in your face annoying, but sometimes can be irritating. So it might be assumptions around everyone's heterosexual so if I was to, just as an example, I registered for the dentist just last week which was recommended to be by my partner. And when I registered, the reception person said 'how do you know about us?', there was a board outside, 'Well its actually my partner who recommended'...'do you know what dentist he sees?' She was a slightly older woman but I just thought 'no, I'm not gonna...', sometimes I would've said 'actually its she' but at the time I didn't. And I think it often depends on what mood that I'm in and how safe perhaps that you feel in an environment to do that. So that has happened often, and probably when I'm going for smear tests in the past, so there are questions asked that assume that you're having penetrative sex with men and that you're on some sort of contraceptive method.”  
(Lesbian, age 43)

“I think that's a huge thing isn't it in terms of people, I mean my GP, at my age doesn't know I'm gay so I think you go to the doctor for whatever you've got wrong with you and I guess sometimes they make an assumption the way they might phrase things but I don't think its....unless, I don't know, something that I needed to tell him, then he'll just treat you. I think it's when you go to somewhere and they say something like, you're going in as an inpatient to have a knee operation or something, and they say 'your next of kin - your wife's details' or whatever 'Oh, I'm not married' and those kinds of things rather than 'partner' it's just use of language sometimes.”

(Focus group participant, LGB young people)

“It's just the way they treat you and that they sometimes assume things even if you're just that you're heterosexual that's what is also annoying because then you think 'oh, they've assumed something, why should I tell them everything?’”

(Focus group participant, LGB young people)

“It's more of a hassle just to go 'no I don't have a girlfriend' rather than going 'No actually, I've got a boyfriend' that would be more work to actually bring up in a situation that could become confrontational when you don't have to' - more work on my part to correct them 'no, I'm gay' when you don't have to, it seems like more work, it becomes a potentially confrontational situation.”

(Focus group participant, LGB young people)

“I just don't think that it should bear relevant unless it is something that really does affect your health. I don't think it should have any relevance as to how your doctor treats you.”

(Focus group participant, LGB young people)

“I was ready to be discharged and they said 'have you got someone to pick you up?' and I said 'My partner's coming' and so (my partner) arrived and the nurse couldn't relate that she was my partner and, when I said, 'No, this is my partner', she actually started to laugh, like a nervous laugh because she couldn't get a grip of quite what it was I was saying. She was waiting for this bloke to walk on the ward and my partner walked in. In the end we just both walked off because it was quite unpleasant. I just think it's not comprehensive that kind (equality and diversity) of training across the NHS. GP practices are all independent businesses aren't they? So it's up to themselves how attuned they are but I thought that was really poor.”

(Focus group participant)



“My partner and I have attended hospital admission and GP appointments together on the assumption that there will not be any problem and there hasn't been. Although not civil partners, I registered my partner as my next of kin on my hospital admission form and no-one raised any queries. I would like to be reassured that this will be accepted by all services if I put this on a form. From what I have heard from others, we have been fortunate in our experiences, so clearly more education and awareness raising is required to ensure staff do not make assumptions or make decisions based on prejudice.”

(Lesbian, age 58)

“Assumptions are always made about sexual orientation from GPs, consultants, nurses, reception staff etc. Training should deal with these issues.”

(Lesbian, age 63)

“Overall, other than a few incorrect assumptions I've never had any problems, or really felt my (sexual) orientation was that relevant to my treatment, other than sexual health.”

(Bisexual woman, age 21)

“Just that it's normal, and that people who dislike it are not allowed to make others feel scared, ashamed or intimidated.”

(Bisexual woman, age 17)

“I have had an OK time with the NHS system but I have heard other people's LGB&T stories and I think LGB&T needs to be talked about more so it is less of an issue.”

(Lesbian, age 17)

“Not being assumed to be straight, not having to explain "what Lesbians do in bed" to doctors.”

(Lesbian, age 45)

“Understanding of the issues facing Lesbians. Recognition of relationships. People, services, questionnaires etc. not assuming everyone is heterosexual.”

(Lesbian, age 55)

“Normalising different relationships. At times of vulnerability it feels different to challenge the assumptions of healthcare professionals.”

(Lesbian, age 40)

“For them (healthcare professionals) not to judge (gender identity or sexual orientation).”

(Lesbian, age 16)

“Start treating us as 'normal' people and not be so surprised that we are so normal.”

(Bisexual man, age 50)

“More open acceptance of my relationship status and sexuality.”

(Gay man, 49)

“Health professionals not making assumptions about sexual orientation. I don't get embarrassed now when telling a health professional I am Gay when I needs be but when I was younger this was stressful especially if dealing with a male doctor.”

(Lesbian, age 50)

“For people's attitudes to change. It's not some weird decision to find someone of the same-sex attractive. It needs to be seen as a personal choice and not a bizarre phase or due to any other personal issues.”

(Bisexual woman, age 19)

“Don't assume I'm Heterosexual, more awareness of LGB&T issues.”

(Gay man, age 22)

3.12 A call for consistency throughout the NHS from one focus group participant.

“My partner was having a procedure where she had to go under anaesthetic so they needed someone with her. Everybody had to go to a cubicle first and all the people with husbands or boyfriends, they let their partners in. When I went to go with (my partner), they said that it's a very small cubicle, there isn't really room. So I stayed outside. When I went to see her, they'd had their chat with her and everything, she said 'everyone else's partner's here'. I assumed that everybody was being treated the same way and they weren't. And when (my partner) came out from the procedure, they had to give her the results and I was with her, I'd waited for her to come out, discharged to her bed, and (my partner) said, you know she was with it enough to say 'you can tell Laura things because I won't remember it' having just had a general, and the nurse started telling me but she just couldn't bring herself to show me the photos and stuff; she couldn't bring herself to actually show me the file whereas she was quite happy to show it to my partner who probably wouldn't remember it the next day. And so we got the GP to actually change (my partners) care from (one hospital to another, Somerset to Dorset). The hospital in Dorset was completely different, we've been totally involved as a couple in everything that's happened. That was the most negative experience I've had because it's quite dangerous if you can't share information with the person that really ought to be sharing it. It still gets to me that does. So I had a very different experience but I do appreciate that different people in different wards act totally differently.”

(Focus group participant)

3.13 One focus group participant had the opposite experience at their GP practice.

“I've noticed there's no longer an assumption of heterosexuality. So if you go into the doctor's surgery, the question isn't 'and what about your boyfriend?' or 'do you have a boyfriend?' It's a lot more gender neutral now which makes it a lot easier because then you don't have to challenge that assumption, you can specify or not specify.”

(Focus group participant)

### 3.14 **Coming Out to GPs and other Healthcare Professionals.**

“In terms of my sexuality, my GP doesn't know that I'm gay and its interesting, is that a deliberate? When I was younger, I never wanted to be 'gay' because I was involved with the church and all that kind of stuff. So, there's that Jekyll and Hyde type thing and so my GP....I guess in terms of health services, I've never had to really 'out' myself in a sense because there's never been anything that I felt really applied. But you get the odd thing about 'partners' or 'wife' because, at my age, there's an assumption that you'll be married. It's more around assumptions rather than anything else.”

(Gay man, age 51)

“I have thought about telling my GP that I'm gay but I would want to say to him something like 'can this not go into my medical record please' and I don't know whether there would be any point in telling him that I'm gay if its not going into my medical record. So it causes a problem for me and so I'm very glad that there are anonymous services available.”

(Gay man, age 56)

“I don't think my doctor's....my doctor's my neighbour, its village life, do you know what I mean? My doctor's two doors up, he's known my family...we've lived here 100, 200 years our family, in this house. So you know it's all about farming and things so it's really hard to specifically put something out with regards to health because I don't ever really disclose my sexuality in health.”

(Gay man, age 35)

“I would like to feel that I could talk to my GP completely openly and I don't feel that rightly or wrongly. Either it's because the confidentiality isn't there or it is there, but my perception of it isn't. So, one way or the other, I don't feel able to and I would like to ('come out'). There are times when my GP knowing I'm gay might be relevant to what he's talking to me about and, because he doesn't know, I'm probably getting less effective medical care than I would be getting if I felt confident in telling him about that. I would love to find a GP who I think probably is gay but they don't wear badges unfortunately!”

(Gay man, age 56)

“I've never had cause to need to reveal my sexuality to my GP. I don't think that I'd be unhappy about that, I've got confidence in my GP but I do like to keep some things to myself unless I've really got to.”

(Gay man, age 37)

“When I was just coming out, it was a very dramatic time as it always is really, you think it's quite traumatic for yourself and then you've got to deal with your parents. My mother in particular was quite sort of distressed about it and the point that it came out was I was feeling quite low anyway and sort of blurt it all out so I said 'well I need to go and see the doctor anyway so you've got to come with me'. So I went in to speak to the doctor and, I wouldn't say it was an absolutely negative, I didn't come out feeling really great about it, it was very medical, factual about 'Oh yes, ok' and I said 'Well, my mother's outside, I want you to see her next because I want you to explain to her that it's not a medical condition and I don't need to go and see a psychiatrist'. But I wouldn't say that he really put me at my ease, and in fact it was quite an uncomfortable situation because he had an intern with him who was watching him to the practice, and it just felt a very uncomfortable situation and there was no follow up, and didn't ask to say 'will you come back in a few weeks' time? Let's see how you get on' and 'Do I need to counsel your mother anymore?' There was no pathway directed for me at that time, it was just like well ok, there was no like 'well have you considered there is a gay help line we could get you in contact with or there is this group.’”

(Focus group participant)

“I think it's the signposting isn't it so someone who initially comes to maybe their GP or, it could even be that they've gone to a sexually transmitted disease clinic or they think they've got something and if it comes out at that point, again signposting. And it's the facets of the whole being gay, lesbian, being Bisexual, it's who else is affected? Who are you close to? Is it your parents? You've got children, siblings and is there any groups there for them which may be there's not, maybe there is, but you're much more informed, have much more of a positive attitude when you say 'I'm gay' and it's all come blurring out and you can go 'it's great, and this can happen and we can get these people, you know, are you ok here?' and it's a follow up as well, it's not just 'I've seen you today, that's done and dusted'; it needs to be followed up because to actually initially come out as being gay is only the start, that's the first thing 'I've got it off my chest'. But then you need to have other things put in place, you've done the first hardest thing but then you need support afterwards as well.”

(Focus group participant)

“When I first came out, I spent my life 'what about your boyfriend?' 'Er'. And I've noticed in the decade since then that's there's obviously a lot more training just from the ways its worded, it's very deliberate and 'your partner', say the word 'partner' and it's a positive thing.”

(Focus group participant)

“I'm not sure my GP is open to gay relationships.”

(Gay man, age 43)

“Either indifference, ignorance or downright hostility of practitioners towards my 'alternative' lifestyle sadly.”

(Lesbian, age 60)

“Some people are noticeably disdainful about my 'lifestyle' choices.”

(Bisexual woman, age 19)

“Uncertainty about attitudes of GPs at my local health centre.”

(Gay man, age 54)

- 3.15 A solution is offered by one respondent to overcome assumptions being made through the use of more inclusive language.

“Wording could be a little more careful 'how is your partner?' instead of asking how is your boyfriend/girlfriend (husband/wife) because this leads to assumptions based upon stereotypes.”

(Gay man, age 17)

- 3.16 One focus group participant talked about getting the language right and the impact this has over time.

“I've just this week, after five years, finally got my GP practice to take 'Mrs' off my record and I've asked them, this is the third time I've done it and I did it in writing. Because of the visit I had a prescription to dispense and finally it came out with 'Ms' on it. And when I went...I've actually asked for it verbally, put it in writing twice and, when I asked for it verbally, they looked at me as if to say, 'Well, what does it matter?' But it did matter to me because I thought that it gives an identity to me that isn't my identity and I'd go into the pharmacy and then they'd say 'Mrs Jones' and I'd think 'No'. So I think there are things that don't seem very important but can be important to individual. I can't even speak for myself and I still struggle with...and I'd think 'ahh, leave it' and I can't be bothered and it'd annoy me and I'd think say it again so...”

(Focus group participant)

- 3.17 Focus group participants also reported some very positive experiences when coming out to GPs.

“I have never been out to my GP until I moved here and my GP practice is in a little village, it's a bit old fashioned, got a lot of older patients, (in Somerset), and I felt very comfortable coming out to my GP for the first time in my life.”

(Focus group participant)

“When I was saying about being menopausal, I wanted to go on HRT, I said 'I actually live with another woman who's also menopausal, can you imagine what that must be like?' She grabbed the script and said 'I'll write it out straight away'. And she was fantastic actually, she's always at times when I've gone when I've really been quite poorly, she's said 'And how's (your partner)?’”

(Focus group participants)

## LGB&T AND AGEING

“All of us of a certain age grew up in a time when it wasn't ok to be 'out'. I've recently moved here and have recently moved to the doctor's surgery and I had to go for a smear so I did come out to the nurse. But would I be out to the doctor? I'm not sure I would feel comfortable; the bit I don't know in me is, is that because of my growing up in that kind of age when it wasn't ok and if I was 20 years younger...Some of it might be a bit of an age thing.”  
(Focus group participant)

“I've been out to my GP since I went there and it's never a problem for me. I never feel that I can't say something to one of the nurses, nurse taking blood or some kind of ...speaking of which, I had a cervical smear there, and I brought up this whole subject about how some Lesbians are told that they don't need cervical smears. She said 'Oh no, that's not true at all'. She was like 'No, you need it just as much as anybody else'.”  
(Focus group participant)

## LESBIAN HEALTH MATTERS

- 3.18 A lack of awareness and understanding amongst some healthcare professionals results in serious consequences for some Lesbian and Bisexual women in relation to health.

“I dislike that I was told as a Lesbian I didn't need a smear test.”  
(Lesbian, age 24)

“Assumptions of heterosexuality e.g. by a nurse at a smear test.”  
(Bisexual woman, age 35)

“Assumptions that I am heterosexual and no consideration of my personal needs/care when it comes to female health exams.”  
(Lesbian, age 40)

“I feel going for cervical smears, I really hate them because, I know most women do, but going in and there's these assumptions made and they ask you this question like 'when was the last time you had intercourse?' ...I find that really...you have to 'come out'.. there's an assumption made that this is what you are doing. That's difficult I think and I would like as a Lesbian to be able to go somewhere, I think there probably is places but I haven't searched them out, that is just specifically for, but then I'm not into not integrating services, I don't think we should be moving down those paths and think that if it was about equality. There should be a respect and understanding that people are different and that they may have different sexuality and not to make assumptions and be heterosexist about it.”  
(Lesbian, age 50)

“Being asked about the last time I had intercourse every time I have a cervical smear test.”  
(Lesbian, age 50)

“Doctors asking stupid unnecessary questions and getting all embarrassed.”

(Heterosexual, Trans woman, age 37)

“When they assume that either I am straight or that I must be in a sexual relationship.”

(Lesbian, age 46)

“Everyone's different but obviously I'm well aware of the need for screening and having had, at a very young age, having to have a procedure around abnormal smears and, having never had sex with men, I understand that you still need to have these procedures but there is still perhaps that perception women who may be don't have sex with men, and what have you, do they need to have a cervical smear.”

(Lesbian, age 43)

“I think that sometimes when you have smear tests, I think, and I hope it's not a general thing, that they think that you don't need a smear test if you haven't slept with a man. I hope that's not a general thing but it's not the first time I've heard people say that to me.”

(Focus group participant)

“I've just received a letter to say I'm due my cervical smear. Now it's just a standard letter and has obviously just come straight out of a computer that says this person is due their five years, is due this smear. Knowing my sexuality, it would've been nice to have got some additional literature that said 'be aware as a Gay/Lesbian woman, please don't be thinking that as you are, that you're not as risk of cervical cancer because it only affects heterosexual women because this isn't true'. Because I know that there are Lesbians that will think 'yeah but you only need a smear if you have intercourse, therefore I don't need it': no, no, no, you do, you can still get cancer. I just think they miss a trick.”

(Gay woman, age 39)

“I think it's difficult if you looked at a situation like a woman going for a cervical smear, you're not going to have the nurse start having a conversation with the person about sexuality I don't think, maybe I'm wrong. But it's just around how perhaps you phrase some of those questions to make that person feel comfortable. Then there's something a bit more proactive needed around working with certain communities, obviously Lesbians in terms of this health care issue, but obviously in terms of people understanding that not everyone is heterosexual. To be sensitive really around different people's needs and I think that that needs to be very much through all services, mental health services, sexual health services, around diversity.”

(Lesbian, age 43)

“There is complete invisibility for Lesbian health issues you would not think Lesbians lived in Somerset and had health and social care issues.”

(Lesbian, age 53)

“I think there has been a rapid improvement in the understanding of the health service locally about that because they've been showering leaflets on us. In fact I brought some today exactly along those lines. We had a bunch of leaflets which came via Stonewall called 'Screen Test' which I thought was very clever that came through the health service and another load have arrived now which were sent to me. I think actually this is a real improvement that is happening over the last year. And this is all to do with the fact that they've got to tick boxes basically in their equalities issues and we're helping them to tick the boxes because we're prepared to be working with them. So I think health service is really anxious to keep a good relationship with the group and to continue that relationship. That's definitely the impression that I get. And, as a result of that, the issues for Lesbians are being better understood and that knowledge is being disseminated hopefully through the NHS locally.”

(Focus group participant)

“One member of the group who said that her doctor had specifically told her that if she was a Lesbian, she didn't have to have smear tests. And she was absolutely horrified and we went 'No, that's not true'.”

(Focus group participant)

“I've been refused smear tests and other health advice because of my sexuality.”

(Lesbian, age 29)

“I think when you go and have your smear test, if you are in a gay relationship, I think that that's an important thing.”

(Focus group participant)

“I think its brilliant the stuff that's come out about smear tests, but in a way we still perhaps haven't tapped all the health professionals because a lot of health professionals have gone through loads of training and, to be fair to them, they think they do know quite a lot of what's going on but they don't always recognise if some advice has changed because they think that they know that they are right in that advice. It's actually getting them to take it on board because that's a really dangerous assumption to make... It is an absolutely dangerous.... apart from the fact that even Lesbians that haven't had sex with men, at least 40% of Lesbians have had sex with men at some point in their lives, so it's still quite a dangerous assumption to make. I think if we get all the stuff right for advising us as communities saying 'no actually I want the smear', we still need to not forget that the professionals need to be reminded as well.”

(Focus group participant)

“In terms of leaflets which are for Lesbians about cervical smears, all the information that you get from the health service about cervical smears, having information in there saying 'If you're Lesbian, you still need it' get information about an issue. I'm not necessarily going to and get the Lesbian version of it.

So if you go for a smear test or whatever, because you get the (generic) leaflets don't you about the smear test, it should have something in there 'if you're a Lesbian, you still need a smear test'.”

(Focus group participant)



“Things like on the NHS Direct website, on your doctor's surgery website, where it is relevant...to have it flagged up, if there is a specific issue in mainstream information that you get would, I think, get more people's attention. The NHS Direct web site change is a real easy win actually isn't it? You've just basically got to make one change, nationally that information is going to get...”

(Focus group participant)

“What you could do is in the general (smear test) leaflet, you make a reference to it and you say 'There is a specialist leaflet on this, and you'll get the information for you as a Lesbian.’”

(Focus group participant)

“More research into the real need for cervical smear tests for lesbians.”

(Lesbian, age 47)

“I was having my coil removed soon after coming out as I know longer needed contraception, and the male health professional then started to give me a lecture about contraception and only stopped when I told him that I was a lesbian, but again I felt cornered in that situation. Make LGB&T feel welcome in whatever ways are possible, is there a nominated person that an LGB&T person can ask for if they let them know in advance?”

(Lesbian, age 42)

“I had a horrific experience at Well Women once (in Somerset), I'd never go back, with a smear test and I did feel like I was going back into the 19th century. That was about 6 years ago and I'm overdue a smear test and I haven't gone back, I will, but there's complications there because when you live in a small place, you go and have a smear test at your local health centre and you end up playing tennis with that person that night. It's not something that you really want to combine the two but I will because I was horrified by the reaction this woman gave me.”

(Lesbian, age 53)

“More accessible information on cervical screening and how at risk a Gay women is who has never slept with a man is and more understanding from GPs - maybe a GP who shows that they are aware of LGB or T issues.”

(Lesbian, age 29)

“It would be nice if when being asked if you are sexually active and saying yes and that no you're not using protection if it was considered that actually this may be because you are a Lesbian rather than a safe sex speech being launched into.”

(Lesbian, age 31)

“I had to have a hysterectomy and unfortunately as a Lesbian, I was told to go away and have children and therefore things would be better. Whole heterosexual assumptions were made about lifestyle choice and all of those kinds of things that, which was difficult because you just want to be able to say 'Look, I want to get through the barrier of what is a health issue, I don't want to be having conversations with you about the other stuff', it doesn't need to feature.”

(Lesbian, age 42)

“A friend was telling us this story about when she had her hysterectomy. In the recuperation period, the nurse said to her 'Leave it about six weeks before you have sex with your partner' but I think she actually said 'husband' or 'boyfriend'. It was definitely not gender neutral and she actually said to her 'I'm not heterosexual'. She didn't really seem to understand what that meant, she just continued 'Leave it about six weeks.....'. That was quite a few years ago. Hopefully things have moved on.”

(Focus group participant)

“You came with me to the doctor's a while ago and I said this is my civil partner and she (HCP) didn't bat an eyelid. She (HCP) seemed fine. I didn't see her quake or do anything. But it is a test isn't it? Not that you're doing it as a test but in a sense, yes you are because you're hoping that things have changed when you're doing it and say things like that.”

(Focus group participant)

“I kept going to my doctor every year and she kept telling me to go away. Then what happened was, my partner at the time, she worked in a hospital (out of county) and found out that there was a Lesbian and Gay Clinic. So I went there. The woman, straight away after filling in bits of forms and everything else, and it was just so wonderful. I can't tell you how wonderful it was. She said to me 'Yes you have got problems. I'm going to send you downstairs straight away for the ultrasound. And found stuff and I had to have a hysterectomy and everything but I can't tell you how relaxed I felt, my partner was there. It was just how you felt relaxed enough to tell people things, and even tell them all sorts of other bits and pieces that you just wouldn't have done.”

(Focus group participant)

“And there's sometimes an assumption for women in general, not to do with LGB&T, that it's best to leave hysterectomies and that until much later on. And part of that is understanding who you are as a person and whether that's a choice for you, whether you're straight, (gay) or not.”

(Focus group participant)

“If you're in big cities, sometimes there are Lesbian health clinics etc. But in the rural community, we don't have that. And, whether the NHS within Somerset has got it within its resources to be able to do something, even if it was once a quarter, to have a drop-in Lesbian mobile clinic, like we have the breastfeeding or whatever for those of us of a certain age, may be that would be a great thing to offer in a rural community that, once a quarter, there will be a health advice session where you can talk to a health professional about your health issues and they'll feed back to your practice if they've got your permission to do so and that's a good thing for you. Because if you live in Manchester, Birmingham or London, usually you can find somewhere like women's health. That would make a big difference I think. It doesn't have to be every week or whatever.”

(Focus group participant)

“I've got a friend who had both of her breasts removed due to cancer. She was actually on a phone-in line at one point, her and another person, I think it was on a Tuesday night at between such and such, talking to other women who were Gay and were going to have their breasts removed or have cancer treatment. I think that that was a great help. It wasn't all the time, it was just for a short time, but I think that that's helpful.”

(Focus group participant)

“I think there is a gap in terms of there isn't anything visible for Lesbians in Somerset, whereas there is (Gay and Bisexual) men's sexual health project - part of THT.”

(Focus group participant)

“There is some money there that's been used to promote gay men's health, there isn't actually anything statutorily provided that I'm aware of that is either looking at mental health, health and wellbeing, other health issues like smear testing, anything like that for Lesbians in Somerset. I think that really is a gap. If you've got a health issue and you don't want to talk to your local GP, there's nowhere for you to go in Somerset.”

(Focus group participant)

“I am so tired a lot of the time; if you talk about health and sexuality, if you talk about Lesbian health, the first thing that always come up is sexual health. And, it's like, there is a whole other part of me as well but, you know, I have other health needs that aren't just about who I get into bed with. I don't know whether it's an awareness issue or a resource or...I haven't got an answer, it's just a niggle, its Lesbian, oh therefore it must be about sex, forgetting to take a holistic approach. It doesn't necessarily mean having to go to a separate organisation for that but it should be provided where all of you is looked after and happens to be a sexual health issue, or happens to be relating to sexuality, then that is as much ok as anything else where sexuality is taken into account and recognised, rather than it having to be a separate issue...you know, if I've got a pain in my knee I'll go here, but if its anything to do with that (LGB&T health) I'll need to go over there.”

(Focus group participant)

“What we want is not actually a sexual health service is it? It's just a service that's very receptive to understanding where a person's coming from. You'd want that in mainstream and every outlet of health and social care taking that into account. I think in a way, if there is something special for Lesbians where people feel they can't tackle that through their mainstream providers you know, then it really doesn't need to be a sexual health prominent thing does it? Our issues are very general aren't they? I think probably (Gay and Bisexual) men's are as well but that's where the money came from, that's why the target's there. And that's made everybody assume if you're Lesbian or Gay, it's all about sex.”

(Focus group participant)

“I'd prefer not necessarily to have a specific resource for Lesbians but to make sure that if I go and seek advice or consultation within the health service, that whoever I speak to is informed and doesn't make assumptions. That's coming at it from a different angle. I just feel that that's a better way to approach it than to try and get something very specific that's tiny.”

(Focus group participant)

“Maybe we need both for a while....”

(Focus group participant)

“I'm not sure in terms of big changes, but it would be nice if staff stopped assuming everyone was straight (Heterosexual). I've had conversations like 'if you are sexually active you should use contraceptive.' 'Right, thanks, but I don't think my girlfriend and I are too worried about that...”

(Bisexual woman, age 21)

“Female examinations and an understanding of Lesbian (health) needs is a real problem. Doctors and nurses must not assume their patients are heterosexual and act rudely when they learn they are not.”

(Lesbian, age 40)

“Just some specific sexual health information (for Lesbian and Bisexual women). Rather than being ignored or told that it's unlikely that I would catch anything.”

(Lesbian, age 24)

“Increased knowledge and understanding of rape and sexual abuse of Lesbian, Bisexual and Trans women.”

(Lesbian, age 22)

“Better awareness that Lesbians exist and recognition of the general strain that it can be to be part of a minority.”

(Lesbian, age 46)

“Awareness and respect. For example, access to IVF for lesbian couples.”

(Lesbian, age 46)

## **DIVERSITY MATTERS**

- 3.19 Thinking through diversity issues in some practices seems not to have occurred with a lack of positive images making people feel less welcome and not included.

“Diversity is not on the agenda even at GP practice level. No information that includes/welcomes me as a Lesbian.”

(Lesbian, age 55)

## MENTAL HEALTH MATTERS

- 3.20 Some respondents wrote about assumptions made about mental health and depression in relation to gender identity and sexual orientation being a particular barrier and not taken seriously by healthcare professionals.

“In terms of people's mental health, that feeling of isolation, I'd absolutely hate that. It must be so difficult, (so isolating).”

(Focus group participant)

“CMHT don't know how to deal with LGB&T issues and are homophobic.”

(Lesbian, age 29)

“One GP told me that I was depressed because I am lesbian - I was depressed because of the stigma and homophobia I was experiencing! When the first "port of call" for help and support is as prejudiced as this then it stands to reason that LGB&T individuals are hesitant to engage - why should they when they are faced with yet more negative judgement?”

(Lesbian, age 41)

“I was told that my severe depression and psychotic episodes would be best sorted out by talking to the gay health phone line.”

(Lesbian, age 52)

“The mental health system still seems to totally ignore issues around sexual orientation and gender (identity). It does not seem to recognise the difficulties and mental health issues raised by living in a minority knowing that some people are homophobic.”

(Lesbian, age 46)

“When I came out my parents initially disowned me and my mother threatened to kill herself due to her shame. I turned to my friends for support but also responded in a more destructive way-drinking vast amounts and partying until the early hours every night of the week for a few months. I was on a downward spiral to self-destruct. My friends picked me up and helped me back to being myself. However, I would have turned to an LGB&T support group had one been available. I think an adult social group with access to a counsellor would be so helpful.”

(Lesbian, age 38)

“I think LGB&T people in my situation can get very seriously depressed because of their situation and I really needed help at that time and my GP clearly wasn't geared up, he didn't really have anything to say to me and that wasn't what I needed.”

(Gay man, age 56)

“In my teens I was very depressed. This resulted in two suicide attempts because I could not see how I could come out and be accepted. I did not feel able to approach my family GP nor was I offered additional support. I was told very clearly that this was 'a phase' and I hadn't met the right man, yet!”

(Lesbian, age 46)

“The stigma attached to gender identity, sexuality & mental health issues.”

(Lesbian, age 41)

“I am sure I am not the only gay man very lonely after the death of my partner of 25 years. There is virtually no provision in the Devon/Somerset/Dorset borders area for older gay men. I think this must lead to depression and health problems.”

(Gay man, age 61)

“May be stereotyped and being a Lesbian may be seen as the reason for any mental health issue.”

(Lesbian, age 58)

“I'm surprised that there isn't more psychotherapy available through the NHS. When I went to my doctor and asked for it, what I said was that I wanted to see a Psychiatrist because I didn't know the difference between Psychiatry and Psychotherapy, and he said 'well you can't because you're not ill, only ill people get to see Psychiatrists but what you mean is Psychotherapy'. So, I said 'well ok then, can I see a Psychotherapist?' and he said 'no' and I said 'well, why not?' and he said 'they're not available on the NHS'. But then he said that there is a private clinic in Burnham which has a reciprocal arrangement with the NHS, and the NHS has a limited number of slots and he could refer me there if I liked. So I said yes, thank you very much. So I phoned them up and they said 'well yes we do, but we're fully booked up for the next nine months or something like that' but then it turned out that they work on a charitable basis anyway and that, although I could see them for nine months which would've been a bit disastrous because I was close to suicidal at the time and I needed to see somebody a lot sooner than nine months' time. So they did say that they have a sliding scale and, for people who aren't very well off, it's not very expensive, and for people who are better off it's a little bit more expensive but it seemed to me that it wasn't ridiculously expensive. I think I paid £40 for an hour and I went every week for about three months so it was quite expensive for me but it wasn't totally out of the question, so I went there.”

(Gay man, age 56)

“Somebody in the situation I was in and, to some extent, am still in but I'm in a much better place than I was then, I was really pretty desperate and I didn't know who to talk to, I didn't know what to say if I found the person to talk to and, if I'd been handled wrong, I might've gone downhill and ended up jumping off a bridge. Don't think I'm exaggerating when I say that, it was pretty bad at that time.”

(Gay man, age 56)

“My concerns regarding lack of recognition for LGB&T young people within the Mental Health Trust. It is the case that no client is asked about their sexual orientation; given that 40% of LGB&T young people are likely to experience mental health problems. I feel the CAMHS service is doing them a disservice. I have had personal experience of working with young people who have presented to CAMHS with various mental health issues such as suicidal ideation, self-harm & depression and never has the subject of sexuality been explored. When I have eventually worked with them because they have progressed to using substances as a coping strategy I ask the question and the root cause of their mental health distress is then addressed.”

(Gay woman, age 45)

<sup>9</sup> Child and adolescent mental health services

“I think in terms of mental health as well, I've got personal experience, is that if you're somebody that's mentally not well, you're in a really bad way, you might have been suicidal, have got severe depression, it is not right for health to expect that person to chase them because they're not in a good place anyway. And I've seen that time and time again in my role at Connexions and it seems that somehow it never gets better so the waiting list comes down because actually that person never appears so they've thought no show, no show, no show or they don't get an appointment for four months when in actual fact by that time they've probably jumped off a bridge or something so I think that's a big issue around mental health.”

(Focus group participant)

“I suppose the thing is about having them (LGB&T friendly counselling and mental health services) there so you haven't got to search for them and find out. They should be accessible and easy to find.”

(Focus group participant)

“Isn't it true also that a higher percentage of LGB&T people are more likely to be having mental health problems or self-harming?”

(Focus group participant)

“They're actually having individual therapy or group therapy or something and they're not out in that group or to that therapist. And that's what I can't....and this is what their problem is, it's because they're bottling it all up, they have no outlet in dealing with this and their situation. It was simply a case of coming out to start with and now it's turned into a big mental health issue. And it's all because they can't come out to their therapist. I think that there is something missing here somewhere.”

(Focus group participant)

“Having moved here (to Somerset) five years ago I was shocked at how little services, support groups, and information there was and still is for LGB&T people living in Somerset. Being a founding member of SLN I am aware of the social isolation, and loneliness, and poor mental health this brings to individuals. Local support groups need to be better funded and supported to develop across this very big county.”

(Lesbian, age 55)

“When I was first assessed with regard to being transsexual the psychiatrist/doctor that did the assessment asked lots of questions and decided that, because of difficulties that were happening at home, she wasn't going to refer me to a gender clinic. She sent we home with the instruction to sort out my marriage first. What she didn't do was offer any meaningful suggestions as to how I could do that or how I could deal with being transsexual while I was sorting things out at home. Being sent packing with no support to help deal with what I was going through was extremely upsetting.”

(Bisexual, Trans woman, age 44)

“When seeing a psychiatrist I felt he was very quick to dismiss my mental health problems as being caused by me being "Lesbian" which it was not. Sexuality and gender should not be considered an issue (or the only issue) for everyone who isn't straight accessing the services - I'm not ashamed of who I am and many of my LGB&T friends feel the same.”

(Lesbian, age 23)

“Having had some mental health issues in the past, it was refreshing to have some CBT from a professional who didn't immediately relate everything to my sexual orientation.”

(Gay man, age 31)

“They do not seem to understand how desperately unhappy my problems make me and I do not feel comfortable discussing intimate sexual problems.”

(Gay man, age 61)

## **MENTAL HEALTH SERVICES**

“I used to work in a mental health day service, whilst the client group was 18 and up, there were several who were over 60, even though they were meant to move on to another service just because they'd been there so long, it was actually would be detrimental to them, so we just had to just keep everything working. It was kind of like it was accepted if any of them came out with either racist or homophobic remarks, anything like that, because of their age. I would always challenge it whatever it was about but it's the fact that its accepted. There's a similar thing I guess in education where it seems it's acceptable for kids to say 'Oh, that's so gay' which is really negative. Thinking about people who use mental health services, if they're hearing that off of other people there and it's not being challenged, they're going to feel like they can't be open, like they're not safe, like they can't be open with staff, a staff member hasn't challenged other members of the group where you've got a group of people, then how are they going to feel safe?”

(Focus group participant)

## **TRANS HEALTH MATTERS**

- 3.21 Trans respondents reported both positive and negative experiences when accessing health services.



“Person-centred care and the total respect of my Transgender status.”  
(Bisexual, Trans woman, age 51)

“My situation is unusual in that I'm Intersex and also Trans in that I transitioned from the gender I was ascribed at birth. I'm happy that the doctors at the local surgery regard me as a man with a chromosome problem as I don't identify as Trans.”  
(Heterosexual, Trans man, age 53)

“I am treated with respect even though I am different from the 'norm'.”  
(Gender Queer, age 60)

Trans respondents wrote about the barriers which exist to access to gender identity services.

“At present there is not adequate support or advice in GP practices to help people with Gender Dysphoria.”  
(Lesbian, Trans woman, age 41)

“Waiting for funding to be approved.”  
(Lesbian, Trans woman, age 66)

“Having to pay for private medical services because NHS doctors won't treat Trans people, even though I am 13 years post-op and very happy in my new life.”  
(Heterosexual, Trans woman, age 55)

“Faster access to cross-sex hormones and more specialists in this area.”  
(Bisexual, Trans woman, age 17)

“Education and awareness of Trans issues for health care staff.”  
(Heterosexual Trans woman, age 37)

“Remove the funding barrier.”  
(Lesbian, Trans woman, age 66)

“More training and understanding about Trans peoples issues.”  
(Gender Queer Trans, age 60)

“GPs should accept international standards for the treatment of Trans people rather than finding every excuse possible to deny any treatment at all.”  
(Heterosexual Trans woman, age 55)

“More education in Trans issues.”  
(Asexual, Androgyne, age 45)

“Having local access to services that I would want to use e.g. laser hair removal.”  
(Bisexual, Trans woman, age 44)

“I can't really think of any changes that would need to be made for me, but the area does need an improved referral system for young and emerging Trans people.”  
(Heterosexual, Trans man, age 53)

- 3.22 Trans respondents also reported problematic treatment in respect to gender and identity, understanding and assumptions made.

“They (healthcare professionals) sometimes don't understand Transgenderism or its treatment fully.”  
(Bisexual, Trans woman, age 17)

“In the past I have been mistaken as male and been directed to the wrong toilets in surgeries and hospitals, this could be avoided by looking at my notes - where F for female is clearly listed.”  
(Lesbian, Trans woman, age 35)

“All too often I might see a doctor about a sore foot, something like that and I get asked a load of stupid, ignorant and unnecessary questions about my personal history. Medical staff still have little understanding of privacy, especially re Gender Recognition.”  
(Heterosexual, Trans woman, age 37)

“GPs in general do not know anything about Trans processes and were to refer a patient for help. I had to tell my GP who fortunately was sympathetic and very supportive, for a significant number of others this is not the case and the GP is not supportive and sometimes obstructive.”  
(Lesbian, Trans woman, age 66)

“Many years ago I faced hugely long delays in treatment funding because of the constraints on conditions funded by a particular fund-holding general practice consortium. I'm worried that as the NHS reverts to a kind of semi-privatisation this denial of treatment of Trans and Intersex people will recur with a vengeance.”  
(Heterosexual, Trans man, age 53)

“It would be good if staff would check the listed sex of the patient they are about to see, rather than assuming just by the look of them whether they are male or female or intersex etc.”  
(Lesbian, Trans woman, age 35)

“There's a lot that could be learned about the long term health needs of post-op Trans people, but we have to start by agreeing that they are entitled to health care.”  
(Heterosexual, Trans woman, age 55)

- 3.23 One respondent felt the 'T' should be considered separately to the LGB as the issues can be different.

“I understand why it's done ... but I don't think that sexual orientation and gender identity are similar issues and the 'T' is now always included. They need to be considered separately.”  
(Lesbian, age 52)

### **CONFIDENTIALITY MATTERS**

- 3.24 Confidentiality was mentioned specifically by respondents as being important to them when accessing health services.

“I am very pleased that there are confidential services (sexual health services) as I am in the closet, I am nervous about the lack of confidentiality. For instance, I haven't yet told my GP that I'm gay because I know a little bit about GP surgeries and the staff that staff them - not the doctors - I mean the rest of the staff and I'm afraid that I don't believe in confidentiality when it comes to anything remotely scandalous.”  
(Gay man, age 56)

“I know that all conversations are confidential and non-judgemental.”  
(Lesbian, age 17)

“They (healthcare professionals) can be confidential.”  
(Lesbian, age 16)

“It would be difficult for me to stay in the closet if I went there (local sexual health clinic), not in this case because I'm worried about the confidentiality of the staff, but quite simply because I'm likely to be in the waiting room with somebody I know and I don't want to be in that situation. So I go outside the area, I go to Bristol for visits to the STI clinic and they're fantastic.”  
(Gay man, age 56)

“Confidentiality concerns me as well a little bit. I've worked in the NHS, I've worked in drugs services, I've worked in social care service, and I know people talk and I know that I don't think that there's due care and attention to people's notes, even though they say they are and everybody signs confidentiality policies and all the processes and procedures in place. But workers and professionals do talk and they do make assumptions based on their conversations sometimes. I think there needs to be a little bit more awareness to address that to ensure that the public perception is improved around sharing of information. I mean it's not some big deal for me but I imagine it could be for some people as people go through gender reassignment or something like that. I could imagine that it's about the principle rather than the actual.”  
(Lesbian, age 50)

- 3.25 One respondent wrote about a particularly distressing experience they had when accessing a local blood donation service.

“When I gave blood recently I was in a cubicle with a nurse who was testing my blood by pricking my finger. He had standard questions to ask about sensitive issues which included 'are you pregnant since you last came to give blood?' I said 'No, I'm a Lesbian'. Rather than

on to the next question he said words to the effect of 'I'm shocked and I don't know what to say' and he was clearly taken aback. He then asked me by way of conversation 'Did you go off men then?' I was shocked and upset but I didn't say anything at the time. Afterwards, my wife came to pick me up and I told her. Together we went back in and asked to speak to the person in charge. We spoke to a nurse who, when she heard about it, was shocked at the homophobia, said there was no excuse for it at and that he should've received training and she apologised. She took my details and the name of the nurse and said she'll follow it up. The nurse seemed genuinely shocked that this happened.”

(Lesbian, age 42)

- 3.26 Other comments related to the lack of time with patients healthcare professionals seem to have, long waiting times, the sometimes impersonal nature of the experience, unable to see own Doctor or the same Doctor in general practice, the lack of confidentiality at GP reception, can be impersonal and general themes around accessibility of healthcare services.

### **SEXUAL HEALTH MATTERS**

- 3.27 Reflections of experiences with Sexual Health Clinics varied too, whilst some people reported very positive experiences, others reported difficulties when accessing GU Clinics and some offered reflections on the possible consequences of not having access to advice and information, particularly for gay and bisexual men.

### **SEXUAL HEALTH CLINICS**

- 3.28 Sexual health clinics were reported in a positive way by a sample of survey respondents.

“I think the people on the frontline, the people who man the STI clinics for instance, are worth their weight in gold, I think they're doing a lot more than checking people for STIs. They're doing a social service and I think they should be given medals. I worry about resulting in them losing their jobs or that service being cut down and it would be absolute disaster if it happened.”

(Gay man, age 56)

“I feel comfortable talking to the Health Advisors (at the sexual health clinic) about my life.”

(Gay man, age 43)

“Excellent service from <sup>10</sup>GUM Clinic when I attended for the first time.”

(Gay man, age 37)

<sup>10</sup> Genito-urinary medicine clinic

“The skill and the compassion of the staff at the STI clinic, probably partly because they're trained to be non-judgemental, and I really, really needed someone who was non-judgemental at that time, meant that I left there, not only feeling reassured that I wasn't about to die of some STI, but also feeling reassured that I wasn't worthless, that I wasn't the scum of the earth, that I was a valuable human being. And that's something that you don't necessarily get with health care workers who're focused on their job. You know, I'm here to check for STIs, I'm going to take blood tests, and then I'm going to give the results. If that's all they did, you could argue that they're doing their job. But for somebody like me, I don't just mean a gay man, I mean a closeted gay man with all sorts of personal issues about sexuality, what those staff are doing for me is a lifesaver.”

(Gay man, age 56)

- 3.29 Whereas some respondents had more negative experiences to report when accessing local sexual health services.

“A lack of cohesion between GUM & mainstream hospital services meaning communication is difficult.”

(Gay man, age 45)

“A lack of communication particularly between particularly the GUM Clinic and other medical services.”

(Gay man, age 63)

“They (HCPs) assume I'm straight so the issue (sexual health) is never addressed in any way around my health or anything like that. And also I think when you're older, there's an assumption that you don't have sex and that I'm an old married, single woman or ex-married or whatever my situation is.”

(Lesbian, age 63)

“When you go into surgeries, you look at magazines, you look at the rack of information, and in terms of the whole time, I've never seen any publication that would indicate that it would be ok to 'out' yourself or even any information around HIV. So you imagine me as a gay man (who's) not out, not knowing anything, I could potentially...now as I look back on my own life, I guess I've been a little bit savvy, I could now be living with HIV because of the lack of resources that would be available because I wasn't on the (gay) scene.”

(Gay man, age 51)

“It's just on a wider angle, but it'd be nice as a teenager not just to see the NHS from the sexual health angle because that the only message that we kind of get is sexual health, sexual health, sexual health, have you got condoms? Here, have more! It'd be nice to actually see the NHS from a different angle, mental health in secondary schools, they don't really talk about that, it's just 'are you wearing a condom?’”

(Focus group participant, LGB young people)

<sup>11</sup> Health care professionals

“Poor services at (local) GUM clinic, they sent my results to someone else's number.”  
(Gay man, age 36)

“Sexual health seems still to have a stigma about it. Furtive and under the stairs...for instance the GUM is usually round the back in poor accommodation as if it's an afterthought or second class. My previous GP seemed to have only a rudimentary knowledge of the particular needs of an older homosexual man.”  
(Gay man, age 56)

“More/better information on LGB&T health risks and how to keep safe, especially sexually. Also more advertisement of local (LGB&T) support groups and funding.”  
(Lesbian, age 17)

### **SEX EDUCATION MATTERS**

- 3.30 Many LGB young people in the LGB focus group and other participants reported no, very little relevant and poor quality sex education at school and college and they felt this needed to be addressed.

“Sex education/sexual health - it's all about straight sex. There's no gay sex, you never get to talk about gay sex. There's no way of knowing that gay sex exists.”  
(Focus group participant, LGB young people)

“There should be some kind of criteria of looking at the policy of the school and how prominent it is to look at sexual health posters and sexuality posters.”  
(Focus group participant, LGB young people)

“In terms of health, there is health in school with school nurses and, depending on what school you're in, the level of what you can have from the school nurse will be very different because of the governing body of the school - so, go back to the sexual health bit (they do more than that obviously) but some schools, they'll sign you up for a <sup>12</sup>C-card, they'll issue a C-card, they'll issue condoms. Other schools, now they won't give any condoms out - you can sign up and they'll give you the morning after pill. That is so wrong. There's a real disparity in terms of service.”  
(Focus group participant, LGB young people)

“It would be good for the NHS to be there (in schools) rather than teachers who aren't really qualified to do sex education, if they're a science teacher or a physics teacher, they're also tutors who have to cover sex education. If you had a professional actually doing the job, then it would work better.”  
(Focus group participant, LGB young people)

<sup>12</sup> Condom card<sup>1</sup> enabling young people, following an assessment with a specifically trained professional, to access free condoms in Somerset

“I think definitely areas of sexual health. I think that's quite important especially for young people that we work with as well. There is a tendency obviously for when someone does take that step, they've 'outed' themselves, come out and then they go on some sort of sexual frenzy. Therefore at that moment, at that time, I think that's where we need to guide them. We used to....I can remember when I was a student, there was someone who came in and gave a sexual health talk to degree students. Do we have that anymore?”

(Focus group participant)

“It's sort of considered 'oh well, you must have had it at FE'. Well they may not have done, or they might not even have taken it in or they might not have developed themselves sexually to think 'This is important to me'. Once they're over 18, 19 in their 20s coming on to a degree course here, we really could benefit from someone actually giving them that sexual health talk again, may be at a slightly more heavier level, because you pitch it at a certain level for FE students that are between 16 and 18. We need to go in as adults really.”

(Focus group participant)

“So therefore it is quite short sighted because at the end of the day, the more sexual health cases that the NHS has to deal with, the more expensive it is for them, whereas they could've cut that cost by educating early so that we don't get into that situation where they have to go and have some treatment or go and see somebody.”

(Focus group participant)

“There used to be, back in the eighties, nineties, it was all about Aids and condoms and everything like that. We seem to have forgotten that and it's like 'oh', and I'm sure if we ask young people 'what about Aids?', they probably think there was a cure for it, but there is no cure but they've managed to keep people healthy and living, but they haven't cured it so you can still catch it out there but do they know that, I don't think they do.”

(Focus group participant)

“Last year when it was World Aids Day, I did a quiz with the FE students and it was quite scary how little they knew about Aids. So ether they're not being educated in schools, or there's not the information out there for them to read up about it and find out themselves.”

(Focus group participant)

## HIV AND GAY AND BISEXUAL MEN MATTERS

- 3.31 The Health Protection Agency reports highest number of HIV diagnoses ever among Gay and Bisexual men in 2011.  
<http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1202115502896>
- 3.32 Article from Aidsmap on the figures from the HPA.  
<http://www.aidsmap.com/HPA-stats-unfinished/page/2543076/>

## BARRIERS TO ACCESSING LOCAL SEXUAL HEALTH SERVICES

- 3.33 Respondents reported a mixture of experiences when accessing sexual health services, some positive and some negative, some of the barriers are discussed below.

“I've not needed to but I would be wary with the small town where I live being such a small place and the fact that I work locally in a very public facing organisation and a lot of people know me - there's very little privacy locally.”

[\(Lesbian, age 42\)](#)

“Worried workers may be prejudiced against Gay/Lesbian people.”

[\(Lesbian, age 52\)](#)

“We lack enough necessities such as water based lubricants.”

[\(Bisexual man, age 28\)](#)

“I have not accessed locally and health professionals don't know how to help.”

[\(Lesbian, age 29\)](#)

“Lack of understanding amongst NHS staff of LGB&T sexual practices. I feel there is an imbalance in the advice provision between heterosexual patients and LGB&T patients.”

[\(Lesbian, age 27\)](#)

“I would not have found out about it (sexual health services) if it were not for word of mouth.”

[\(Lesbian, age 24\)](#)

“Heterosexism and homophobia. Lack of 'out' (LGB&T) staff.”

[\(Lesbian, age 55\)](#)

“Lack of LGB and Trans awareness.”

[\(Lesbian, age 58\)](#)

“Shame and fear of prejudice.”

[\(Lesbian, age 41\)](#)



“The lack of knowledge from GPs to help or provide proper referral advice.”  
(Lesbian, Trans woman, age 41)

“There is no real services/provision specifically for Gay women to use.”  
(Lesbian, age 41)

“Yes, I feel it is only geared to heterosexuals or Gay men.”  
(Lesbian, age 52)

“There is no specific LGB&T (sexual health) clinic.”  
(Bisexual woman, age 35)

“My doctor is very awkward when my sexual orientation is talked about, so I don't feel able to go and speak to him about issues I may have involving my sex life.”  
(Lesbian, age 21)

“I know the staff due to my work, so I would have to go out of county.”  
(Lesbian, age 43)

“Poor understanding in general of a young single Gay man's needs or problems.”  
(Gay man, age 36)

“Lack of visibility, I don't know where mine is. It's embarrassing to ask someone.”  
(Gay man, age 23)

“Feeling you would 'out' yourself to local community.”  
(Lesbian, age 63)

“Awkwardness of going to a doctor about same sex problems.”  
(Gay man, age 17)

“LGB&T is still taboo so it can be hard to bring up the subject when everyone presumes you're straight.”  
(Lesbian, age 17)

“If you aren't part of a group then it's quite hard to get hold of local sexual health services.”  
(Lesbian, age 16)

- 3.34 Other responses included “embarrassment”, “my own fears”, “not knowing where and when they are open”, “attitude of GPs” with many respondents, 57%, reporting no barriers to sexual health services.

## IMPROVEMENTS IN HEALTH

- 3.35 Many respondents had ideas for how health services could be improved, including generic ideas around improvements in LGB&T health, and more specific ideas around improving Lesbian health, Gay men's health and Trans health. Raising awareness and staff training were mentioned by many participants as a way to improve access to health.

“Greater LGB and Trans awareness in health and social care and acknowledgement that there is an understanding that not all patients/clients are heterosexual and that we have different lifestyles/family arrangements etc.”

(Lesbian, age 58)

“Something within the schools and colleges that says 'these are the services available' because I'm sure that the NHS does do loads of stuff but I won't have a clue unless I go out and find out about it. It would be helpful for teenagers to actually come to you and to just say 'this is a range of stuff that could be helpful to you' not go to the doctors.”

(Focus group participants, LGB young people)

“Well actually, it's never ever come up because there's always an assumption that you're married or that you're straight. That is my main issue with all the services. I was called 'Mr Smith' there but I'm always quite clear about putting Ms whenever I sign my name. But this has happened throughout my whole experience of the NHS is one of assumptions about my sexuality, all of them incredibly incorrect and that thing about, even when you go to the doctor's surgery and they always insist on calling me “Mrs Smith” and I keep saying 'No, I'm Ms Smith'. If I say it, they look at you like you're a pain you know, like 'what's she bothering about'. Anyway, what can you do?”

(Lesbian, age 63)

“Being more aware of LGB&T issues and not stereotyping.”

(Lesbian, age 41)

## TRAINING

- 3.36 Training in LGB&T awareness for staff was the second most commented on subject, after not making assumptions on gender identity and sexual orientation.

“Staff training. Not to make assumptions about you. More time when visiting a consultant, full explanations given of treatment. Being treated with dignity not as a number.”

(Lesbian, age 63)

“Awareness training for all staff.”

(Lesbian, age 58)

“Maybe health and care workers should receive some level of training about sensitivity to LGB&T people and the different sorts of problems that LGB&T people might have.”

(Focus group participant, LGB young people)

"I'd say to them that I think it'd be useful to have some training like, not a one off that they do once one they did 15 years ago, just to have some things more about equality and the Equality Act and how that affects the LGB&T community, the fact that they do have Lesbian, Gay Bisexual and Transgender patients, are they even aware of this? They might say, 'well yes, but it's not an issue' but unless they know there could be issues. I just think there needs to be a bit more awareness really, that you do exist, that you're not straight like they are, like everyone else appears to be. Also, I think it would be really nice if there were more 'out' doctors and nurses, I think that's obviously quite difficult for some but certainly when I was in London, there were loads of them and it was never...they were all quite...I mean they didn't go around saying 'I'm a Lesbian' or 'I'm a Gay man' but it was quite obvious. I've had some fabulous conversations with some nurses in London when I knew they were gay. Maybe it would be good too to have a Lesbian, LGB&T representative in the hospital who is 'out', who is happy to for people to come and talk to them and make suggestions or take a complaint or say 'Look I wasn't happy, this is what happened' or 'Could you pass this information on about how we were treated when we came the other day'. I know from friends of mine, there are lots of issues about couples going and their partner being told 'No, you can't come in, you're not a relative', 'well yes, I might not be a relative but I'm her partner', 'what do you mean, you're her partner?' and they have all these ridiculous conversations with people."

(Lesbian, age 63)

"Training is really, really important and because there's such a strong and massive turnover of staff at all the different levels, that has to be repeated, it can't just be a one hit wonder. Staff move on, that training goes with them so that training absolutely needs to be something that's a regular thing and repeated thing. And that doesn't even have to be something that is workshop- or seminar-based. That can be done in so many different ways that can be more meaningful to the different levels of staff, the staff the people that are cleaning, the people that are the consultants or the people that are the high management. It's got to be filtered down, meaningful to the people at whatever level they're working at. I think sometimes that's not met. Training kind of goes in, fixes it and says 'well we've done the gay thing, we've done the gay training so therefore that's our tick'. It's like well, have you really, have you really, and then 25% of your staff have moved on so you get a different dynamic in the team don't you."

(Lesbian, age 42)

"I think that we need to recognise that it's a very big tanker and that it's going to take a very long time to turn it. And so we have to do what we can and impact on who we can and empower those that feel passionate to reach out to others. And so if there are...if it's a big stick that says 'you must' then that's I think going to be lot harder than people who want to understand that that impacts on other people and I think sometimes people don't realise that they actually can influence a person, because we don't get gays here do we? Well actually. So how do you open those doors? How do we get into all of those different GP surgeries because you train practice managers and you're expecting the practice manager to take that back to a practice; in terms of health care, that's going to depend on their values and their beliefs."

(Lesbian, age 42)

“I guess that's the thing, you put training out there, people come along and sometimes I feel that we're preaching to the converted and it's like 'who are the staff that's not coming on these days'.”

(Focus group participant)

“Everyone in the NHS should be taught about what LGB&T is and why it's fine. That should just be something that a health service shouldn't get wrong. They're your patients and you have to understand that that's your job. You should probably know them better than they do in some respects and, to be able to go 'I don't like LGB&T' is wrong and they're not providing an essential life service. That's not right.”

(Focus group participant, LGB young people)

“I think the thing about training is, you know, it's alright that some people might come away and think (they've) forgotten all about it and don't even put it into practice at work, but you hope that within that 10 that if even two people go away with some better knowledge or they might be the ones who just, you hopefully come in contact with (you might not). You know it's just two out of 10, you just have to start somewhere don't you? And you have to keep going with that with the knowledge that people are changing.”

(Focus group participant)

“Health and social care are becoming more and more purchasers of care, commissioning from independent providers. Everybody does the standard equalities training, but I actually think purchasers of those care and provisions should actually do a higher level of training so they're able actually to explain the thinking behind equality issues to the people that they're contracting with because there's always things written in contracts but it's all very much in the middle of everything else. And, actually I think if you're putting individual's care into the hands of independent businesses, you should be able to understand things....there's like a higher level of need for professionalism around equality issues. I can only speak from my own experience, when people are wanting to take on board diversity and equality issues, but they don't have enough understanding of it to actually to assess whether an outside provider is meeting an appropriate level or not. So if we're going to invest...if we're saying that these two organisations that have sponsored this are really going to be commissioners of care and support, then they've got to make sure that people doing that commissioning really can enforce good equality practice in the people they're buying the services from.”

(Focus group participant)

“Attitudes of frontline staff need to change through on-going training and perhaps talking to LGB&T people about what it feels like to be on the receiving end of it. It may seem trivial to non LGB&T people but it's a cumulative effect of being on the receiving end of these kinds of experiences many times over the years that gets to you rather than the single event; there's a pattern there.”

(Lesbian, age 42)

“Being more knowledgeable about (LGB&T) relationships, both physical and mental.”

(Bisexual woman, age 17)

## **MONITORING**

“Services could monitor sexual orientation and gender identity to evidence need for services and promote equality.”

(Bisexual woman, age 35)

## **POSITIVE IMAGES AND POSITIVE MESSAGES**

"I would like to walk in to my GP practice, hospital or social service, and know staff there will be aware of LGB&T issues. The premises will display an 'LGB&T friendly' sign. They will signpost me to local LGB&T friendly organisations for support. GPs, doctors, nurses and other health and social care professionals will be LGB&T aware. I will be able to discuss my sexuality, openly and safely, and I will be listened to.”

(Lesbian, age 55)

“Some publicity about my Health Centre being gay (LGB&T) friendly. GPs and Nurses not always assuming you are straight.”

(Lesbian, age 64)

“Smaller things like posters with gay-related things on, not that it's necessarily pertinent to what I'm there for, but just to know that they're addressing an issue, they don't mind talking about it, it's a safe environment etc.”

(Focus group participant, LGB young people)

“And there's everything (else) on the wall, every type of group you can possibly imagine, and not all of it to do with medical things, but I have never seen anything on a wall like that (LGB&T advice and information).”

(Focus group participant)

“Doctors' surgeries, reception areas in hospitals, displaying some kind of welcoming notice, LGB&T notice, would be really good. It would just signify that there was some lip service being paid to the fact that we exist.”

(Focus group participant)

“I've never seen anything (LGB&T specific) in the doctor's surgery and thought 'oh, I'll take that' so I think that's a huge negative and also in terms of men who have sex with men. I've got friends that are married, two of which have 'come out' and their marriages broke up.

I was talking to a friend last night and he's still with his wife and I know that he's the biggest cottager in the world, cruising and all the rest of it. Now what kind of information, where would he access it, that (GP surgery) would be a place he possibly could pick something up to get information that would help him as a man, because he doesn't know whether he is gay or bi. GP surgeries could be a really good place because there is a raft of information there, and the fact that you're picking up a leaflet and that happens to be about sexual health around men who have sex with men, you wouldn't be 'outing' yourself. I doubt that they'd go out on the (gay) scene. I think that's my biggest thing that I would say could be better.”  
(Gay man, age 51)

“I think it would be nice to see some form of LGB&T identity things there (surgeries) to show that they've actually thought about it.”  
(Lesbian, age 63)

“In my General Practice, I haven't really brought up my sexuality but it does come in because of being the non-biological mother of our daughter and that has to be explained. And, in terms of the school system/college system, on the whole it's been ok, not like shining lights of good practice but not negative either on the whole. And that's the sort of contact that I've had as a person rather than professional. Again, I think that there should be more positive imagery or statements in general health services like health centres. When I sit there in the waiting room, there's nothing about LGB&T, sometimes there may be something about the youth group in Somerset, 2BU, but there's lots of people living in the small villages and towns in Somerset that are Gay and there's no information. So it would be a good place to put it.”  
(Lesbian, age 53)

“I know a (GP) practice has got a notice like that and it made (you) feel really good, sitting and waiting and seeing that. It's across all the diversity (issues) but it's very inclusive. It's saying 'we're a practice that's aware'.”  
(Focus group participant)

“Flying rainbow flags because they offered services to (LGB&T). I just think it actually really helped you know where to go if you wanted a service because you knew if a (business or a shop) or a GP practice actually was flying the flag, they were gay-friendly. Why can't they have something like a rainbow flag where people are actually signing up to it? It doesn't mean that others aren't, but they're clearly saying 'yes we support Lesbian and Gay people, we provide services', whatever you're doing. Then you can actually do that. If people start seeing that that's happening, that might spread because GP practices might think 'we'd better do something about this, let's get on board'. And you get that sort of professional peer group pressure on the surgeries.”  
(Focus group participant)

“If I walked into a place and it had got a little flag hanging off a notice board, I'd immediately think 'Oh, that's brilliant'.”  
(Focus group participant)

“A link with LGB&T History Month which is February each year, you could try and promote something in Somerset so it could be Somerset Health and Social Care Services LBGT, you know, contributing to that. So various places put up displays and that.”

(Focus group participant)

“You get leaflets about everything, and it says on the bottom that all the leaflets are available in (community) languages and if there was something as well saying 'this organisation supports LGB&T principles' as well.”

(Focus group participant)

“Greater knowledge and training around diversity in general and active inclusion. Surgeries, clinics, etc. showing through imagery that these places are inclusive (e.g. rainbow stickers, etc.) and staff not presuming a partner is Heterosexual. Little changes can make a big difference. Clinical Commissioning Groups (CCG's) need to be more aware of diversity issues as a whole and the need to look fairly at the needs of specialist communities (e.g. Trans care pathways and ensuring things like hormone treatment won't be subjected to a postcode lottery by CCGs. Where they are, Health and Well-Being Boards stepping in and holding them to account).<sup>13</sup> Clear routes for LGB&T people to engage with Health and Well-Being Boards when they are transferred from LINks.”

(Gay man, age 31)

“When I would have a consultation with a GP, the use of language to make me know or a little symbol in the corner of the desk or whatever it might be that is subtle to let me know that he or she would be ok with me actually being honest with them and saying 'Actually I'm gay'. There is nothing that I would need to tell my GP, if I thought that I had an STI, there's no way that I'd go to my GP anyway I'd go to a GUM clinic, and I guess that part of that is because of the history that all of a sudden you've got an insurance or a mortgage or whatever, now I believe that that's changed but I don't know for sure but it's still in the back of my head. I never forget that when I had a mortgage I phoned a friend; he's 'out' now but he was married and he was in that kind of industry and I said 'what the hell do I answer to that?' and he said 'lie'. So, I think that's the thing.”

(Gay man, age 51)

“I am thinking about our drop in area (at work), there's nothing about LGB&T in there, there's stuff in various languages but there's nothing, you know....it's like maybe that needs to be pushed a bit more.”

(Focus group participant)

“I want to be able to walk into my GP practice, I cover all GP practices in the county so I've gone in every one of them, and not in any of them have I ever seen anything that welcomes me as a Lesbian, Gay person, Disabled person, Black person, whatever, you know, nothing to say 'You're all welcome and we treat everybody the same'. Any sort of (equalities mission) statement.”

(Focus group participant)

<sup>13</sup> Editor's note: LINks transfers to Healthwatch not to Health and Wellbeing Boards

“What I see a lot of is the 'we won't accept violence and aggression' posters plastered everywhere. That's fine to have a poster up somewhere but when you go into some of these GP practices there's more than one poster; there's nothing to say 'I'm welcome', your mind set as staff members is 'you're expecting to have violence and aggression against you as staff members' so you're like pulling back. Actually most people are not violent and aggressive to you. Move that poster to the side a bit and actually welcome people to your practice.”

(Focus group participant)

“The fact that when I go into that service, there is nothing that makes me feel like it's going to be gay-friendly. There is no indication whatsoever that that's going to be...so for example, any literature that you receive you don't get the sense that, for this operation, if you want to come in with your husband/partner/civil partner. There's no reference at all to sexuality and I think therefore I don't have those anxieties relieved before I go because it's a big unknown. And actually, all my experiences there have been really positive and I think actually they're missing a trick because they clearly are thinking about it, the way staff have reacted they clearly do know about it, but there's nothing visible to make me know that when I first go in. And I'm not saying that there should be this great big posters saying 'we're all positive about the gays' but there are little subtle things that you can do - the Stonewall champion as an example, the rainbow flag in strategic places on notice boards, anything, they could use their staff notice boards almost as well as a selling point. You know, they're positive about their staff and actually, because they are, they're bound to be positive about (LGB&T) patients in that way.”

(Gay woman, age 39)

- 3.37 One survey respondent commented on the need to target mainstream services at LGB&T communities.

“I think that targeted health promotion around the needs of LGB&T people. I'm sure that places like the Samaritans have got a really good policy but unless you know about that, you wouldn't necessarily go straight to them in terms of support for depression, thoughts of suicide or self-harm. But it's just that whole level of not being recognised I think, so any targeted campaign that addresses possible needs and situations and saying that 'we're here to help you'.”

(Lesbian, age 53)

- 3.38 An interviewee spoke of the need to raise the visibility of existing specialist (LGB&T) services.



“I was living in this village in Somerset all my life, I don't know how I would have come across Somerset Gay Health (now THT) or adult services without... being out on the scene is probably the only time where I've seen a promotional stand so that's probably quite a small percentage of people that would go out and go clubbing and stuff so, I guess there's a lack of something there, whether that's been addressed now or not I don't know.”

(Gay man, age 35)

### **SPECIALIST LGB&T SERVICES**

- 3.39 Whilst some respondents want mainstream services to treat everyone equally, some respondents want to see specialist LGB&T services developed. The balance would be to deliver mainstream services which are LGB&T friendly (well trained, no assumptions made) with some specialist LGB&T provision.

“LGB&T individuals should be treated as well as or badly as their heterosexual counterparts - I do not want special treatment, I want equality.”

(Lesbian, age 41)

“Things have improved over the years and I believe they will continue to do so. I think we must continue to ensure that people regardless of sexual orientation or gender identity are treated with respect and dignity which is what we all want when we use a health or social care service.”

(Lesbian, age 50)

“I have always found the services to be very accepting of my sexuality and do not feel I need different treatment to a person who happens to identify as straight.”

(Bisexual woman, age 23)

“I've not had any problems but I would like to think services will work towards a time when being LGB&T is not an issue that needs to be addressed because inclusion for all is truly in place and there is an integrated approach for all minorities. I don't want a separate services but a service that includes me. For there to be consistency of provision and approach.”

(Lesbian, age 58)

- 3.40 Other respondents called for specific specialist LGB&T health and social care services and support to be established in the county, giving examples of other areas in the country which have specialist LGB&T support and services.

“Perhaps a local LGB&T (health) care service where I can discuss private matters, things I wouldn't want to talk to my doctor about.”

(Gay man, age 48)

“Better funded services to provide support e.g. LGB&T centre providing counselling, advocacy, sexual health advice, helpline, befriending. Reference to LGB&T people in resources e.g. leaflets, posters, inclusive messages. Equality and diversity training for all healthcare professionals.”

(Bisexual woman, age 35)

“There's a fantastic health and wellbeing centre in Edinburgh that I imagine that if I was<sup>14</sup>LGB&TQ, that would be amazing wouldn't it just to know that there was a somewhere if had a something that I was unsure of, I could go there and they could help me get that question to the right person, even if it was just dental care, optician, if there was just something that meant me, even if I never wanted to use it, just knowing it was there. It's just a (LGB&TQ) health and wellbeing centre so imagine that it's a 9-5 drop in go in and talk to somebody which is fantastic. Obviously that's funded that there are health care professionals that are there and that's where they are as opposed to happening upon somebody who happens to be LGB&T-friendly or says I know so and so, you know somebody's gay or I've come across this before...it's a leap of faith. Whereas if you know that there's a somewhere, you don't need to have that leap of faith because you know it's already going to be a friendly place. It doesn't have to be a big thing to achieve that either does it? You know, it really doesn't even if it's just satellite sites or something that moves around, because if you were to search (online) for that health care in Somerset, you just wouldn't find that, you would not find that friendly face. I don't know where you get the funding from, fair play to them that's quite fantastic for Edinburgh. I think it is, to have that health and wellbeing centre. You have it for sexual health service don't you? If you need something that specific then you have somewhere that specific to go. If you need something that specific in terms of dependencies or addictions etc. then there are places that you know where to go. But not if you put the LGB&T in front of that. And of course we're a sleepy rural town aren't we?”

(Lesbian, age 42)

“More dedicated LGB&T practices so that there is not an education process by the patient (each time they see) a new doctor.”

(Lesbian, age 56)

“Specialist (LGB&T) counselling for people who need it.”

(Bisexual woman, age 21)

“Better LGB&T focused counselling and support services, rather than a one size fits all approach.”

(Gay man, age 36)

“Gay drop-ins would be good.”

(Gay man, age 43)

<sup>14</sup> Lesbian, Gay, Bi-sexual, Trans & Questioning

“Heightened visibility. Knowing that you have the option to go to your GP if you have an issue relating to LGB&T health and wellbeing. I'm not sure it'd be my first choice.”  
(Gay man, age 23)

### **SUPPORT LGB&T STAFF IN THE NHS**

“I have approached NHS Somerset and asked for a support group within the NHS that people could come to to support each other like you have in local authorities, and nothing ever happened. I was extremely disappointed and angry. It's like no response, not even a 'no', it's just no response.”  
(Focus group participant)

### **LGB&T ROLE MODELS**

- 3.41 LGB&T role models are an important factor in health and social care services, having openly LGB&T staff improves both the accessibility and the experience for LGB&T people, particularly young LGB&T people, as this youth worker puts it.

“Where are all the LGB&T 'out' doctors and nurses? The fact they remain invisible within health and social care agencies is more evidence of the need for change.”  
(Lesbian, age 60)

“If more LGB&T people worked in this field and were out.”  
(Lesbian, age 63)

“There's such a lack of people out there that are in professional roles or they can in a way where they are able to 'come out' and be ok with their sexuality as role models. I meet a number of young people day in and day out, they've not met anybody before, they've not met another gay person or, if they have, it's on the internet or it's a friend. And some of the relief of them being able to talk and feel accepted just by a half hour conversation over coffee and then also knowing that the support that we can offer that's there for them, and that they don't have to go through hoops to get it, it's just there so they can access it on the website by the same night and they can come to groups running every week and that we can come back and meet them weekly if we need to. It's just a quick fix for some of them, straight away there's someone there and that that isn't based on criteria, it's not based on around thresholds, it's there and that's based on their decision to access that if they want it. I think that that's crucial to continue and clearly isn't...already we're scratching the surface....the work....it's interesting, the schools that I'm in, we get referrals from more than the schools that I don't work in around LGB which is very interesting. So where we don't have relationships with schools, we don't get many referrals from. Where we've got relationships which, you know, you can see something into that, but there's just a presence of being in a school. In our other roles as youth workers doing other work because staff...there's an awareness thing then so that's why I think it's missing, there's a lack of still in our small community, across the county.”  
(Gay man, age 35)

## 4 SOCIAL CARE REPORT

### WHAT LGB&T PEOPLE VALUE/LIKE ABOUT SOCIAL CARE SERVICES

- 4.1 Respondents reported a mix of some positive and some negative experiences when accessing social care services.

“A couple of years ago it wasn't very good in care not many people accepted it, but it's started getting more positive and they're getting used to it I think. I think because people know that you can't really change it and most of the people that I speak to accept it which was good.”  
(Focus group with young LGB people)

“Having someone to talk to about my problems.”  
(Bisexual woman, age 17)

“It's no longer quite as excluding as previously.”  
(Bisexual woman, age 19)

“The dedication they have to the job.”  
(Lesbian, age 19)

“They are used very well.”  
(Gay man, age 17)

“I know that all conversations are confidential and non-judgemental.”  
(Lesbian, age 17)

- 4.2 Some really positive comments on the work of social services, particularly in local fostering and adoption services.

“We adopted in Somerset so our access there was interesting again at that time in terms of social care. But since, and as parents, there's been quite a big shift: legislation has changed, attitudes have changed and we've been very fortunate with the services that we've accessed as a family.”  
(Lesbian, age 42)

“The social care I guess through fostering generally, after the initial hurdle, the sense of accepting me as a gay male to become a foster carer, something that they've not worked with before; they'd had gay adopters not foster carers. And actually the process after the initial hurdle was fine and actually was fine ever since the whole time of being a foster carer. I thought that there would be more challenges about my sexuality coming up, how we explain to kids my sexuality before they're coming through the door or when they're in, all those things, but actually the department got it right after the initial hurdle, from there onwards to date and has managed that very well. With the initial issue that came up, I thought that it was going to be a challenge all the way through because it was quite a challenge that came up, but actually it wasn't and they got that right. So that's from my social worker to my social worker that supports me through to managers. It just never became an issue.”  
(Gay man, age 35)

“Our social worker that was assigned to us was fantastic, really pragmatic approach and the sexuality element of things didn't feature unless it needed to be considered in an appropriate and positive way. So we couldn't thumbs up enough for that.”

(Lesbian, age 42)

- 4.3 Other general comments on the experience of accessing social services included; showing kindness, giving help and advice, interacting and experience sharing. One respondent concluded.

“I do not use them, but (I am) very worried about having to use them as I age. (They are) very heterosexist and unconcerned about equality and diversity in my experience. This country lags behind other European countries re: LGB&T housing options and social care for older people.”

(Lesbian, age 60)

#### **DISLIKES ABOUT SOCIAL CARE SERVICES**

- 4.4. Respondents who had negative experiences with social care reported the following range of issues.

“I had a bad experience with a social worker, a really bad experience. They normally take you out once a month where we'll go to a café and stuff like that. It was one of my new social workers and we went to a café and she started asking me about boys, I told her that I was gay she was very homophobic to say the least and, coming from a social worker, it was poor, I didn't expect it. I was 14 at the time, I was quite young. It really got to me. I've had some CAMHS do it as well. Most of the time it's normally awkwardness. I just can't stand awkwardness. Sometimes I've had a couple of carers literally walk out on me when I said it. They've had to move me places, it got so bad. It was more when I was younger; it's a lot more easier now but it's still there. It's very hard for people to get over it.”

(Focus group participant, LGB young people)

“When I registered for fostering, I was told, when I was asked, a judgement was made that I was straight. When I did my initial register of interest for fostering and I was interviewed here and then when I challenged it and said 'Actually, I'm gay', the person who was doing the initial interview struggled with that. And we then moved on to a whole load of other bits and we came to kids being placed and I was given choices around ages and all that kind of thing, and I asked the question about young people coming into the house, bearing in mind that I was looking at short term and emergency placements with kids, 'would they need to know my sexuality? Would they be told that?'. And she said, 'yes, they would be told', and I said, 'ok, is that because you tell them that Mr and Mrs Smith down the road are straight as well?' 'Well no, we don't tell them that, we just tell them that they're a couple but we'd need to tell them that you're gay'. So we kind of got into this thing about why that was to which there was no real answer, other than that's the way we need to be. And I kind of questioned, well a kid coming here, having been removed from the home at 11pm at night, I'm not sure how useful that is for them to know that, if they don't understand what it is at age 10 at 11pm being brought here in a police car. So we got into some quite serious debate about that and we didn't agree on that. And that was my first interview about fostering so I thought that that was going to be a real challenge. But then fortunately the person that was then managing

my training for me was a colleague who I'd worked with her son as a youth worker and her son was gay and she knew me and so that was fine. I explained that and she said 'you will not have an issue with this again' and given her word, I didn't. So all the issues I've had with fostering over the years, there's nothing that's ever been an issue regarding sexuality.”  
(Gay man, age 35)

“They don't have much experience with <sup>15</sup>Trans\* people.”  
(Bisexual, Trans woman, age 17)

“I don't feel catered for.”  
(Lesbian, age 22)

“Being rural it's hard to come out.”  
(Lesbian, age 63)

“They are not knowledgeable about gay relationships, both physical and mental.”  
(Bisexual female, age 17)

“We were assigned a social worker to fill out our form which is a lengthy process, digging and all the rest of it as you should to find out who these people are who are joined together and want to take a child, to adopt a child. I understand all of that probing. I don't understand being asked in conversations around childlessness, which is important to have those conversations when you're adopting because it's an important issue to consider and be comfortable with, I'd had a hysterectomy some time ago I wasn't too shocked and we were alright. But we were asked, sat in my dining room at home, given the power shift in terms of I'm aware that you can make decisions on behalf of where our future goes which led me not to do anything at the time, I waited until after, a long time after we'd adopted, to raise in writing a complaint to the question that went 'So, you don't have children and you want to adopt a child so, (speaking to my partner) why don't you go and have a one night stand?' Would you ask that, would you ask that of a heterosexual couple that had come to adopt a child? Why would you do that?”  
(Lesbian, age 42)

<sup>15</sup> See Glossary

“I find it really difficult in work because I'm gay and they know I'm gay but the amount of people, and this is in a social care organisation, that use 'gay' as an insult and then when I say something, they say 'Oh, you're just over reacting' and it's like 'no' (I'm not overreacting). The assumption, I'm thinking a couple of weeks back, we had someone come in and they identified as Lesbian and the person was saying 'But then she turned around and said she was pregnant, how did that happen?' This is 2012, where have you been? I keep saying 'don't use language like that' 'Don't be so stupid, you're just over reacting'. You wouldn't allow clients to use certain language, so why are you doing it?”

(Focus group participant)

“It's the language of the school yard isn't it? 'You're gay'.”

(Focus group participant)

“I work in social care, and I have to say I think I do find it difficult with general the awareness, talking about it in hospitals and staffing, you can get people on equality training and it can be mandatory in the services, but actually people do it because they have to do it, and whether they internalize any of that and actually change their practice after, I think is still a huge task because there are people who will go on it but really not understand what it's about and that's the bit that bothers me. I think like you at work with professional staff, a lot of them I think get it and are getting there and I think the more we can just keep raising it, we'll get there. I worry about some of the staff, I don't really mean to be disrespectful, but I think some younger staff maybe who are in non-professional roles and have very limited experience of differences whether we cover sexuality, whatever, find it really difficult to understand what the issue is and therefore do make comments like you're saying and, probably not intending to be offensive, but actually when you challenge them, they do react and say, 'Well I didn't mean it like that at all...steady...keep your hair on' sort of thing. And actually it is really relevant but they don't seem to quite get it in the same way professional staff do. I don't know the answer is.”

(Focus group participant)

“I think that it is about that we do have to keep doing the training, we do have to keep raising the status so people understand people's differences because even in a group (like this), we will all still be very different people, and we'll have different experiences, different expectations, different beliefs, values and all the rest of it. It's actually about valuing people as individuals and not judging. That's a huge task, it's bad enough when you're trying to work in organisations that have signed up to it, but when you're trying to get the general public to do it, it's a major challenge.”

(Focus group participant)

“If couples decided that they wanted to take themselves into care because they needed that, to try and find somewhere where they could actually be in a joint room, whether you're heterosexual or (gay) to be honest, is incredibly difficult. I think we wanted to get away from people having to share with total strangers but there's a whole area of couples that have been missed. The only way round it seems to be is if you've got a home that's a bit understanding, they have two vacancies and they make one of the rooms a little sitting room and the other a bedroom. I have worked with a home in (Somerset) where they did that for a couple. It was a heterosexual couple I have to say but they did actually change the layout

of the rooms to allow this couple to be together. I think it's about the homes being more aware of the clientele that they've got and to be able to make those changes. But they're all private businesses just wanting to make money so it doesn't really bother them. But I think that is an issue not just for Lesbians and Gay (men); any sort of couple or people who want to be together, they may not be in a relationship, two sisters, two brothers might want to share a room. It's difficult to get that now.”

(Focus group participant)

## IMPROVEMENTS TO SOCIAL CARE

- 4.5 Respondents who had accessed or received social care offered ideas on improving social care for LGB&T people.

“I would say probably the one for me is I've got a son who I adopted. He lived with me for 16 years before I came out and told him but there were no support groups for him. I mean he has coped with it very, very well to be fair, and he has actually got friends and he's come back and said 'Me and So and so have got something in common: we've both got gay mums'. He's been ok about it but had he not have been, it would've been nice if there had been a support system for children as well and there hasn't been anything. I have to say I didn't have any problems with doing the adoption process for him which was nice. They just treated me as any person adopting; that was really quite a relief for me really because I'd had him on an Interim Residence Order for 9 years before the adoption went through. So a positive and a negative there really. Yeah, it would be nice to see support groups for the children as well. And I know there are quite a few families who share that as well.”

(Focus group participant)

“To be assured that provision will be available for my partner and myself to live in a care home together in the same room. If alone, for my sexuality not to be an issue in any way and for true inclusion to be in place. For there to be consistency in place.”

(Lesbian, age 58)

“Just more awareness in general would be a start!”

(Lesbian, age 31)

“Awareness and respect, ensuring that any social care workers are up on LGB&TQI issues, and what is available for LGB&TQI people locally.”

(Lesbian, age 46)



“The staff should be taught more specifically about Transgender cases.”

(Bisexual, Trans woman, age 17)

“1. Employ more LGB&T staff who are willing to be 'out'. 2. Change attitudes of existing staff to prohibit discrimination. 3. Facilitate good education regarding equality and diversity requirements regarding not just the letter but the 'spirit' of the legislation.” (See Equality Act 2010).

(Lesbian, age 60)

“Knowing that when I am older there will be recognition and care provision for older lesbians e.g. care home that addresses the needs of LGB and Trans (people) and opportunities for us to be together.”

(Lesbian, age 58)

“Improve clinical understanding of the needs of a Trans person.”

(Lesbian, Trans woman, age 66)

“I do worry re care and care homes being very heterosexist and not really supported of LGB&T people. I worked in a care home many years ago and I was shocked at how heterosexist it was.”

(Lesbian, age 57)

“I would not want care professionals to make assumptions when and if I do need social care. It's embarrassing for them and for the person on the receiving end to have to correct them.”

(Lesbian, age 50)

“A bigger awareness in social care services of LGBTQ issues.”

(Lesbian, age 21)

“Better LGB&T focused counselling and support services, rather than a one size fits all approach.”

(Gay man, age 36)

“Adoption should be less biased, lesbian and gay parenting couples should be just as able to choose to adopt as heterosexual couples without prejudice and this is not the case at all currently.”

(Bisexual woman, age 19)

“For the NHS to operate more in partnership with the private sector. My experience of this for my recent surgery (GRS) is a wholly positive one. Fully informed pre-op, during my hospitalisation and post-op including follow-up at 12 weeks. A benefits system which offers more support to transgender people while they are in recovery from surgery.”

(Bisexual, Trans woman, age 51)

“I am worried about future care - e.g. if I have to go into a nursing home at a later date, so their acknowledging my sexuality and chosen extended families would be helpful.”

(Lesbian, age 52)

“Would I be comfortable in a nursing home as an openly gay man? Who knows and I suspect that I'm concerned about that as well.”

(Gay man, age 37)

“Heightened visibility. Knowing that you have the option to go to social services if you have an issue relating to LGB&T. I'm not sure it'd be my first choice.”

(Gay man, age 23)

“More funding for support groups so that they can carry on doing the great job and also hopefully get some much needed funding!”

(Lesbian, age 17)

“I think there should be at least one more support group in Somerset to support LGB&T young people.”

(Lesbian, age 17)

“State help to support intentional community housing and social care projects for older LGB&T. Including options such as co-housing and mixed tenure with personal budgets support onsite.”

(Lesbian, age 60)

“An LGB&T parent social/support group in Somerset would be fantastic. Our nearest is Exeter or Bristol.”

(Lesbian, age 38)

“I would like to see - I know officially it should be happening like this - but I think in Somerset they could make their fostering and adoption services a lot more transparent and visible for same-sex couples to encourage same sex couples to think about having families. I don't think they've even gone there have they yet? So there's a bit of a time lag between the law and what happens in Somerset.”

(Lesbian, age 53)

“Before I would've been much more nervous and much more sort of unlikely to be 'out', whereas now it does get better, I am older, I am a parent so therefore I have to be comfortable with who I am because that message is far stronger for my daughter than it is in terms of what I need out of that. And I find that that confidence is received well. I haven't come across difficulties with that confidence just in terms of saying who I am, why I'm here and what I need and how, if it makes sense, and how our family is constructed because of what my daughter needs or what we need or what I need. That's taken a long time to get to that point. I wouldn't have been able to do that 10 years ago even, well 8 years ago.”

(Lesbian, age 42)

“I have been fortunate to have found work early on in my real life experience and in transition. I found support and acceptance many can only dream of. However, I'm a qualified teacher with a theology degree and 16PGCE. I should be teaching if only the profession wasn't so obstructive. I've asked for support but the unions don't know how to help and the General Teaching Council don't

help <sup>17</sup>NQTs find work. Who will help me or anyone else in this position to work as we are trained and qualified to do? To be able to do so would give me the life I have always dreamed of but can still only continue to dream about even though I'm now able to teach. In this sense my transition will remain incomplete until I'm working in education and teaching in the classroom.”

(Bisexual, Trans woman, age 51)

“Better employment advice to help trans-people and jobs commensurate with their experience and qualifications. If I was teaching, I would be working in the profession for which I'm trained and qualified instead of struggling in low paid work and having to claim some benefits to survive. Most transgender people have the skills and qualifications for well-paid career roles but seem prevented from getting these by employer/professional prejudice against us. Give us these professional roles and we cease to be a drain on the welfare state. Simple.”

(Bisexual, Trans woman, age 51)

## FEARS FOR THE FUTURE IN SOCIAL CARE

- 4.6 Whilst the majority of respondents had very little experience of accessing or receiving social care services currently, respondents spoke about the fears they have for the future in receiving social care which is at least heterosexist and cisgenderist and at worst homophobic and Transphobic.

“I must admit that as I'm getting older I do worry about what care I'm likely to get in my older years.”

(Focus group participant)

“I think things that I fear for the future and stuff is that I haven't needed much services now and hopefully stay as healthy as I can....its the motto [?] although I don't do everything I should to stay healthy but that's human condition. But I think the real big fear would be having services that are all very heterosexist geared, stuck in a home or something like that with loads of people that have no shared experiences or understanding of where you've come from, what your life experience has been. I know I'm going ahead but these are the sorts of things I fear social health care for the future. I don't know what the answer to that is.”

(Lesbian, age 50)

“I was talking earlier about residential care homes and about the need for training of staff within residential care homes. One of the biggest things for me is the idea of ending up in an old people's home and simply not being able to reminisce about my life for fear of discrimination or that people wouldn't understand and probably being the 'only gay in the home', let alone the 'only gay in the village'. It's really quite worrying. I think that's an area where there does need to be some quite intensive training because you're dealing there with the end of life situations where people do want to talk about their lives and what they've done and who they've been with. The fear for me is of sitting next to a (group) of (older)

<sup>17</sup> Newly qualified teachers

people all watching television and they'll all going 'Oh, I remember my husband when he did this, that and the other' and I'm thinking 'Oh bloody hell, they've got nothing in common with my life whatsoever'. So, yes, that's a fear.”

(Focus group participant)

“I've worked in two homes that there were two women and it was an independent charity. They shoved them at the top of the house basically, literally in the attic. It was like they (weren't allowed) couldn't mix.”

(Focus group participant)

“There was a woman very obviously very 'dykey-looking', very short hair and quite biggish woman, always wore this huge big buckle that she used to wear that hung down. And they all knew as she sat in her chair because in residential homes, they were sitting in 'their' chair, nobody's to sit in that chair. I always remember her being like the matron almost because like if someone took ill or anybody was looking a bit unwell or somebody hadn't got something at the right time, she'd always say 'Mrs So and So needs her such and such' and she was in charge of the chairs as well 'Mrs So and So hasn't been well, she's feeling a bit sick' if they didn't want to say. But she definitely was odd, not odd because she was her, she was odd in their environment. She never ever talked about herself ever. Everybody else did but she never talked about herself. And I always remember that and I always thought to myself in years to come it's just not how it should be.”

(Focus group participant)

“I think probably (social care) services could be much improved. When first diagnosed with HIV I had a lot of social service care, there was a person who was allocated to the HIV population in the county, it was their job to go round and check that people had everything that they needed, that has gone. The voluntary sector has had to pick this up, and they (Eddystone Trust) do more work than anybody else on that (HIV/Social Care), but there are so many clients they are so busy, they don't have the time. In my situation here, for fifteen years, I could have done with a lot of social support within my situation, I have used friends for this support. I have since learned from things like the Mankind Project and Broken Rainbow that I was actually enduring domestic abuse, and looking on the internet and talking to the police, those sort of things. I could have done with huge amount of a support and I still could to be honest, it's still tricky, even though I have a way out.”

(Gay man, age 63)

“I've been lucky, legislation changes, training changes, assumptions do change but there's just those little snippets still because you know, even way back there were times when there were really good experiences, so I don't think things have particularly dramatically changed over that time, it's just the luck of the draw on personnel, for who you get for whatever it is that you're accessing. Because even if the law's changed there was still that belief by somebody, somebody else's own personal beliefs, about what they thought about LGB&T lifestyle to use their language which affected their engagement with us. So that then goes back to recruitment and training, right the way back to the beginning and then, who does that? They don't. It's massive isn't it? It's massive.”

(Lesbian, age 42)

“There are other LGB&T young people that I've worked with in particular and I've worked in foster care where I get phone calls from young LGB&T people coming into the service that they'll try and place with me just because I'm a gay provider and they're a gay young person. And actually I think the other big problem is that everything I feel that it should be straight people championing this work as well - not just us.”

(Focus group participant)

“The carers, they get to teach them restraining, but they never teach them this (homophobia) and it does come under bullying. They teach them about bullying but not about that which is confusing as it is bullying. That'd be nice to see across the whole board, not just social services, in foster care, private care homes etc.”

(Focus group participant, LGB young people)

“Just not making the assumption that everybody who's in this home is going to be heterosexual and to be aware of that.”

(Focus group participant)

“I was involved in the original 'Gay & Grey' (research project) and that was an area that was well covered I suppose. The outcome of it was basically, people just felt as they got older, they went back into the closet because....they didn't actually define their sexuality.”

(Focus group participant)

“If someone was doing a memory clinic then, actually my memories are equally as valid as yours. It's terrible isn't it because reminiscence and storytelling and all that kind of stuff is really important in older age.”

(Focus group participant)

“Can you imagine that I end up in some institution or some situation where I can't talk about my life?”

(Focus group participant)

“I have friends who're in sheltered accommodation over 55s and they're not out. They've been actively gay all their adult lives and their partners and they're not out and they accept it because they're just afraid of the reaction they're going to get and be isolated as a result of it.”

(Focus group participant)

“They find they're single again, they're on their own again, and they've lost a partner so they're kind of doubly isolated.”

(Focus group participant)

“I think you gain strength from having a partner at your side, you feel quite brave. When you're on your own, you feel very vulnerable and that's when this happens and you go back into the closet.”

(Focus group participant)

- 4.7 Going back into the closet for older LGB&T people is doubly impacted by LGB&T workers not being able to be out themselves.

“I've got lots of friends who're carers and they're going into situations like this and they know that their 'clients' as they call them, they just know they're gay but, as carers, they daren't strike up a conversation and say something like that. It's a terrible situation. You can be openly gay and you're protected but no, the people themselves ('clients') aren't saying and the carers aren't saying, so where do you go from there?”

(Focus group participant)

“We're basically the first generation that is going into retirement and into those situations where it (homophobia/Transphobia) has to be addressed.”

(Focus group participant)

- 4.8 Despite the many changes in the law affecting LGB&T people, including the Civil Partnerships Act, some LGB&T people are still unsure about their legal rights and responsibilities.

“Maybe there could be advice if you're considering like going into a partnership and civil ceremony and what are, apart from the medical side of things, the whole social implication of things. If you write a will, have you included your partner, have they legal rights. And that's not very clear, it's a very grey area whereas with straight couples, especially if they're married, though there is probate, quite often if one of the partners dies, then automatically the partner married, would inherit unless there's a will that says they don't and then they can still fight it. But is that the same with gay and bisexual couples? It's so vague, there's nothing out there for them (LGB&T people).”

(Focus group participant)

## 5 MISSING HEALTH AND SOCIAL CARE SERVICES

### 5.1 A range of ideas was offered on health and social care services which are missing.

“Simple things like posters welcoming LGB&T patients ought to be in greater evidence. This would also serve towards raising awareness amongst the general public, too.”

(Lesbian, age 58)

“LGB&T services for young people in Wells - not all can travel down to 2BU in Taunton. It'd be good to have an LGB&T pub/night somewhere too. It's tricky tracking down other local lesbians - it's taken us 4 years i.e. since we moved here to find out about the local informal meet on Saturday mornings. mainstream youth workers being trained around LGB&T issues - before I came out, I worked as a youth worker and, in retrospect, I know that I was appalling at supporting LGB&T young people - I missed the signs and wouldn't have known where to start. Since Somerset County Council cut back on the youth service, it has been taken over by the YMCA in some places, Elim Centre in Wells etc. - these are Christian based organisations who will do great work but will they provide a supportive environment for young people to come out?”

(Lesbian, age 42)

“For young children that think they might be LGB&T, I knew when I was 7 and had no idea what it meant and didn't know what to do. There was no information apart from what I went and found myself.”

(Lesbian, age 21)

“Retirement and care homes which cater for LGB&T people.”

(Lesbian, age 46)

“No adequate support for gay men who are positively living.”

(Bisexual man, age 28)

“There needs to be consideration of older LGB&T and forward plan same sex old peoples accommodation.”

(Lesbian, age 55)

“Facilities for older LGB&T people in care homes.”

(Lesbian, age 53)

“I'm not aware of any easily accessible talking therapy groups or self-help groups. But then I guess that's what friends are for too.”

(Gay man, age 35)

“In vitro fertilisation (IVF) for lesbian couples!!! Women who are lesbian cannot conceive unless they have IVF. The cost of IVF is so high that only wealthy lesbian parents can afford it.”

(Lesbian, age 46)

“Sex education completely misses sexuality and sexual orientation all together.”

(Gay man, age 20)

“LGB&T specific services.”

(Lesbian, age 55)

“Gender Identity services.”

(Heterosexual, Trans woman, age 37)

“There was once a group called Bananas addressing HIV issues based in Taunton. When the funding dried up members were told nothing. Communication just ended.”

(Gay man, age 54)

“Preventative services for young and older LGB&T for suicide prevention, self-harm, drug and alcohol abuse.”

(Lesbian, age 60)

“Lesbian only and/or LGB&T care for the elderly.”

(Lesbian, age 58)

“If LGB&T mental health patients were offered LGB&T therapists there would be more understanding of lifestyle etc. and less assumptions made.”

(Lesbian, age 58)

“Support for Lesbian survivors of Lesbian sexual abuse.”

(Lesbian, age 22)

“There is nothing that addresses the needs of disabled Gay women.”

(Lesbian, age 41)

“A proper understanding of the long term effects of testosterone on the body.”

(Bisexual, Trans man, age 50)

“There are no services I could approach to find out about safe sex as a Lesbian mature woman.”

(Lesbian, age 52)

“I'm not aware of any specific LGB&T services in Somerset.”

(Bisexual woman, age 35)

“For MTF (male to female) transition there is an assumption that for critical hair removal in order to complete GRS laser removal works for all, it does not as light hair cannot be removed only electrolysis will permanently remove light hair. There should be a register of approved & qualified practitioners of electrolysis made available along with appropriate funding to provide for in the order of 100 to 200 hours.”

(Lesbian, Trans woman, age 66)



“Caring for LGB&T people as they age.”

(Lesbian, age 56)

“Lesbian sexual health information.”

(Bisexual woman, age 21)

“I want to see our services better integrated whilst recognising and acknowledging minority needs. I believe there is a need for youth groups to build confidence and self-esteem and raise awareness of internal oppression that can be destructive in a young person's life. I believe we make our own networks and family as we get older but in old age I would imagine it could feel isolating and lonely if you had no contact with other (LGB&T) people.”

(Lesbian, age 50)

“An anonymous group for members of LGBTQ community to talk about problems they are facing with coming out to their friends and family.”

(Lesbian, age 21)

“Better counselling services focused on young to middle aged LGB&T people.”

(Gay man, age 36)

“Counselling could be more high profile. This life means I could do with someone regularly to talk things over with.”

(Gay man, age 56)

“Support with many aspects of the real life experience. I was fortunate but most transgender people seem to be left to 'work it for themselves'. Employment advice - Nil; Fashion advice - Nil; Make-up advice - Nil; Department - Nil etc Chaperoning - Nil though friends and family may do this. Whether M-F or F-M we have to unlearn past behaviours and learn those appropriate to the identified gender. Get it wrong and it's easy to see why Transphobic abuse can occur as bad impression given. This knocks confidence. With the right support abuse can be greatly minimised thus confidence grows. Maybe less depression so less drain on mental health?”

(Bisexual, Trans woman, age 51)

“To have someone of the same orientation to talk to.”

(Lesbian, age 63)

“Care homes for older LGB&T people.”

(Gender Queer, age 60)

“I think it would be great to have a local 'drop in ' centre where one could discuss LGB&T issues.”

(Gay man, age 48)

“18-30 same-sex support.”

(Gay man, age 17)

“The accessibility of dental dams.”

(Bisexual woman, age 17)

“LGB&T safe sex leaflets.”

(Lesbian, age 17)

“Peer support creates safety among older LGB&T people as well in the county. It enables good health because if people are isolated or if people don't have the information they need, they may leave things, they may if they think they're going to be judged, they won't go and access the...but if they've got good peer support and opportunities for engaging with their peers, may be might prevent some of the crisis stuff which are more costly. A message right across the board I suppose.”

(Lesbian, age 50)

“Lots of improvements could be made, there is a big gap, a couple of people within the county, maybe more, a small team, there should be jobs, and there should be a very clear (LGB&T) helpline available that doctors, medical people, Citizens Advice, benefits, anybody LGB&T should need. I think generally speaking there is a higher proportion of (LGB&T people) need help, with things like that, than there are in the (general population) 'straight' community, at a guess, because of the minority aspect and the complications of the relationships. There should be a team of people offering support on the whole subject of health and social care services.”

(Gay man, age 63)

## **LGB&T COMMUNITY BUILDS ITSELF**

- 5.2 Despite a long history of oppressive legislation and a lack of investment by statutory services in LGB&T community development and engagement, the local LGB&T community has gone about building its own community-based resources.

“I think that if you're on your own and you're gay and you move into this county, god help you.”

(Focus group participant)

“I moved here five years ago, I was shocked, really shocked, there was no Lesbian organisation, facility, meeting point or anything in a county of this size. And if it hadn't of been for us doing this ourselves, it would still be the same to this day. If it wasn't for our own determination, and ok it's turned out really good, and we have had support now, things wouldn't have changed.”

(Focus group participant)

“I just wish that the local authority and health had put money on the table sooner to get something going like this, and support us... It's about mental health (and wellbeing). We still rely on ourselves to make this work, we haven't got loads of money so it needs pump priming for us to actually be sustainable across the county. There's still great patches where there is no support for (Lesbian and Bisexual) women unless they want to travel 50 miles...”

(Focus group participant)

“Especially for example say from a couple who've perhaps been by themselves, don't know many Lesbians, perhaps one's died, so this is just one woman on her own, doesn't know anybody, doesn't feel confident, so nothing really locally available.”

(Focus group participant)

“This is an objective that the council and health say is important, that they want to do something about this, then actually let's see satellite groups set up so that people can actually get to people.”

(Focus group participant)

“I have found that if anything, it helped me to access groups where I can get support. If I was not LGB&T, I would find it harder to gain access to these things that I would probably still need (advice, support and information etc.)”

(Lesbian/Gender Queer, age 19)

“If it isn't broke, don't fix it. We've got some services already, keep them, build on them, they're good. You know, 2BU group and stuff, that's taken years to get that to where it was, don't mess about with it. I wish there'd been something like that when I was younger growing up, it would've taken an awful lot of pain out of growing up. I don't believe in finding something new when its working and I know it's working because I've been in Somerset working with that for the last 10, 12 years and I saw it from the beginning and that's a needed service, expand it more than anything. It's not to be messed with.”

(Lesbian, age 50)

#### **LGB&T COMMUNITY FUNDS ITSELF**

“In the group, we've got nurses, support workers, mental health workers, teachers, social workers, health, social care and teaching is all represented within our group. So to a certain extent, we're well positioned to offer that support but we're not funded to and we're not trained and it's not our duty to. We're not really funded (to do this work) are we.”

(Focus group participant)

## 6 EDUCATION

- 6.1 The subjects of homophobia, biphobia and transphobia in education came up a lot, especially during the interviews and focus groups. Further research is required and a recommendation is included in the executive summary section of the report.

“It would be good if this report was education as well because it's so closely linked.”  
(Focus group participant, LGB young people)

“They don't start by teaching acceptance from a young age which would be a good idea like building the foundations for a better society.”  
(Focus group participant, LGB young people)

“Schools struggle sometimes to manage LGB&T and we talk about teachers and how they can make it easier for kids to just bring the subject up and that simple thing of like a poster on the noticeboard about LGB&T in Somerset or whatever, or the fact that in <sup>18</sup>PSHE they are able to refer to the subject in some way that removes it from the teacher and at least just hit on the subject so that then somebody in the class knows that I could possibly talk to them from that angle as they've already touched on it. It's when you've got no idea, no idea whether that professional or that person there is going to be ok with it or not. Because it seems to have all been based on an individual basis in my experience.”  
(Gay man, age 35)

“I think a crucial age, I know through my son, there are a lot of kids in Year 10 and 11 that don't know how they feel about themselves and they get really, really confused and they don't know where to go with those feelings. And it may be that they are 'straight' as they tend to call them. But it's about having opportunities for them to go and talk about how they are feeling with regards to that because I know quite a few of the students that then come through to college say there was nothing in school for them to talk about or someone to go to find out why they were feeling like they were feeling. At that time they don't know, they don't know if it's to do with the time in their life. It would be nice for them to have those support systems or know where to go for them like signposting.”  
(Focus group participant)

“I remember when our son was smaller and he was doing a family tree and he just didn't want to me to put (about our family set up) so I went and had a chat with the teacher who just gave me this non-helpful kind of answer, 'he couldn't really promote this kind of family set up'.....and then the law changed and things were different and suddenly 'Oh, we're all included and Johnny could write in his book 'Mummy and (Mum) and me went to the beach...' and it was a little bit more like our family was celebrated like everyone else's. So we really noticed that difference...I really noticed the attitude changing. Because it's a small school because they knew about us so, when they could change, they had permission; they did actually change quite well.”  
(Focus group participant)

<sup>18</sup> Personal social health education

“Training for schools for teachers, how do you deal with LGB&T bullying there and then because my assistant head teacher actually had to take a course in how to deal with homophobic bullying.”

(Focus group participant, LGB young people)

“I think with education, it's the fact that it's just not talked about. Even if it was talked about, people didn't understand it as long as they knew it was going on, it should be accepted, being LGB&T should be accepted. Some people might not understand but they just need to be told that it's out there, that it's ok to be like it (LGB&T). It's the fact that it's totally ignored is what is causing some of the real problems, that some people don't know about it who're 16 and 17 at college. Especially in safe environments like the school, like hospital, the doctors' surgery, it should be known, it should be acceptable, it should be fine, there should be no problem. Like at school it should just be taught, it shouldn't be a problem. It's another thing that's fine.”

(Focus group participant, LGB young people)

“General visibility - outreach into schools, colleges, institutions would be good, it never happened for me.”

(Gay man, age 23)

## 7 ADDITIONAL COMMENTS ON THE RESEARCH FROM PARTICIPANTS

7.1 Some respondents challenged why LGB&T health and social care should be on the agenda.

“I find it hard to see how and why we need to highlight these things. By highlighting an area causes separation at times. See no reason why NHS Somerset should even need to ask these questions as if LBG&T are a special case. I am originally from Bristol and this concerns me after recently moving to the area.”

(Gay man, age 29)

“I don't see how my sexual orientation has any impact at all on the health or social care I receive, and I have certainly never had any experience of them impacting health or social care for me.”

(Bisexual man, age 20)

7.2 A further respondent reflected on opportunities for research exploring other demographics including income and educational attainment.

“I think it would have been good to ask participants about income and education because, as a middle class, educated, white female, I am in a privileged position in terms of having the resources to negotiate my health care and this impacts immensely on the way I engage with services.”

(Lesbian, age 56)

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## GLOSSARY

The following definitions are offered as guidance to supplement the reports and training module. Please note the definitions of some of these terms can vary, according to the context and source, and are used here only as a guide.

**Androgyne** a person who does not fit neatly into typical masculine and/or feminine gender roles. People may also use the term ambigender or polygender to describe themselves. Many androgyne people identify as being "between" woman and man, or genderless. They may identify as non-gendered, genderneutral, agendered, between genders, genderqueer, multigendered, intergendered, pangender or gender fluid.

**Asexual** a person whose identity is non-sexually oriented. They may have 'emotional orientations' towards same-sex or opposite sex others, or not. This is a contemporary and emerging self-identification.

**Biphobia** a common stereotype of bisexuality is that it is 'a phase' on the way to a 'mature' lesbian, gay or straight identity. Some recent research has even attempted to prove the non-existence of bisexuality, particularly male bisexuality, although these studies have been criticised as methodologically and theoretically flawed. Bisexual women are frequently regarded as 'just being bi-curious' and trying to titillate heterosexual men: another way of denying that bisexuality is 'real'.

**Bisexual** a woman or man who has an emotional and/or sexual attraction toward more than one gender.

**Cisgendered/Cisperson** a person whose gender identity is the same as the sex they were assigned at birth.

**Cisgenderism** is a prejudice similar to racism and sexism. It denies, ignores, denigrates, or stigmatises non-cisgender, Trans/gender, forms of expression, sexual activity, behavior, relationship, or community.

**Coming out** refers to the experiences of some, but not all, LGB&T people as they explore/disclose their sexual orientation and/or their gender identity.

**Cottaging/Cruising** slang term referring to sex between men in a public lavatory a "cottage", or "cruising" to find partners for sex.

**Discrimination** detrimental treatment experienced on the grounds of some aspect of a person's identity or presentation.

**Gay** "Gay" most commonly refers to men who have an emotional and/or sexual attraction to men. However, some Lesbians identify as "Gay" or "Gay Women".

**GIC** (Gender Identity Clinic) a specialist NHS service providing assessment for Trans people who are seeking hormone treatment and/or surgical gender reassignment procedures. They are usually run by consultant psychiatrists who may or may not have other types of NHS staff working with them.



**GRS** Gender Reassignment Surgery.

**Hate crime** a crime committed on the basis of the actual or perceived ethnicity, religion, gender identity, disability, age or sexual orientation of a person.

**HCP/s** Health Care Professional/s.

**Heterosexism** the belief that heterosexuality is the only “natural” and “normal” expression of human sexuality and that it is inherently superior (and healthier) to other types of sexuality. This often gives rise to the idea that services tailored for heterosexuals will be suitable for everyone else.

**Heterosexual** an individual who has an emotional and/or sexual attraction to persons of the opposite sex. Heterosexuals are sometimes referred to as “straight.”

**Homophobia** the response of other members of society that results in Lesbian and Gay people experiencing hatred, discrimination or inequality.

**Homosexual** this is the term which was mostly used by external authorities (e.g. doctors, police, newspaper writers) to refer to an individual who has a sexual and/or emotional attraction towards persons of the same sex. This term is often now rejected by LGB&T people as being too clinical and the terms “Lesbian” or “Gay” are preferred. If you are unsure how to identify a person in relation to their sexual orientation or gender identity, it is acceptable to ask which term they would prefer you to use to describe them.

**Lesbian** a woman who has an emotional and/or sexual attraction to other women.

**LGB&T/LGBTQ/LGBTQI** acronyms for Lesbian, Gay, Bisexual and Trans. Increasingly including 'Q' for Questioning and/or Queer and 'I' to include Intersex.

**Queer** a 'reclaimed' word used by some people to self-identify as part of a movement that may include LGB&T, A (Asexual) and I (Intersex) too. Queer tends to be defined by what it is not - i.e. not having a prescribed view of gender identity and sexual orientation. Queer is also sometimes used to indicate a commitment to 'non-normative' gender and sexual fluidity (rather than to fixed categories of person). If you are unsure about how to identify someone ask them which term they prefer you to use.

**Questioning** usually refers to young people who may be experiencing Lesbian, Gay, Bisexual, and/or Trans feelings or urges, but have not yet identified their gender identity or sexual orientation.

**Trans\*** an umbrella term for people whose gender identity and/or gender expression diverges in some way from the sex they were assigned at birth, including those who identify as transsexual people, those who identify as non-binary gender people, and cross-dressing people.

**Trans** (without the asterisk) is best applied to trans men and trans women, while the asterisk makes special note in an effort to include all non-cisgender gender identities, including transgender, transsexual, transvestite, genderqueer, genderfluid, non-binary, genderless, agender, non-gendered, third gender, two-spirit, bigender, and trans man and trans woman. Sometimes referred to as 'T'.

**Transphobia** a reaction of fear, loathing, and discriminatory treatment of people whose identity or gender presentation (or perceived gender or gender identity) does not “match,” in the societally accepted way, the sex they were assigned at birth the response of other members of society that results in Trans people experiencing hatred, discrimination or inequality.

**Trans Man/FTM** a person who was assigned female at birth but has a male gender identity and therefore proposes to transition, is transitioning or has transitioned to live as a man, often with the assistance of hormone treatment and perhaps various surgical procedures.

**Trans Woman/MTF** a person who was assigned male at birth but has a female gender identity and therefore proposes to transition, is transitioning or has transitioned to live as a woman, often with the assistance of hormone treatment and perhaps various surgical procedures.

### **Glossary (supplemental)**

**The Equality Act (2010):** The Equality Act (2010) strengthens, harmonises and streamlines 40 years of equalities legislation:

- Strengthening: improving the effectiveness of equality legislation.
- Harmonising: providing the same levels of protection from discrimination across all the protected characteristics and all sectors, where appropriate.
- Streamlining: simplifying and consolidating approximately 116 pieces of separate equality legislation.

**Protected Characteristics:** The 'Protected Characteristics' included within the Equality Act are Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation.

**Equalities Communities:** Definition of “equalities communities”; communities with protected characteristics defined within the Equality Act (2010). For example, Black and Minority Ethnic communities or Disabled communities. Equalities communities may also relate to communities which share more than one protected characteristics, for example, younger Lesbian, Gay and Bisexual people.

**Discrimination:** There are four definitions of discrimination included in the Equality Act (2010):

1. **Direct discrimination:** Someone is treated less favourably due to their protected characteristics.

2. **Indirect discrimination:** The unintended consequence of a policy disadvantages a particular equalities community or someone with a protected characteristic.
3. **Discrimination by association:** Someone is discriminated against and/or treated less favourably because they associate with a person with a protected characteristic
4. **Discrimination by perception:** Someone is discriminated against because others think they have a protected characteristic.

## RESOURCES FOR PROFESSIONALS

The following groups and organisations, some with a specific LGB&T focus, are able to provide further advice, support and information.

### **2BU**

Somerset Youth Support Group for LGB young people.  
Website <http://www.2bu-somerset.co.uk/>

### **Diversity Trust**

Specialists in equality, diversity and human rights.  
Website <http://www.diversitytrust.org.uk/>

### **Eddystone Trust**

HIV and sexual health services.  
Website <http://www.eddystone.org.uk/>

### **Equality South West**

Dedicated to promoting equality and diversity throughout the South West of England. Facilitates the South West LGB and Trans Equality Networks.  
Website <http://www.equalitysouthwest.org.uk/>

### **Intercom Trust**

Lesbian, Gay, Bisexual and Trans people and communities in the South West peninsula.  
Website <http://www.intercomtrust.org.uk/>

### **NHS Somerset**

Commissions healthcare services for the population of Somerset. Aims to improve health and reduce health inequalities, eliminate waiting and improve health services.  
Website <http://www.somerset.nhs.uk/>

### **QwesT FtM UK**

UK organisation providing advice, events and support for Female-toward-Male transsexual, transgender, gender-variant people, and those questioning their gender identity - having previously been assigned as female.  
Website <http://www.qwestftmuk.org/>

### **Somerset County Council**

<http://www.somerset.gov.uk/>

### **Somerset Lesbian Network**

Informal network providing Lesbian and Bisexual women spaces to meet.  
Website <http://www.somersetlesbiannetwork.org.uk/>

### **Somerset LINK**

Independent patient group in Somerset.  
Website <http://www.makesachange.org.uk/>

**Stonewall**

Stonewall working for equality and justice for lesbians, gay men and bisexuals.

Website <http://www.stonewall.org.uk/>

**Reach Youth**

Reach Youth provides successful alternative and complimentary educational solutions for individuals and groups of young people in Somerset.

Website <http://www.reachyouth.co.uk/>

**Terrence Higgins Trust**

HIV/AIDS information, safer sex, online booklets and helpline.

Website <http://www.tht.org.uk/>

## RESOURCES FOR COMMUNITIES

The following list represents the groups and organisations accessed by survey respondents. The list includes local, regional, national and international resources relevant to LGB&T people and supporters. The information has been gathered from the websites of the groups and organisations listed in the survey.

### **Support and Information for Lesbians**

DIVA Magazine including; news, lifestyle, entertainment and health for Lesbians  
<http://www.divamag.co.uk/>

Gingerbeer, local area information guide for the lesbian and bisexual women's community  
<http://www.gingerbeer.co.uk/>

Hiking Dykes, Lesbian walking groups <http://www.hikingdykes.webs.com/>

Kenric, national organisation offering a social network to lesbians throughout the United Kingdom <http://www.kenric.org/>

Missing Lesbians, information on events and groups of interest to the lesbian community in the South West [www.missinglesbians.co.uk](http://www.missinglesbians.co.uk)

Pink Herrings, social group for Lesbians <http://LGBTbristol.org.uk/pink-herrings/>

Somerset Lesbian Network, connecting and supporting Lesbians in Somerset  
<http://www.somersetlesbiannetwork.org.uk/>

Pink Sofa <http://www.thepinksofa.co.uk/>

### **Support and Information for Gay Men**

Edward Carpenter Community, community of gay men  
<http://www.edwardcarpentercommunity.org.uk/>

Members Bristol, business and social networking for gay men <http://www.members-bristol.co.uk/>

### **Trans Support and Information**

Avon Trans Women is a self-help group for pre & post-operative male-to-female transsexuals  
<http://www.avontranswomen.org.uk/index.htm/Welcome.html>

Beaumont Society, help and support for Trans people <http://www.beaumontsociety.org.uk/>

Depend, a voluntary organisation whose aim is to provide support, advice and information for anyone who knows, or is related to, a transsexual person in the UK  
<http://www.depend.org.uk/>

Gendered Intelligence, arts programmes and creative workshops to Trans youth from across the UK <http://www.genderedintelligence.co.uk/>

Gender Identity Clinic (GIC) in Hammersmith (sometimes known as the Charing Cross GIC) is the largest and oldest gender identity clinic in the world and has been in operation since the 1960s <http://www.wlmht.nhs.uk/gi/gender-identity-clinic/>

Gender Society, a social networking, support, resources and information for transsexuals, transvestites, cross-dressers and transgender people  
<http://gendersociety.com/>

GIRES, research and education on gender identity <http://www.gires.org.uk/>

Gloscats, support, social events for the Transgendered in Gloucestershire and beyond  
<http://www.gloscats.org.uk/>

Mermaids, family and individual support for teenagers and children with gender identity issues <http://www.mermaidsuk.org.uk/>

Nuttcats, support forums for Trans people, their partners and families  
<http://www.nuttycats.com/>

Pink Essence, a social network of Trans identifying and gender expressive individuals, partners and supportive allies <http://pinkessence.com/>

Press For Change, UK's leading experts in Transgender law <http://www.pfc.org.uk/>

Qwest, a focal point in the UK for Female-toward-Male transsexual, transgender, gender-variant people, based in the South West  
<http://www.qwestftmuk.org/>

ROSES, support and information for Transvestite's in the UK <http://www.repartee.tv/>

South West Transgender Equality Network (SWTEN) is a forum of and for Transgender (Trans or 'T') people within the South West region  
<http://www.equalitysouthwest.org.uk/transgender>

Trans Media Watch, guidance on Trans issues for the media and Trans people  
<http://www.transmediawatch.org/>

UK Angels is an internet-based support group, aimed at promoting the positive side of Trans  
<http://theangels.co.uk/>

### **LGB&T Support and Information**

Bath Spa University LGB&T Rep [su-LGBTrep@bathspa.ac.uk](mailto:su-LGBTrep@bathspa.ac.uk)

Eurofaeries, a movement of LGB&T people <http://www.eurofaeries.eu/>

Fertility Friends, for the LGB&T community  
<http://www.fertilityfriends.co.uk/forum/index.php?board=398.0>

Gay Outdoor Club (GOC), gay walking group in Somerset  
<http://www.goc.org.uk/groups/somerset>

Gay West, group in the South West of England for gay men, lesbians, bisexuals and transgender people  
<http://www.gaywest.org.uk/>

Inscape LGB&T, Portsmouth NHS organisation dedicated to promoting health services to diverse sexualities <http://www.inscapeLGBT.co.uk/>

Intercom Trust, Lesbian, Gay, Bisexual and Trans people and communities in the South West peninsula <http://www.intercomtrust.org.uk/>

LGBT Bristol, Bristol LGBT Forum <http://LGBTbristol.org.uk/>

Lesbian and Gay Foundation (LGF) information for Lesbian, Gay, Bisexual and Trans communities on sexual health, wellbeing, groups and events, Manchester  
<http://www.lgf.org.uk/>

London Lesbian and Gay Switchboard (LLGS), provides support 24 hours a day about love, life and safer sex <http://www.llgs.org.uk/>

Out Everywhere, gay social networking and events <http://www.outeverywhere.com/>

OutStories Bristol, recording the lives of LGB&T people in Bristol  
<http://outstoriesbristol.org.uk/>

Peter Tatchell Foundation, speaking out for human rights  
<http://www.petertatchellfoundation.org/>

Pink Parents offer a range of support services and social activities for all Lesbian, Gay, Bisexual and Trans families  
<http://www.onespace.org.uk/your-local-support-events/organisation/pink-parents-uk>

Pink Therapy, organisation to promote high quality therapy and training services for people who are Lesbian, Gay, Bisexual and Trans  
<http://www.pinktherapy.com/>

Pride Bristol 'We Are' Festival <http://www.wearefest.com/>



Stonewall, working for equality and justice for lesbians, gay men and bisexuals  
<http://www.stonewall.org.uk/>

University of Bristol Student LGB&T+, supports, represents and brings together the lesbian, gay, bisexual, trans and plus students of Bristol University  
<http://www.ubu.org.uk/activities/societies/7036/>

**HIV and Sexual Health Support and Information**

The Eddystone Trust, HIV and sexual health services in the South West  
<http://www.eddystone.org.uk/>

Terrence Higgins Trust (THT) HIV/AIDS information, safer sex, online booklets and help line  
<http://www.tht.org.uk/>

**Support and Information for Friends and Families of LGB&T**

PFLAG, advice and support for parents, friends and families of LGB&T people  
<http://www.pflag.co.uk/>

**Support for Young LGB People**

2BU, support for LGB young people in Somerset.  
<http://www.2bu-somerset.co.uk/>

Teen Help is an international not-for-profit organisation who provide anonymous support and advice to anybody who needs it  
<http://www.teenhelp.org/>

## ONLINE SURVEY

NHS Somerset and Somerset LINK, an independent patient group in Somerset, have jointly commissioned the Diversity Trust, to deliver a programme of engagement and mapping activities with Lesbian, Gay, Bisexual & Trans (LGB&T) communities in Somerset.

If you identify as Lesbian, Gay, Bisexual and/or Trans and live, work or socialise in Somerset please help us by completing the survey.

Your views will help to inform Somerset's Joint Strategic Needs Assessment (JSNA). The JSNA contains information on the health and wellbeing of the Somerset population and is an important on-going resource for the people who commission health and social care services. It is produced jointly by Somerset County Council and NHS Somerset.

The survey is confidential, your name and other personal details which identify you are not required. The survey collects information about you including your age and the area you live (Q1-14), as well as your experiences of health and social care services (Q15-25). The survey should take 5-10 minutes to complete.

The survey will be online until 8 October 2012. Once you have completed the survey please do share the link with others.

If you would like to give feedback about the survey please email [info@diversitytrust.org.uk](mailto:info@diversitytrust.org.uk)

1. **Please tell us the first part of your home postcode (e.g. TA1)**
2. **What is your age?**
3. **What is your gender?**
4. **Do you identify or have you ever identified as Trans or Transgender?**
5. **Do you consider yourself to be:**
  - Lesbian
  - Gay
  - Bisexual
  - Heterosexual
  - Prefer not to state
  - Other
6. **What is your relationship status?**
  - Single
  - Married
  - Civil partnership
  - Divorced

- Separated
- Co-habiting
- Prefer not to state
- Other

7. **Do you consider that you have a disability?**

8. **Please tell us your ethnic group:**

- White British
- White Irish
- Gypsy, Romany or other traveller heritage
- Any other White background
- Dual Heritage White and Asian
- Dual Heritage White and Black Caribbean
- Dual Heritage White and Black African
- Any other Dual-Heritage
- Asian Bangladeshi
- Asian Indian
- Asian Pakistani
- Any other Asian background
- Black African
- Black Caribbean
- Any other Black background
- Chinese
- Any other ethnic background

9. **Do you have a religion or belief?**

- Agnosticism
- Atheism
- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Paganism
- Sikhism
- Other

10. **Please tell us how many of your friends are LGB and/or T?**

11. **Please tell us how many of your friends are Heterosexual?**

12. **Where do you go to meet other LGB and/or T people?**

13. **How is your physical health in general?**
  - Excellent
  - Good
  - Fair
  - Poor
  - Other
14. **How is your mental health in general? (please describe)**
15. **Have you ever gone for medical help for depression or anxiety?**
16. **How satisfied, in relation to your health and social care needs, as an LGB and/or T person are you?**
17. **What do you value or like most about the health services you use?**
18. **What do you value or like most about the social care services you use?**
19. **What do you least like about the health services you use?**
20. **What do you least like about the social care services you use?**
21. **What changes to services would make the biggest improvement for you, in relation to being LGB or T, and your own health and wellbeing?**
22. **What changes to services would make the biggest improvement for you, in relation to being LGB&T, and your own social care?**
23. **If you have used an LGB&T group, organisation, website or other resource please tell us which?**
24. **Are there any barriers to you accessing local sexual health services?**
25. **Do you think there are any health and/or social care services that are missing altogether?**
26. **Is there anything you would like to add about your experience of sexual orientation or gender identity in relation to health and social care.**
27. **Please type your email address in the box below (optional)**

