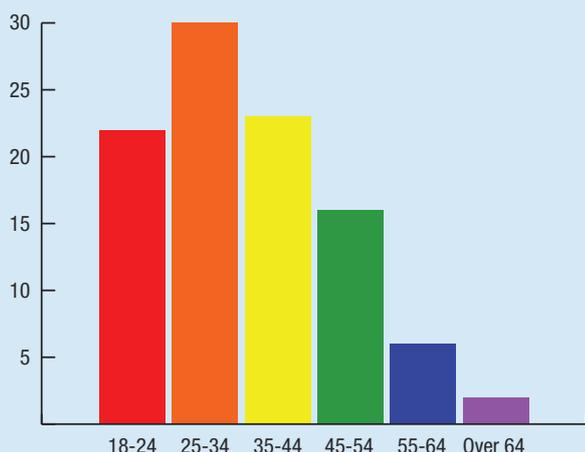


LGBT NEEDS ASSESSMENT

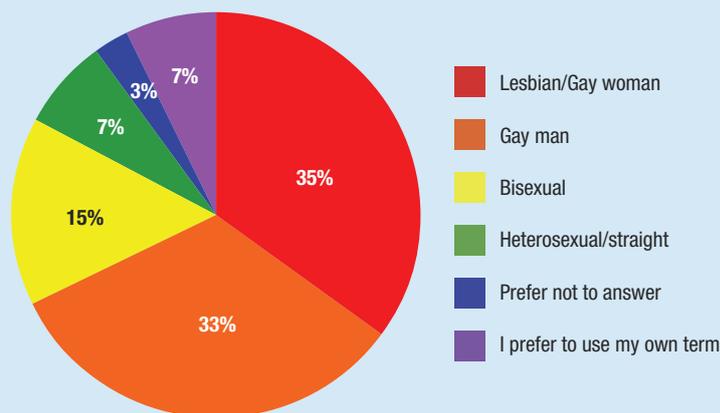
Summary of the key findings for over 18 years old

124 people took part in the survey

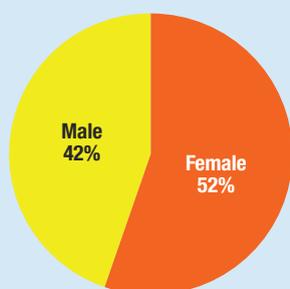
AGE



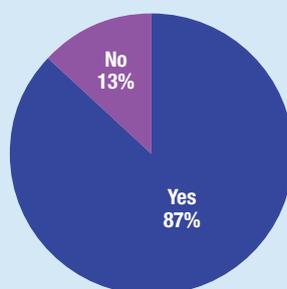
SEXUAL ORIENTATION



WHAT IS YOUR GENDER?



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



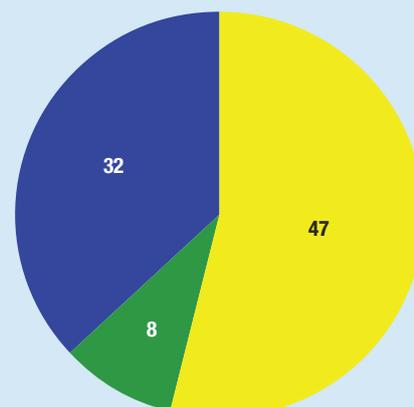
- The majority (84) of individuals were 'out' [open about their sexuality/gender identity] to all of their friends with very few 'out' to no one.
- Many individuals were 'out' to all their employers (56) and work colleagues (55), 64 were 'out' to all their family.
- Fewer individuals were 'out' to their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

EXPERIENCES WITH HEALTH AND SOCIAL CARE SERVICES

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

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

- No
- Unsure
- Yes



Most common positive experience

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

Most common negative experience

GP/Healthcare worker assuming person was heterosexual

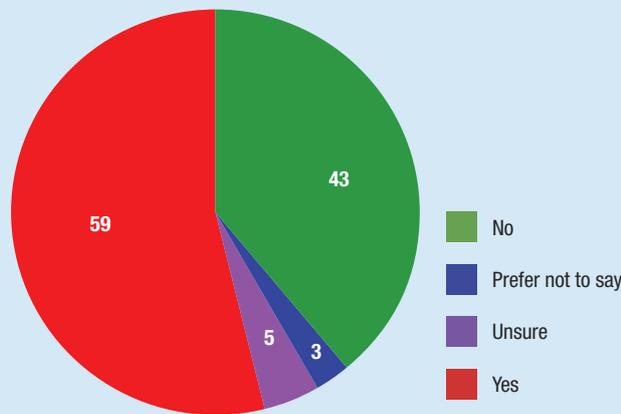
23% of respondents had been given health advice that took no account of the fact they were LGBT.

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

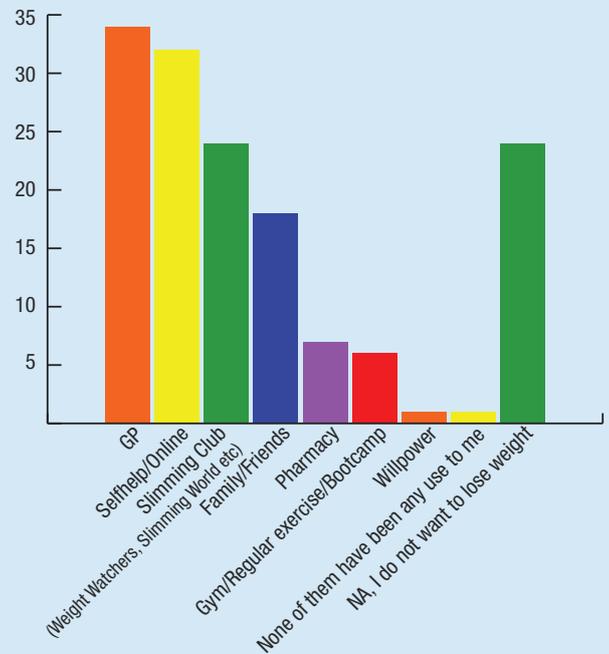
Strangers in public were the most common source of discrimination and concerns were raised about homophobic attitudes and behaviours *“A lot of individuals are t**ts.”*

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

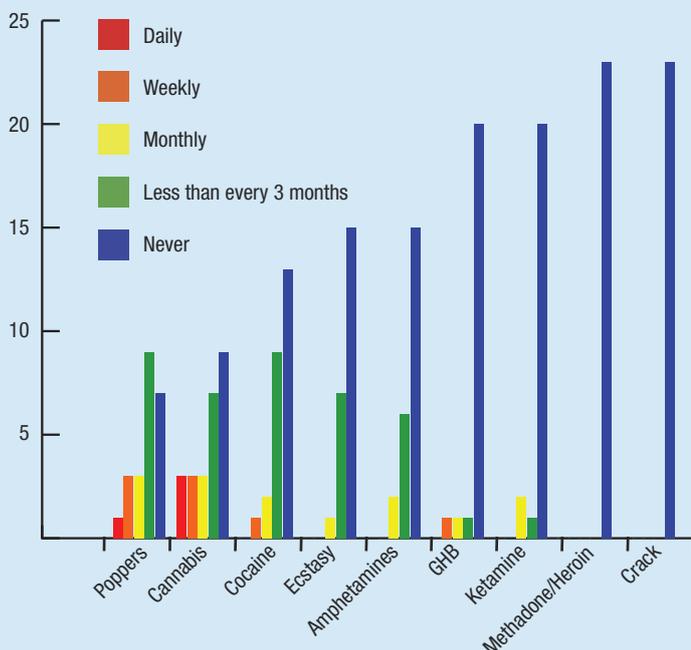
HAVE YOU EXPERIENCED ANY MENTAL HEALTH PROBLEMS IN THE PAST 3 YEARS?



IF YOU WANT TO LOSE WEIGHT WHERE WOULD YOU GO?



FREQUENCY OF DRUG USE



Smoking

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

Alcohol

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

IMPROVING ACCESSIBILITY AND APPROPRIATENESS OF MAINSTREAM SERVICES

Recommendation	Actions	Outcome/s
Equip health and social care staff with the skills to work more sensitively with their LGB&T patients.	<p>Appropriate validated/best practice benchmarking tool to be reviewed and selected by consensus agreement.</p> <p>Review services against a validated benchmark tool.</p>	<p>User friendly services that employ friendly and non-judgmental/non-discriminatory professionals.</p> <p>Quick and easy referral processes into health and social care services.</p> <p>Increase access/uptake of health and social care services.</p>
Health and social care services to comply with the Equality Act 2010 (to include monitoring for protected characteristics, including sexual orientation and gender identity).	<p>Review service monitoring forms to identify gaps in recording.</p> <p>Review 'Everything you always wanted to ask about sexual orientation monitoring... but were afraid to ask'.</p> <p>A best practice guide to monitoring sexual orientation monitoring commissioned by NHS North West, aimed at the public sector carrying out monitoring of staff and service users: www.lgf.org.uk/policy-research/SOM/</p>	
Health and social care services to comply with the Equality Act 2010 (to include monitoring for protected characteristics, including sexual orientation and gender identity).	Revisit diversity training to ensure that it raises awareness of how to effectively meet the needs of LGBT people.	Greater awareness and access of local health and social care services.
Raise profiles of local LGB&T services with LGB&T people and other mainstream services.	<p>Scope training and promotional materials focusing on LGB&T young people, families and same sex couples.</p> <p>Scope/map local e-media/websites to use as promotional tools.</p> <p>LGB&T specific health promotion in targeted venues.</p> <p>General health promotion literature with LGBT representation and distribution into mainstream outlets/services.</p>	Greater uptake/access of local health and social care services.
Ensure there is an effective transgender care pathway.	<p>Review evidence base for pathway.</p> <p>Promote/raise awareness of pathway with community and health care professionals via appropriate networks and programme leads.</p>	Greater awareness of the pathway and clarification of its purpose for both staff and patients.
Include LGB&T in local service re-design/development.	Targeted inclusion of LGB&T people in consultations about service design/development. LGBT population to be able to consider specific needs e.g. include LGB&T people in existing training packages with signposting to advice, websites.	To put measures in place to meet the specific needs of LGBT people from black and ethnic minorities, mental health needs, disabilities.

SUPPORTING POSITIVE MENTAL HEALTH

Recommendation	Actions	Outcome/s
Increase access and availability to social groups.	Event or venue to facilitate initial local contact.	Reduced social isolation.
Social media/e-media/virtual community inclusive of all ages.	Facilitate setting up of local/Wirral LGB&T forum. Map current provision/activities.	Establishment of networks away from pubs and clubs. Diverse range of activities e.g. gay literature book clubs, walking groups.
Increase access and availability to counselling support networks/systems.	Map local and Merseyside provision of LGB&T trained counsellors. Facilitate the setting up of family/parental support for those families who's children who are LGB or T.	Improved knowledge for GPs to signpost to local services (i.e. Brook, Age UK, Sahir). Increased uptake of specialised services.
Training for health and social care professionals to focus on the health issues that specifically relate to LGB&T people.	GPs/Healthcare providers: Review 'Pride in Practice' (LGF& NHS North West). www.lgf.org.uk/Our-services/pride-in-practice Review Lancashire charter mark scheme called the 'Navajo Mark'. Adopt a 'standard of care' across Wirral for treatment of LGBT people. Design a bag of resources to support GPs/healthcare providers.	LGB&T champion within different health and social care settings who consistently educate the wider group. One charter/GP healthcare guidance inclusive of LGB&T to be championed to all healthcare settings. Assurance that lesbian, gay and bisexual patients are treated fairly and able to discuss their issues openly with their GP or healthcare provider.
Review existing mental wellbeing Policies/strategies.	Services to identify if Policies/strategies have had a Mental wellbeing impact assessment carried out to identify impact on LGB&T communities.	Adaptation of existing mental wellbeing policies.
Raise profile of promoting positive mental wellbeing across LGB&T communities.	Social marketing campaign to focus on general stigma e.g. Challenging hate crime. Promoting wellbeing; including positive physical and mental health. Lobby/advocate requirements to report hate crime and discrimination as part of the Equality Act 2010.	Reported increased wellbeing. Reduced lifestyle risk in LGBT groups.

CHANGING CULTURE AND ATTITUDES

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