

Lesbian, Gay, Bisexual and Transgender +

Experiences of Health and Social Care Services

V 1.0

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[LGBT in Britain: Health Report - Stonewall \(2018\)](#)

[Health and Social Care and LGBT Communities Report \(2019\) - House of Commons Women and Equalities Committee](#)

[NHS Rainbow Badge Implementation Toolkit](#)

[NHSE guidance on delivering same sex accommodation](#)

Copies of Surveys are available on our [website](#)

Section A

Introduction

I. About Healthwatch Worcestershire

Healthwatch Worcestershire gathers feedback about publicly funded health and care services and uses this to make recommendations to those who run the services about how they could be improved from the patient, service user and carer perspective.

II. Why this issue

The Stonewall report LGBT in Britain - Health Report (2018) and the House of Commons Women and Equality Committee report (2019) identified that in spite of the strides made towards lesbian, gay, bisexual and transgender (LGBT) equality in recent years, many LGBT+ people face significant barriers to leading healthy, happy and fulfilling lives.

The legal changes that have taken place, starting with the partial decriminalisation of male homosexuality in 1967, through to more recent changes allowing same sex marriage, mean that LGBT+ people have equality in terms of the law. The Equalities Act of 2010 included sexual orientation and gender reassignment as protected characteristics. The Act was brought in to legally protect people from discrimination in the workplace and in wider society, including health, social care and education services.

However, research such as the Stonewall report show that despite this, LGBT+ people are still facing discrimination in everyday life and health inequalities, including higher rates of mental ill health.

- Half of LGBT people (52%) said they've experienced depression in the last year
- One in eight LGBT people have experienced some form of unequal treatment from healthcare staff because they're LGBT
- One in seven LGBT people have avoided treatment for fear of discrimination because they are LGBT

Stonewall - LGBT in Britain - Health Report 2018

The House of Commons (2019) enquiry report highlights that LGBT+ people are often less healthy than the wider population, in regard to issues such as health related behaviours including smoking, alcohol consumption and healthy eating, in

addition to higher rates of mental health problems and specific Cancers. Yet they tend to receive lower levels of care than non-LGBT people.

Increasing awareness and understanding in the NHS

In 2018 Evelina Children's Hospital in London launched a Rainbow Badge initiative, which is now being rolled out across the NHS in England. This aims to raise awareness of issues that LGBT+ people experience when accessing healthcare and provide NHS staff with a way of demonstrating that they offer open, non-judgemental and inclusive care for all who identify as LGBT+. In addition to information and resources within the Rainbow Badge toolkit, staff who sign up for the initiative are required to agree to a pledge of support and understanding in order to receive their badge.

The LGBT+ community in Worcestershire

We requested data from Worcestershire County Council's Public Health in relation to health outcomes for people who identify as LGBT+ in Worcestershire. This information is not currently collected or collated and as information has not previously been collected via the national Census. Figures about the number of people who identify as LGBT+ in Worcestershire are currently based on population estimates and are limited to sexuality rather than gender identity. Estimates based on 2015 figures suggest that 1.3 % of the population of Worcestershire identified as gay, lesbian or other, approximately 7.5 thousand people. Although it is likely that the actual figure would be higher than this. From 2021 questions relating to sexuality and gender identity will be included in the Census.

Healthwatch Worcestershire's Reference and Engagement Group, comprising local voluntary organisations and groups, enables us to communicate with and hear the views of different groups and communities across Worcestershire. Local groups Out2gether and Mermaids are both members of our Reference and Engagement Group.

Out2gether are a Worcestershire based support and social group for the LGBT+ community.

Mermaids, based in Malvern are a local branch of a national charity who provide support to children, young people and their families in relation to gender identity.

LGBT+ and the NHS and Social Care in Worcestershire

In 2019 the Worcestershire Health and Care NHS Trust signed up to the Rainbow Badge initiative. As of March 2020, they have issued approximately 1,600 Rainbow badges to staff.

Worcestershire Acute Hospital NHS Trust has set up a LGBT+ Champions staff group to provide support and raise awareness of LGBT+ issues and initiatives within the Trust. Although they are not currently signed up for the Rainbow Badge initiative.

Out2gether have recently been working with Age UK Herefordshire and Worcestershire to deliver LGBT+ awareness training for care homes.

Healthwatch Worcestershire: previous LGBT+ engagement

Healthwatch Worcestershire identified a need to gather feedback from the LGBT+ community in Worcestershire through discussions with members of our Reference and Engagement Group, Out2Gether and Mermaids. This related to some of the experiences of their members in accessing local health and care services, in addition to delays and difficulties in accessing gender identity services.

In May 2019, as part of a wider engagement initiative around the NHS Long Term Plan, with the support of Out2Gether, we held a focus group with the LGBT+ community. This revealed a range of experiences in accessing and receiving health services in Worcestershire. We felt there was a need to carry out further work in this area to gain a better understanding of the issues and ways in which local services could better understand and support the LGBT+ community.

Healthwatch Worcestershire has carried out a variety of work and engagement, in recent years, looking at children and young people's mental health and emotional wellbeing, including our Children and Young People's Mental Health Report, 2019. This highlighted the need for increased information and access to support for emotional wellbeing, particularly in schools and colleges. We have heard from young people about the impact of the attitudes of others and bullying on their emotional wellbeing and from those who felt there was a need for greater awareness of the specific issues facing young LGBT+ people within support services.

At the Healthwatch Worcestershire Annual Conference in June 2019 we consulted with members of the public and local voluntary groups about the issues they wanted us to explore and as a result gathering LGBT+ experiences of health and social care became one of our business priorities.

III. Our work

Between October 2019 and February 2020 we have carried out engagement and surveys with adults and young people who identify as LGBT+. We wanted to gather feedback about their experiences of health and social care services, levels of awareness and understanding within services and what services could do to better support LGBT+ people. We also wanted to know about the experiences of young people, particularly around accessing information and support relating to their emotional wellbeing.

We worked with Worcestershire Association of Carers when developing our survey and engagement, as they were keen to identify any specific issues for LGBT+ carers and how they may be able to develop the information and support they provide in this area.

To coincide with this work and LGBT+ History Month, in February 2020 Healthwatch Worcestershire invited Out2Gether to run a workshop for staff and volunteers, to develop our understanding of LGBT+ identities and the barriers faced when accessing health and social care services.

Section B

Feedback from Adults

Healthwatch Worcestershire engaged with adults in Worcestershire identifying as LGBT+ via focus groups and a survey. We were interested in finding out what people think about health and social care services in the county and whether they feel understood as an LGBT+ person when using these services.

88 people completed our survey and 18 people took part in two focus groups as part of our engagement.

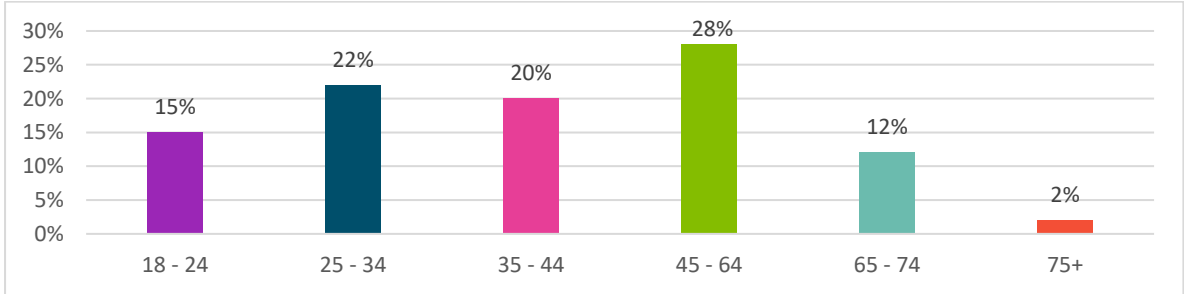
1. Adult Survey

The majority of surveys (98%) were completed online. The survey was promoted to adults via Facebook, Twitter and BBC Radio Hereford and Worcester and Worcester News. In addition, it was sent out via Healthwatch Worcestershire’s Reference and Engagement Group of voluntary and community sector organisations and our news bulletins. We also worked with Worcestershire Association of Carers and Out2gether - Worcestershire’s LGBT+ support group who promoted it widely through their membership and networks.

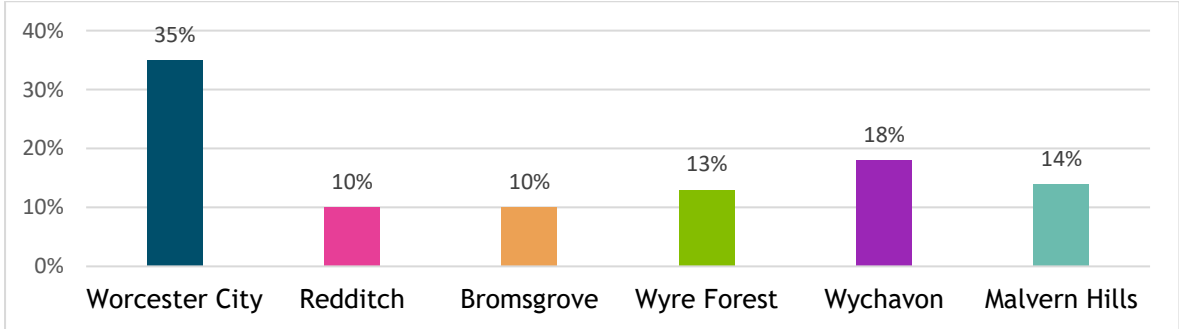
The survey was promoted via all public sector partners in Worcestershire including Local Authorities, Police, Fire and Rescue and West Midlands Ambulance Service.

Who completed the survey?

Age of participants



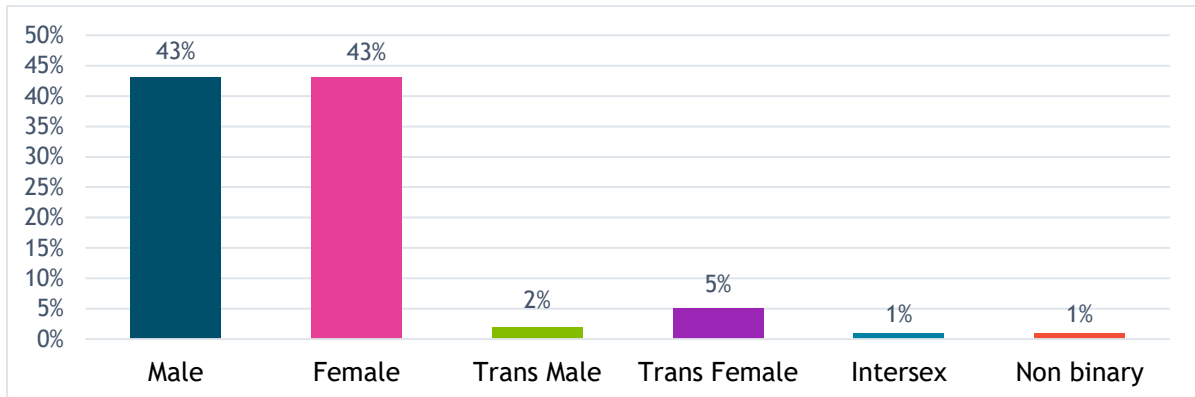
Where they live



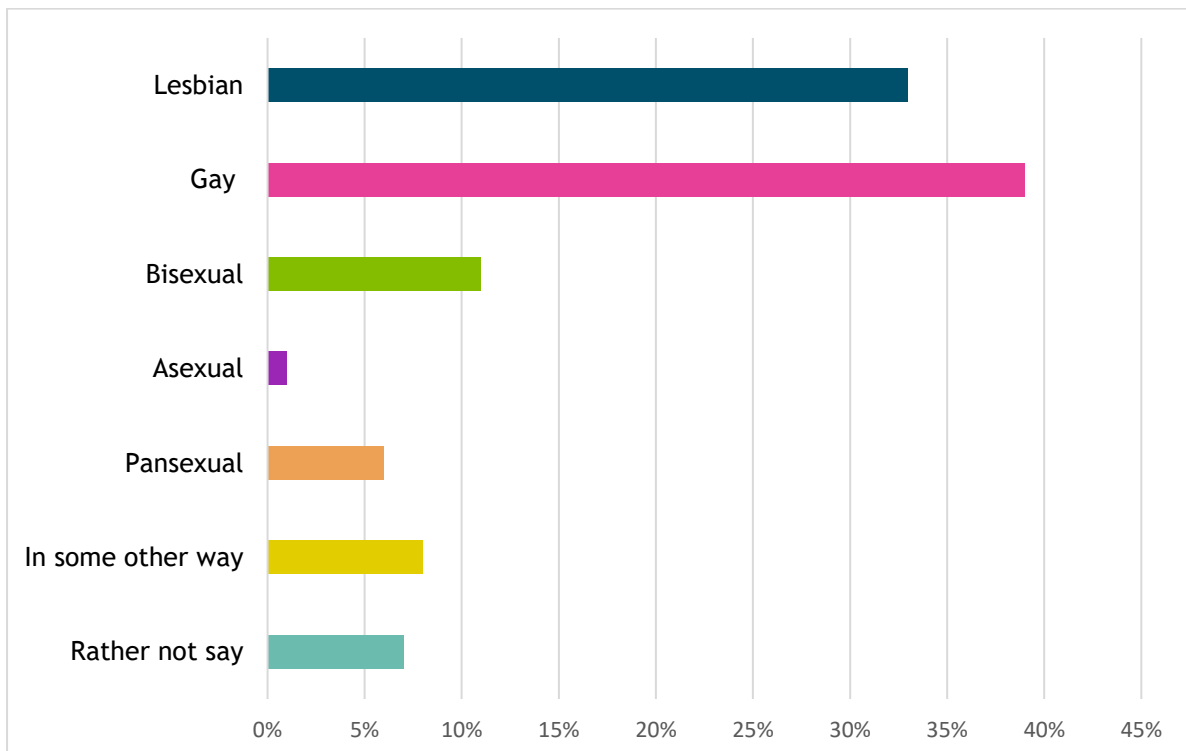
93% of respondents identified as White British, 6% as White other followed by 1% White Irish, 1% Mixed Ethnic Groups and 1% Other. Whilst the majority of responses were from Worcester City, responses were also received from all districts of the county.

How do they identify?

How do you describe your gender identity?



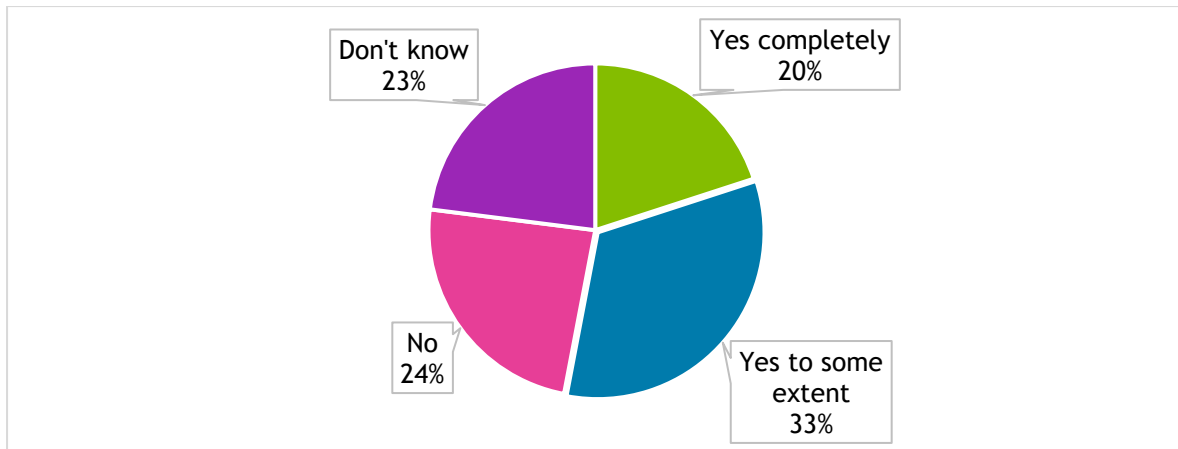
How do you describe your sexuality?



It is encouraging to note the wide range of representation in relation to both sexuality and gender identity.

Experiences of Health and Social Care Services

1. Do you think your GP surgery shows an understanding of you as an LGBT+ person?



Positive experiences were expressed by 12 people and include the following examples:

'I recently realised I am transgender and went to my GP to ask for help...he was so understanding and sympathetic to my situation. I couldn't have asked for a better reaction.'

'Some GP's are willing to listen to learn how to treat me best'

'They have never questioned any on my enquiries with anything less than full professionalism'

'They listen and treat my partner and me with respect'

'Doesn't ask straight questions which is good as he knows I am gay'

'I have seen GP's who are great, treating my identity as a non-issue when it is not important to why I am seeing them'

'Able to have honest discussions regarding my health needs'

'They are open minded and I never feel judged'

Other experiences were as follows:

- Had not discussed it with their GP either because it hadn't been asked or they didn't feel it was relevant (9 people)

'My sexuality has been of no relevance to any of my medical problems, so I have never had cause to raise it.'

'It's never been asked or raised by any GP in connection to my health.'

Negative comments included:

- Lack of awareness and understanding of same sex couples (7 people)

'It would be useful if GPs had more awareness of fertility options for those in same sex relationships, more support and treatment should be available.'

'GP corrected me when I said, 'my wife' she laughed and said 'husband' like it was unfathomable that a woman would have a wife.'

'Are out of their depth and still believe family consists of male, female and kids. As my partner is the biological mother of the children in our household the GP will only talk to her.'

- Lack of visibility in the surgery being an LGBT+ safe space (7 people)

'There is no information about LGBT+ issues around the surgery. It doesn't come across as an LGBT+ friendly environment'

'...my practice doesn't reflect any posters etc to say LGBT friendly or trained'

'... there is no evidence around the doctor's surgery that anyone there has an understanding of LGBT+ people. There are no leaflets with representations of same sex couples, there is nothing on the noticeboard for LGBT+ people, there are no signs that it is an affirmative space..... Individually the staff may well all be the most accepting, inclusive people, however, if you are unwell you are often also anxious too and so a small sign of reassurance would be most welcome.'

- Gender identity (4 people)

Positive:

'GP was excellent at helping me and my partner access fertility treatment as a same sex couple'

'...lack of support regarding gender'

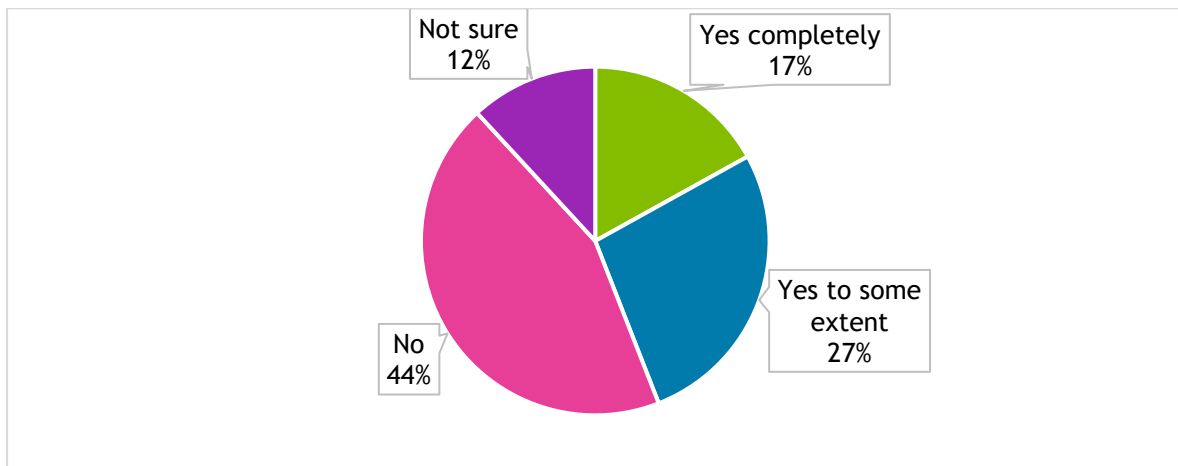
'Though they haven't been unkind and have referred me to the relevant services they don't understand Trans issues or how it is for me and it's exhausting trying to get anywhere.'

Two comments relating to gender identity were positive and reflected being understood and supported by their GP's.

- Fear of disclosing sexuality (3 people)

Only 20% of respondents feel completely understood by their GP surgery. Key themes amongst those not feeling understood are a lack of understanding in relation to being in a same sex couple and a lack of visibility within the surgery of LGBT+ information or any indication that the surgery is a supportive environment for LGBT+ people.

2. Do you think mental health services show an understanding of you as an LGBT+ person?



44% of responses indicate their experience of mental health services have been positive, examples include:

'...we talked about my gender identity however, it was never an issue in coming to a realistic approach to what was actually causing me mental strain'

'Having accessed counselling services, they have always shown a good knowledge'

'Counsellor delivering CBT treated me with respect and was inclusive'

'My counsellor treated me and my relationship as equals, she was kind and took my concerns seriously'

'... LGBT+ community still suffer persecution.....mental health services are available to help all who need it'

44% of respondents had a negative experience relating to:

- Lack of awareness and understanding of being LGBT+ (10 people)

'It's mixed depending on who you see, many mix up mental health and being Trans and blame it on one another'

'They seem confused about non-binary people. As if I need counselling about my gender identity, if I mention it. I'm happier considering myself neither a man nor woman but it can be seen as something wrong with me.'

There is also an assumption that my orientation and identity is why I need to use mental health services despite me saying otherwise.'

'...No-one is Trans how can they be? Also, they assume that once referred to Gender Identity Services, they support - no such thing, they cause more upset'

- Lack of access to Mental Health services (5 people)

'Never been able to access any mental health services'

'Accessing the secondary mental health services is impossible regardless of sexual orientation'

'Very little support for mental health, long waits and little understanding'

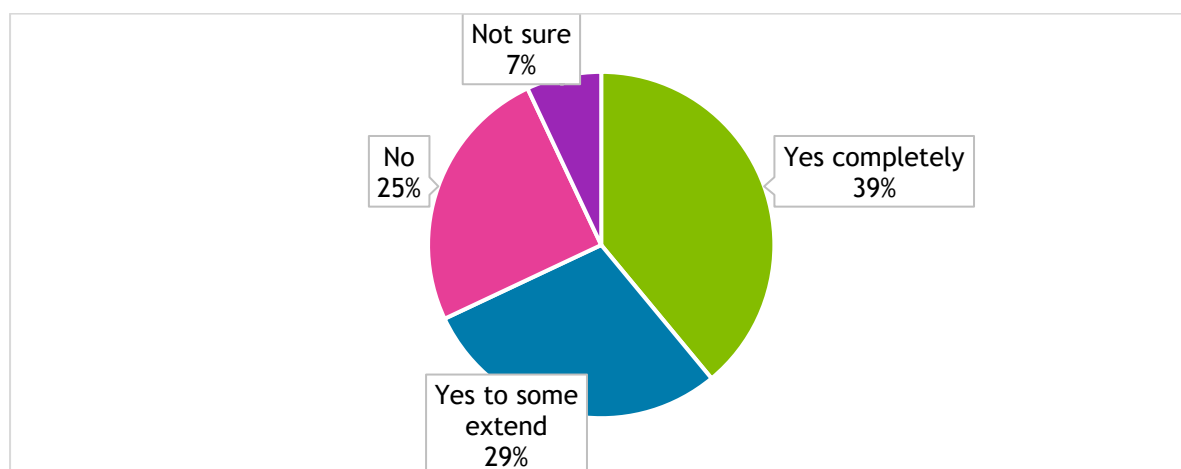
- Lack of information about LGBT+ support groups in Worcestershire (4 people)

'I haven't been introduced to any LGBT support services or groups. I raised this with a worker and said I, myself had found some LGBT services for help in Birmingham. Rather than helping me attend them or find out more, they were dismissive'

'Healthy Minds Worcestershire website, there is no mention of support for LGBT+ people.... The absence of any mention of diversity and inclusion more broadly sends the message that this service is for a white, non-disable, cis, straight person only.'

Some respondents appear to find it difficult to access mental health services. For those who have, responses show concern within the LGBT+ community about a lack of awareness and understanding of issues relating to gender identity and a lack of information available about support groups.

3. Do you think Accident and Emergency services show an understanding of you as an LGBT+ person?



68% of responses from people who had experienced Accident and Emergency services report a positive experience. Additional comments were as follows:

- Respect and understanding (7 people)

‘My partner was allowed to accompany me through my journey to many specialists I saw and was always treated well and told how to care for me.’

‘Always treated with full respect and understanding as LGBT+’

‘I had to go to A&E....., the Nurse Practitioner was very friendly to me and my same-sex partner.....this was the best experience with a health care professional I’ve ever had as it made us feel relaxed and included and not afraid of any negative reactions. It was a very unusual but welcome experience.’

‘When I went to A&E with my partner it was fine, we were treated no differently to anyone else’

‘I know the Acute Trust have recently adopted the NHS Rainbow badges and when I see staff are wearing these it makes me feel accepted.’

25% of respondents had a negative experience relating to:

- Concern about misgendering (3 people)

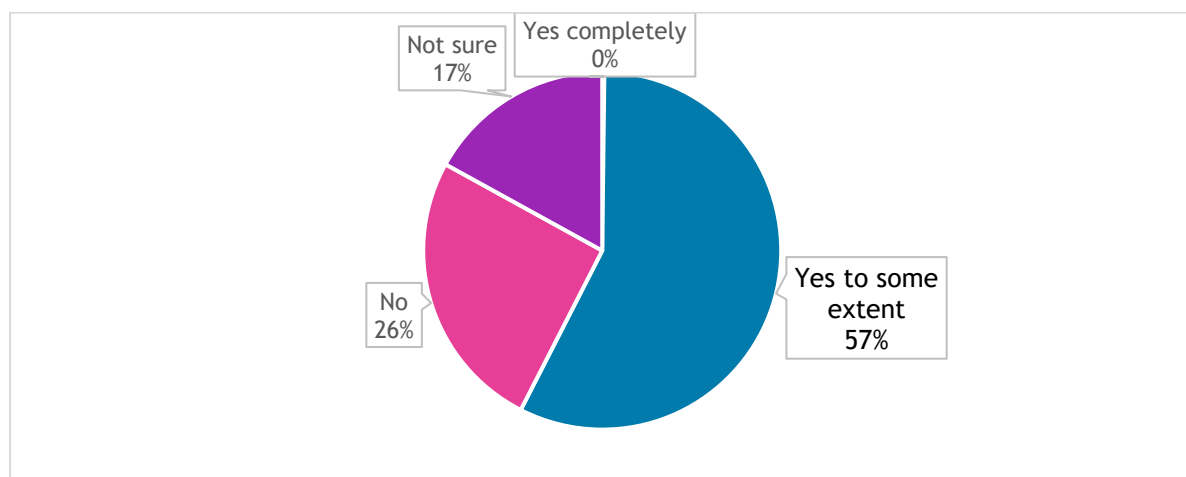
‘Sometimes assumed my partner was a certain gender.’

‘..... they didn’t have ‘they/them/Mx down and we didn’t explain as we were tired after a long wait’

- Concern about a lack of LGBT+ information or posters (2 people)

Whilst the experience of the LGBT+ community is largely positive within Accident and Emergency departments; it suggests that the use of LGBT+ friendly posters and badges would be valuable to signal the department is a supportive environment for members of the LGBT+ community. In addition, the option to select appropriate pronouns on forms would be helpful.

4. Do you think hospital services show an understanding of you as an LGBT+ person when you have been an inpatient?



The majority of respondents who had experienced being an inpatient in Worcestershire felt they were understood as an LGBT+ person to some extent. It is notable that no one felt completely understood. One commented:

'I think this is very mixed, I have been on many wards over the years and it is very dependent on the nurse or doctor's personal opinion of the LGBT+ community.'

More positive comments included:

'I had a good experience in hospital and felt care for, my partner was made to feel welcome while she waited for me during surgery'

'I was the primary carer for my gay friend....his wishes were respected and I was allowed to be with him and support him.....'

However, those with a negative experience, expressed concern about:

- Lack of understanding of same sex couples (3 people)

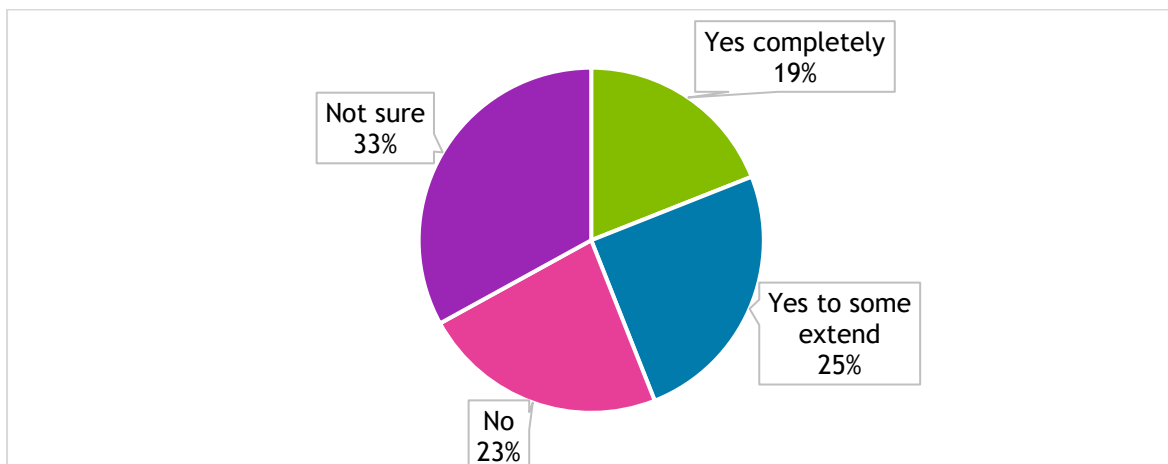
'I recently had day surgery and the staff were unsure how to address my partner. Some said 'friend' others avoided it and some said partner....'

'Again, assumed gender and more questions when confirming who my wife was.'

'My partner who listed me as his next of kin was in hospital but the nurse in charge refused to give me any information as to his wellbeing and told me to 'get a real relative' then told me to 'go home bum boy.'

- Sexuality not relevant to health issue (3 people)

4. Do you think Outpatient services show an understanding of you as an LGBT+ person?



44% of respondents indicated their experience had been somewhat or completely positive. Comments included:

'My HIV care at the Worcester Royal Outpatients is excellent'

'The Sexual Health services are awesome in Worcester'

'I attend regular Outpatient Appointments with Dr X's team, they are always friendly, interested and courteous.'

56% indicated negative or less than positive experience. Comments include:

LGBT+ status not relevant to their treatment (5 people)

'My Queer status has not been relevant, so I don't mention it'

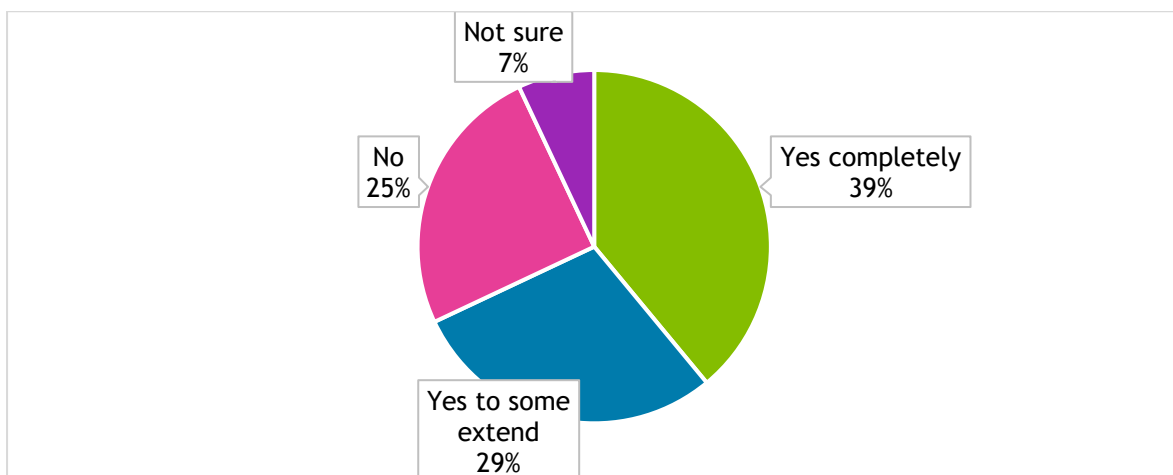
'I'm not sure I need to be treated any differently as a Gay person, just equally. So basically, don't bring it up unless I do.'

More awareness training required for staff (2 people)

'Staff are inclusive but not sure they demonstrate any specific knowledge or understanding'

'.....there is some understanding but more training should be done'

6. Do you think Sexual Health services show an understanding of you as an LGBT+ person?



The majority of respondents had some positive experience of Sexual Health services, comments include:

'Always kind and helpful, make you feel welcome. They understand healthcare issues for LGBT+ individuals....'

'They were non-judgemental and helpful'

'I have spoken with staff at the Sexual Health Service who assure me they are there for everybody'

Amongst the 32% stating a less positive experience the comments related to the following:

- Lack of LGBT+ information (2 people)

'I don't see any sexual health information in regard to keeping sexually safe as an LGBT+ person'

'Limited information available regarding services'

- Stigma (1 person)

'I have accessed this service a number of times over the years and there is still some stigma around the LGBT+ community. Once...I asked some questions about staying safe, I was then met with derogatory comments saying that bisexual people were the reason why STI's get passed around and they are the reason behind the acceleration of the HIV and AIDS epidemic.'

- Lack of visibility of it being LGBT+ affirmative (1 person)

'Nothing to indicate they would be an LGBT affirmative service from their new website 'Know Your Stuff'..... nothing reassuring LGBT+ people that this is the service for them.... No mention of relevant LGBT organisations - maybe the Eddystone Trust should be on there.... Sexual health is a major area of concern and the fact that LGBT+ is not even referred to on the website is a massive omission.'

Other comments include a suggestion for staff to wear rainbow badges and the need for sexual identity to be discussed to avoid wrong questions being asked. Another person commented on the attitude of 'older staff' which made them feel they were in the wrong place.

Responses consistently suggest that visibility of LGBT+ logos/posters is required along with more LGBT+ related information.

7. Do you think Social Care services show an understanding of you as an LGBT+ person?

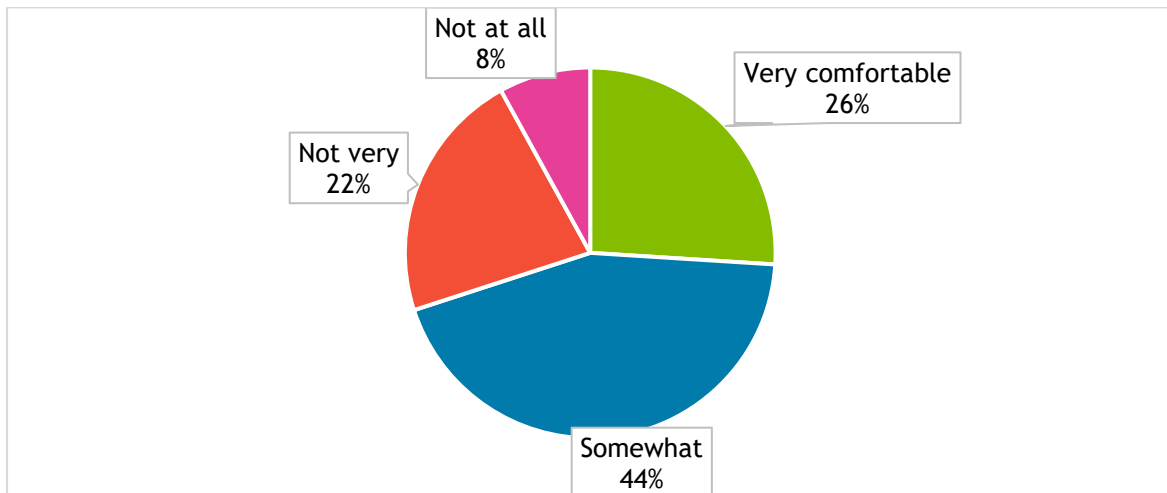
65% of respondents hadn't accessed Social Care services. Of the 35% who had there was a near even split between positive and negative experiences. One respondent commented:

'Not very accepting of alternative family set ups. Counties in the South of the country so much better.'

Another commented:

'Some are beginning to improve - Age UK is running LGBT+ awareness training with Out2gether to improve these services but there is a long way to go.'

8. How comfortable are you as an LGBT+ person discussing your health needs with a healthcare professional?



70% of respondents indicate a level of comfort about talking to healthcare professionals, a small number of comments were left and include:

'Never had any issues where the care provider has presented any barriers to open communication'

'Never had an issue'

'I think they need to know everything in order to help decide what is required'

'I'd discuss it if I needed to... would only bring it up in conversations if asked or if I felt that it was relevant to the conversation'

'I feel confident to challenge a member of staff if they misunderstand me'

30% of respondents indicated being less than comfortable discussing their needs, the most significant reasons given relate to:

- Fear of judgement/stigma (13 people)

'It always seems so difficult, the eye raising or the 'oh I see', it always feels like I'm coming out again every time'

'Fear of judgement and my treatment being planned on that judgement'

'I still feel a degree of stigma as an LGBTQ community member. I think this may be more about my view of health services through the 80's and early 90's, but it's hard to shake off.'

'You are always unsure of people's reactions, whether you will be taken seriously'

- Heteronormative assumptions (5 people)

'There is still an automatic assumption with GP's of heterosexuality.... when I brought up with my doctor about being a gay male they seemed taken aback by the matter and we soon hurried off the topic.'

'Lack of understanding from them, constant misgendering'

'... some default to a script - regardless of the presenting issue - of sending me for a sexual health test (like we are more likely to have and STI or STD). Once I went to the GP presenting with symptoms of anxiety which was quickly met with 'we will send you for some STI tests.' It seems the normal thing to do when dealing with someone from the LGBT community as I am not the first one to experience this.'

5 people stated they didn't feel their sexuality was relevant to any discussion with a healthcare professional.

Encouragingly 70% of respondents felt more comfortable discussing their needs. However, fear of judgement and stigmatisation still exists and it is felt more training and awareness is required for healthcare professionals.

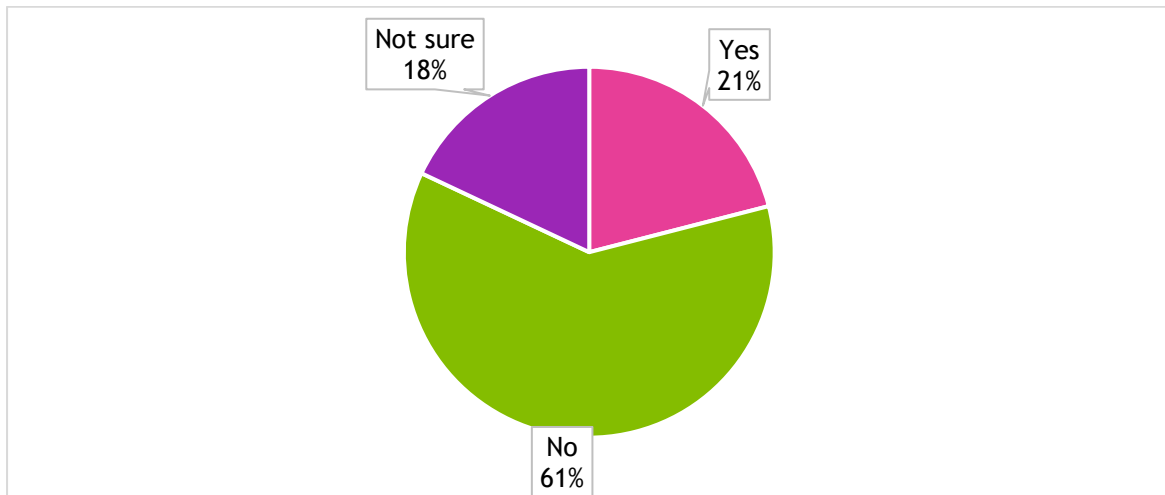
9. Do you have any experience you would like to share about any other health or social care service?

A concern was expressed by one person about the Tavistock and Portman Clinic in London:

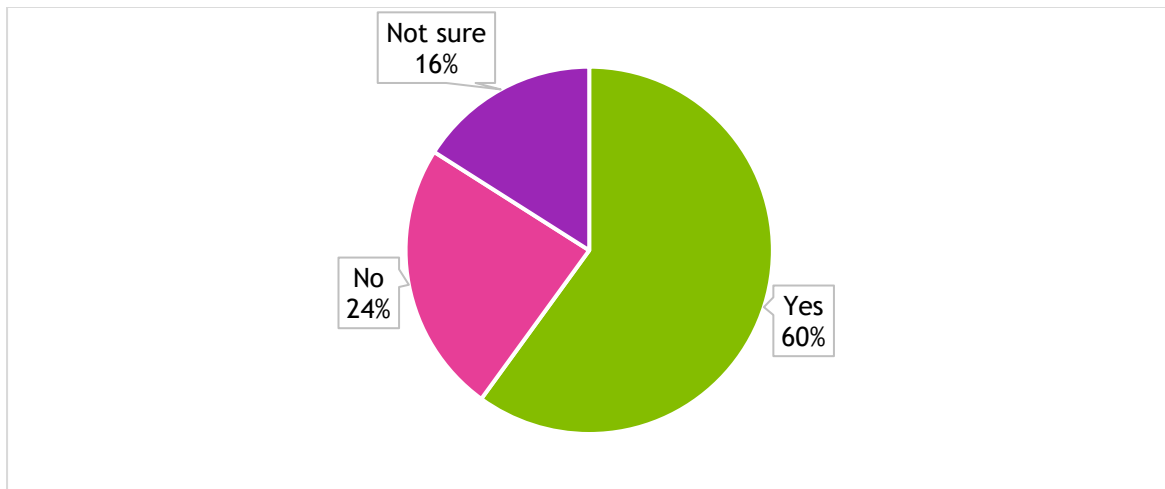
'... they have no Trans people working there and don't seem to know anything about us. They probe and pry into my childhood and trauma then send me on my way with no support. I dread going and it's an uncomfortable experience I have to go through to get hormones and surgeries I need.'

One person mentioned the lack of availability of mental health services for those who can't afford to pay privately, and another person raised the matter for unisex toilets to be standardised in schools.

10a. Have you experienced negative attitudes related to your sexuality or gender identity when accessing or trying to access services in the last 12 months?

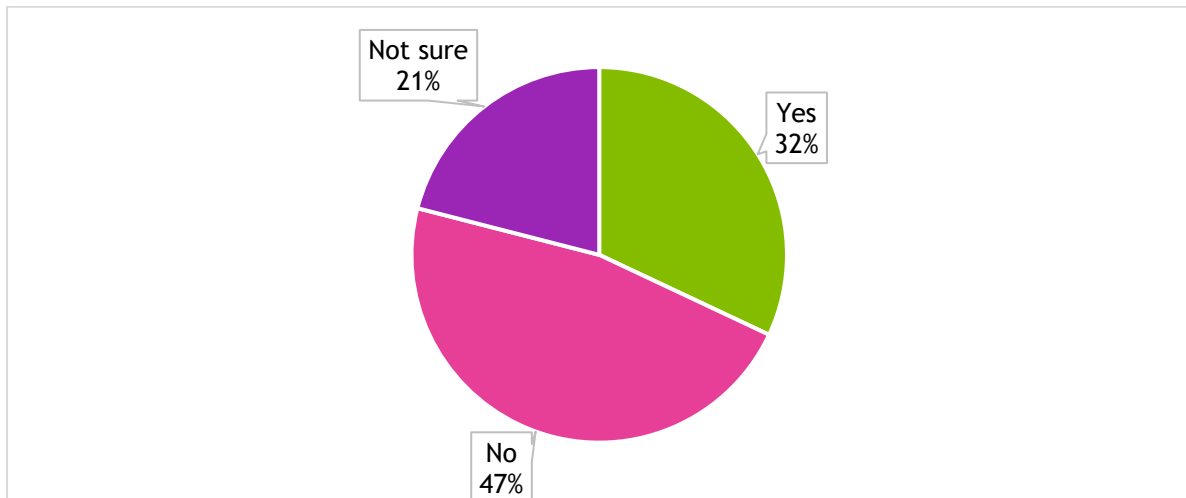


10b. If you felt you had experienced attitudes in relation to your sexuality or gender identity, would you feel you could talk to somebody about your experience e.g. a friend/relative/professional?



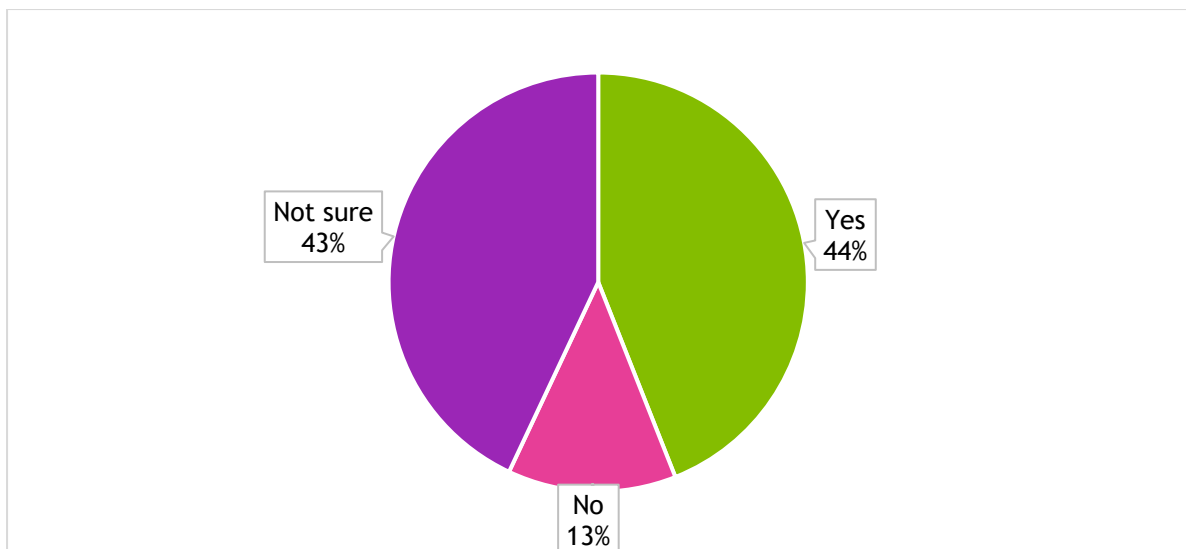
Positively the majority of respondents haven't experienced negative attitudes to them as an LGBT+ person and if they did, 60% report they could talk to someone about their experience. However, it is important to note that 40% of respondents are either unsure or wouldn't feel able to talk to someone.

11. If you felt you had experienced negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you know how to report it?



Only 32% of respondents would know how to report an experience of negative attitude, however, 68% said they either weren't sure or didn't know. Promotion of information about how to make a complaint should be significantly improved amongst health and social care services.

12. If you felt that you had experienced negative attitudes in your health and/or social care relating to your sexuality or gender identity, would you report it?



44% of respondents said they would report it, however, it is of note that the majority were either unsure or would not report an incident. It would be useful to promote information about how to make a complaint in waiting areas. Creating a visibly safe environment and increasing staff training around LGBT+ issues may be an enabler in improving this current rate.

13. Are there any things a service has done really well in relation to LGBT+ awareness that you think other service providers could learn from?

Positive examples given were:

- Visibility of being an LGBT+ affirmative environment (4 people)

The wearing of rainbow badges by some NHS staff was highlighted as a positive initiative.

The impact this can have is indicated by the following comments:

‘Just wearing rainbow lanyards helps as you may feel more able to talk to someone who has awareness....’

‘NHS rainbow badges and the pledges that go with them should be rolled out across all services’

‘I like the Worcestershire NHS Trust campaign that staff wear LGBT+ badges to show they are inclusive and open to talk about LGBT+ issues’

- Sexual Health Clinics were recognised as providing excellent service (2 people)
- HIV Service was commented on as being ‘really good’ (1 person)
- Staff at the Alexandra Hospital were praised for the awareness and understanding they showed in recognising an LGBT+ person as the primary carer in an end of life situation (1 person)

‘....my place as his friend and primary carer was respected and supported by the ward team. I do feel that the LGBTQ+ dimension was respected.’

- Residential Care: Age UK are providing LGBT+ awareness training to staff at some residential care homes (1 person)

The need for awareness training in these settings was also captured via our focus group, cases have been identified of LGBT people feeling uncomfortable ‘being out’ for fear of stigma and discrimination from fellow residents.

14. How do you think health and/or social care services can be improved for LGBT+ people?

- Awareness raising and staff training (20 people)

The majority of responses to this question related to a need for more awareness training to be provided to health and care staff, comments include:

'By providing training for all other staff who don't identify as LGBT+ so as to ensure there is clear understanding about how LGBT+ people feel.'

'.....some good training for all especially GP's and receptionists'

'....by providing training for all other staff who don't identify as LGBT+ so as to ensure there is clear understanding about how LGBT+ people feel'

'There should be no attitude or looks of dismay, more training and awareness of LGBT issues'

'Awareness raising that some of us feel nervous about disclosing because of possible reactions.'

'Better staff awareness of LGBT+ issues and why LGBT+ people might be reluctant to disclose their sexuality'

'Get some LGBT+ people working in the gender services'

- Visibility of being an LGBT+ affirmative environment (6 people)

This theme has consistently been identified as an issue throughout the survey responses, members of the LGBT+ community are stating the importance of seeing positive imagery or use of LGBT+ logo's/badges to reassure them they are in a 'safe space'. Suggestions include:

- Use of LGBT+ logo's and information leaflets
- Increased use of NHS rainbow badges

One respondent said:

'Services need to do their part to show their allyship by making it clear their spaces are safe ones for Queer people e.g. having more LGBT+ people showcased on posters/advertisements for healthcare..... I think this is one of the most important criteria than can influence positive change and experience for the LGBT+ community in Worcestershire. As hate crimes are drastically on the rise..... allies need to do more to tackle ignorance and intolerance.'

- Information on fertility treatment for same sex couples (2 people)

'There are lots of pick up leaflets around for many different things in the hospital, but I've never seen any on getting pregnant as a lesbian couple'

There was also a suggestion for improving GP's awareness and understanding of the processes.

- Use of pronouns (2 people)

The appropriate use of pronouns was mentioned in relation to forms used in NHS services and for the use of gender-neutral words.

- Avoid making assumptions (2 people)
- Dedicated ‘one stop service’ for the LGBT+ community was suggested like the model on Canal Street in Manchester (1 person)
- Confidentiality (1 person)

‘Ensuring a patient knows that anything related to their sexual or gender identity will be confidential, especially in regard to informing parents of a patient if they’re under 18, unless strictly necessary.’

15. Are there any experiences - positive or negative - specifically relating to gender identity that you would like to tell us about?

Positive comments (2 people):

‘My experience has always been positive, either I have been lucky, or I have never been demanding of anything other than non-gender specific assistance’

‘GP receptionist was lovely when as a Trans man I was getting my Depo....no questions just treated me normally’

Negative comments:

- Forms and pronouns (2 people)

‘On some forms there isn’t always a choice of putting different genders on the form’

‘Chemists need training, I was pulled to one side as a ‘Mr’ getting my pill. Need an Mx on prescriptions, they know nothing about nonbinary’

16. Are you a carer?

By this we mean someone who supports a relative, partner or friend who is ill, frail, disabled or has mental ill-health or substance misuse problems and who can’t manage without their help.

15 respondents identified as carers and subsequently 9 said they are recognised as a carer by health and/or social care services. Respondents to this question were asked if they would like any LGBT+ specific support in their caring role. 6 people wanted a support group and one person wanted some social activities.

2. Engagement Feedback

With the help of Out2gether, we spoke to 18 adults via two focus groups at the Hive in Worcester.

For the focus groups we primarily explored people's experiences of GP, hospital and mental health services. Across the three service areas we heard about experiences which mirrored the themes identified in the survey findings.

GP Services

Lack of LGBT+ visibility or representation

There was general agreement from all participants that visual imagery of LGBT+ logos and posters showing same sex couples would be welcomed as an indication of the surgery being an LGBT+ affirmative environment. Several people said they would like to see information leaflets relevant to LGBT+ issues available in waiting areas.

Another suggestion was for surgery staff to wear the NHS rainbow badges. The consensus was summed up by one participant who said:

'Tell us you are LGBT+ friendly - don't assume we'll know'

Heteronormative and homophobic assumptions

As previously mentioned, the lack of LGBT+ information or representation in imagery was believed to be perpetuated by ongoing heteronormative and sometimes homophobic assumptions.

Many shared experiences of their Doctor making assumptions and personal comments and the impact of these experiences. All participants shared the experience of having to 'come out over and over again' and how difficult this is for fear of being judged. Discussion took place about potential solutions to this and included a suggestion for there to be a GP Champion identified in practices.

Lack of training and awareness

There was widespread agreement that more training and awareness is required for GP surgery staff. Some found the triage system used by reception staff (Care Navigators) uncomfortable when required to explain their reason for wanting a GP appointment.

Some participants felt their GP's lacked understanding about gender identity issues and lacked knowledge about the gender transitioning process. Some experienced inappropriate signposting and referrals, which were sometimes exacerbated by their medical records not having been appropriately updated. It was felt that

more information should be available to them and training provided. This was seen as important going forward for training the next generation of GP's.

Hospital Services

Information systems

Discussion around people's experience of hospital services was largely dominated by the limitations of NHS information systems and their need to cope better with diversity. Examples of this included standard forms being designed in a heteronormative manner - no accommodation for non-binary and use of appropriate pronouns. It was felt that hospitals should have policies in place about how to deal with non-binary people.

Data

This raised concerns about the risk for the exclusion of the LGBT+ community due to the lack of data capture and the subsequent lack of monitoring opportunities to ensure equality of opportunity and inclusion. The need for an intervention was suggested to ensure diversity is accounted for.

Same sex wards

A suggestion was made for the need to ensure hospitals closely follow the NHSE Guidance on Delivering Same Sex Accommodation (September 2019) Annex B - Delivering same sex accommodation for trans people and gender variant children.

Lack of training and awareness

It was generally felt that all hospital staff would benefit from LGBT+ training and awareness.

Lack of LGBT+ visibility or representation

Again, the lack of LGBT+ affirmative imagery was raised and concern expressed for the consistent use of heteronormative posters/images in information leaflets and signage.

Mental Health Services

Heteronormative and homophobic assumptions

Many participants shared experiences in relation to the issue of assumptions being made about either their sexuality or gender identity and the challenges this poses for the LGBT+ community.

A number of people had experienced mental health professionals making the assumption their mental health issue was a direct correlation to their sexuality. Experiences included:

'When I tried to access mental health services via my GP, I told them I was gay, I was then told my mental health issues were because I was gay and I had a choice'

'When I was younger and accessing counselling through the NHS, I didn't tell the counsellor I was gay and later when I did, she got cross with me and said I'd undermined the counselling.'

'It is a complicated area - I don't have mental health problems as a direct result of being gay but the whole cultural thing makes it difficult. I am gay and I have mental health problems'

Discussion encompassed the need to increase visibility of same sex couples to challenge heteronormative assumptions, one person stated:

'We need to move beyond homophobia. Everywhere you go in the health service there is an assumption you are straight, when I went for my smear test the nurse just assumed I was straight. All leaflets show pictures of man/woman and child'

Another conversation highlighted the need to build trust for older people who lived through the era of the Local Government Act - Section 28. Section 28 meant that LGBT groups and clubs around the UK were forced to disband and LGBT-themed literature was off the shelves in libraries. It meant that positive depictions of LGBT life were completely removed in schools. One person explained:

'As an older person I fear the consequences of coming out. Friends of mine were subjected to Electroconvulsive Therapy for being gay. The medical profession needs to work to overcome mistrust, especially with older people'

Awareness and Training

This was a factor in relation to all discussions and highlighted as an underpinning factor to improve the experiences for the LGBT+ community.

Adult Feedback - Summary

Whilst some LGBT+ people have positive experiences with health and social care services in Worcestershire, feedback suggests more needs to be done to address the consistent themes that have emerged from our findings.

Feedback via engagement and responses to our survey suggest that the LGBT+ community feel the need for greater awareness and training across all health and social care staff. There is a need to move away from heteronormative and homophobic assumptions and make health and social care settings more LGBT+ affirmative.

More information is required in regard to LGBT+ health and social care issues and should be made available across all relevant services and their websites.

Section C

Young People's Survey and Engagement

We carried out a survey and engagement with young people who identify as LGBT+ or questioning. We wanted to hear their feedback and ideas about accessing information, support and advice in relation to sexuality and gender identity. We also wanted their experiences of LGBT+ awareness and acceptance and how services such as GP practices and hospitals could be more LGBT+ friendly.

98 young people completed our survey and 22 young people took part in individual or group discussions as part of our engagement.

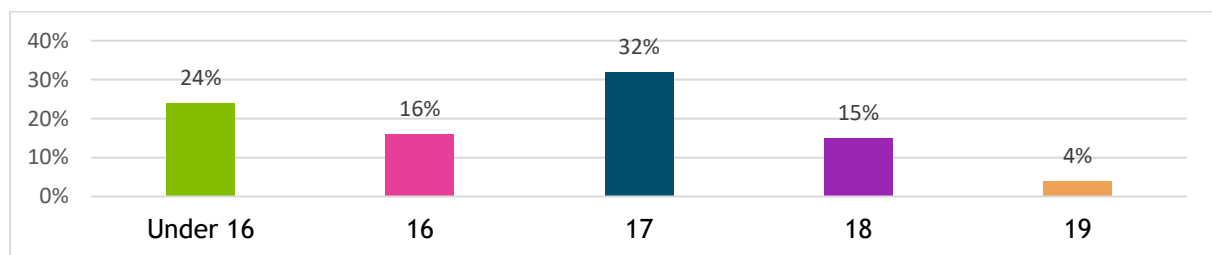
1. Young People's Survey

The majority of the surveys (78%) were completed online. The survey was promoted to 16 to 19 year olds via Facebook, Twitter and Healthwatch Worcestershire's news bulletins and via our network of local voluntary organisations and groups - HWW Reference and Engagement Group - and other local youth organisations and groups. It was also sent to schools, colleges and Worcestershire Children's First for distribution.

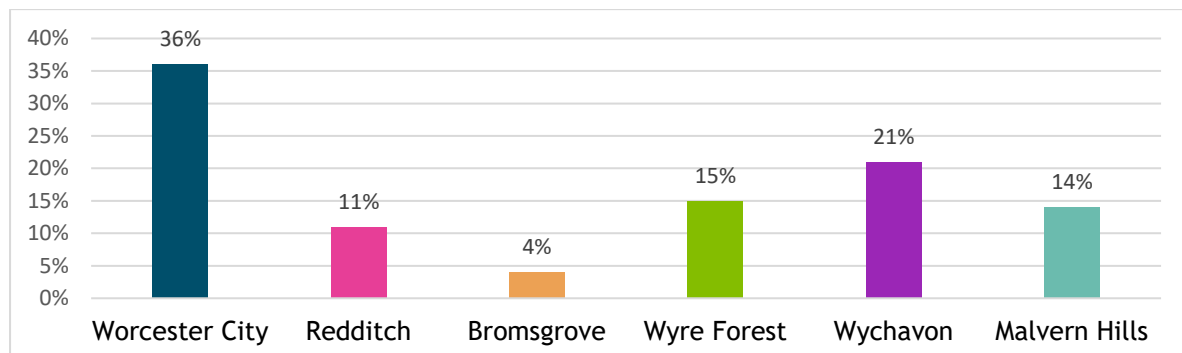
Paper copies of surveys were also completed by young people attending groups including Out2Gether Youth in Malvern, Pershore High School LGBT+ club and Your Ideas in Redditch.

Who completed the survey?

- Age of participants



- Where they live

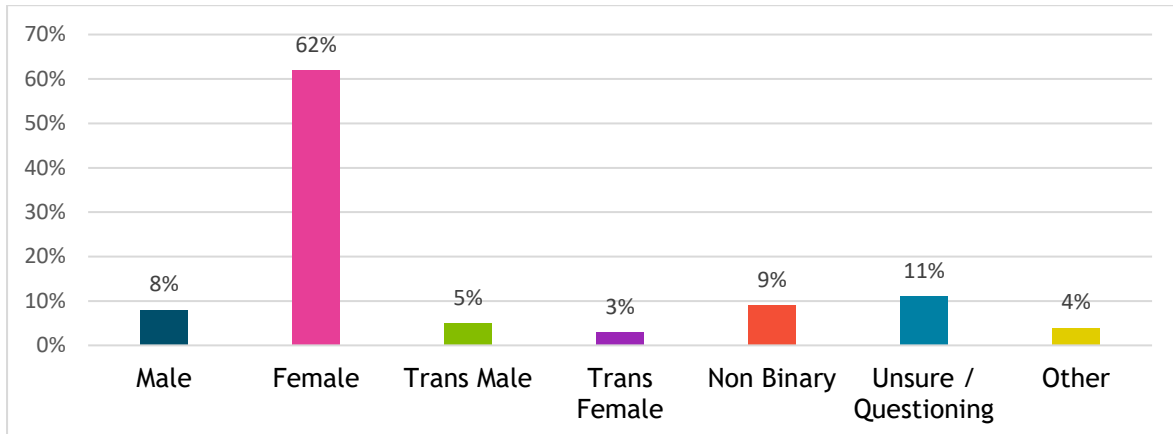


We received a response from young people across all Districts of Worcestershire.

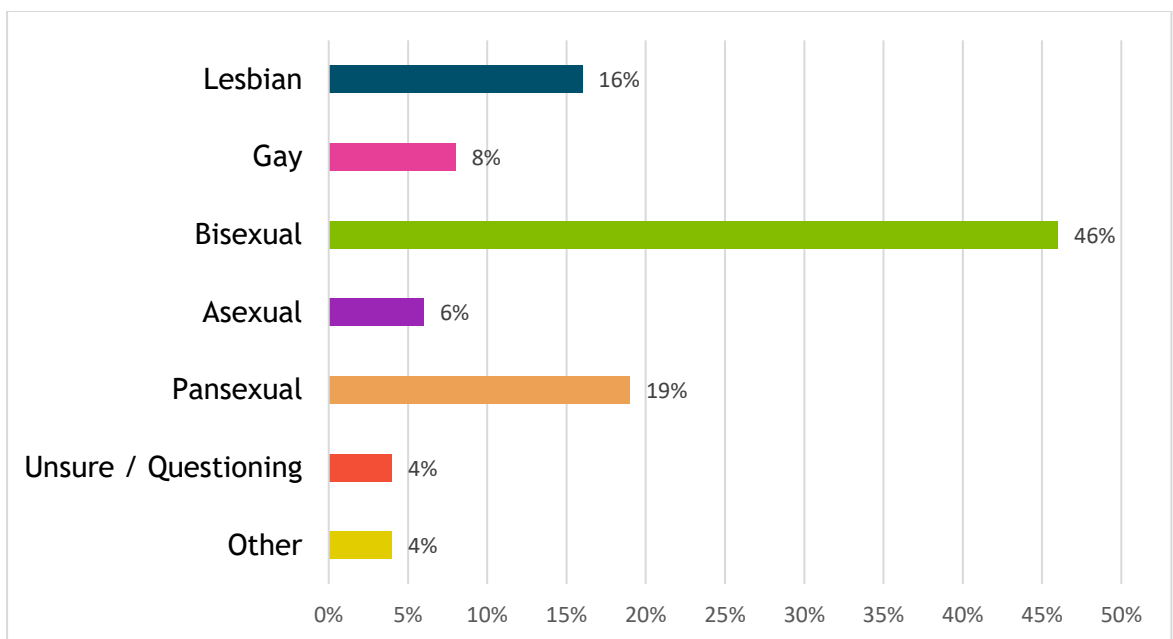
84% of the young people identified as White British. Other ethnicities in order of prevalence were: White Other, Mixed White and Caribbean, White Gypsy / Traveller, Asian Indian, Asian Pakistani and White Irish.

How did the young people identify?

- How do you describe your gender identity?



- How do you describe your sexuality?



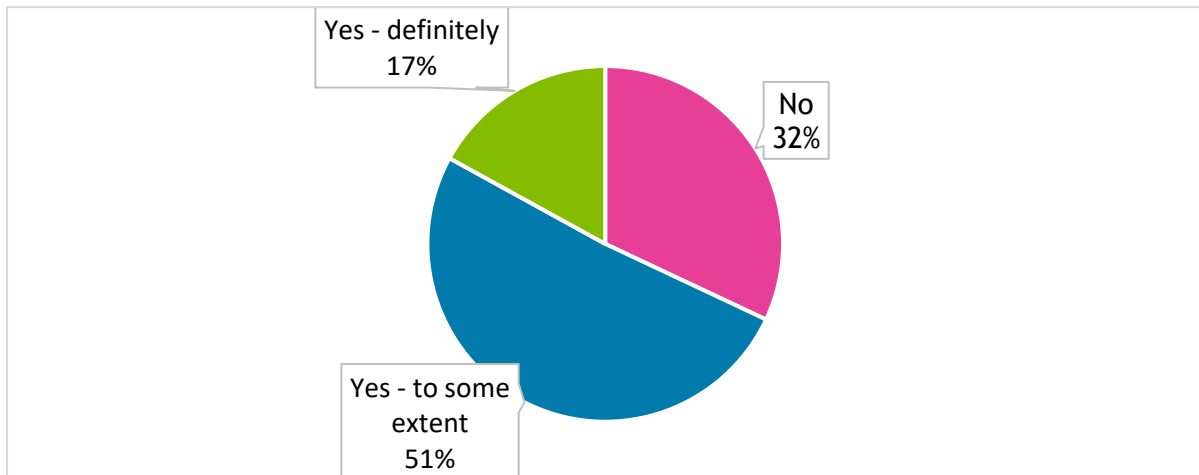
Responses show that the highest proportion (62%) identify as female. However, 9% of the young people identified as non-binary and 11% were currently questioning or unsure of their gender identity. Only 1% of respondents to the adult survey told us they identified as non-binary.

The highest number of young people (46%) identified as bisexual, followed by pansexual (19%). These were higher than the numbers from the adult survey identifying as bisexual and pansexual.

Differences in response between adults and young people may reflect that young people are still on their journey in relation to their identities.

1. Having someone to talk to and accessing support

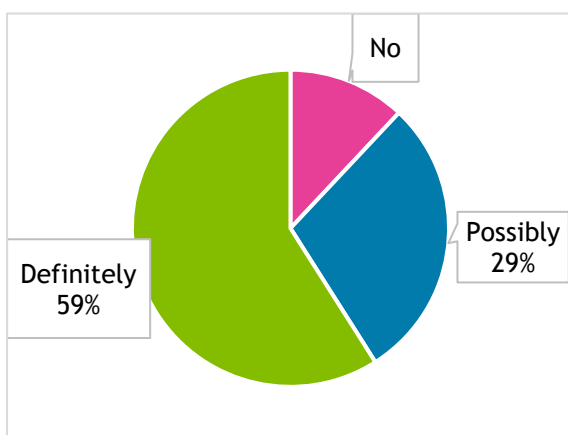
i. Do you feel you know who you can talk to or how to access support, if you needed to about any issues or concerns relating to sexuality or gender identity?



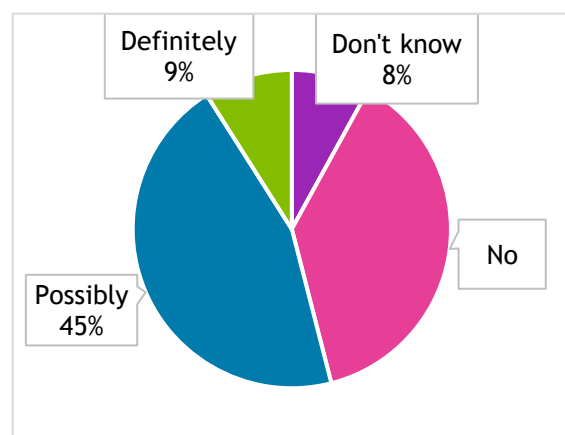
The majority of the young people told us that they felt they knew who they could talk to, either definitely, or to some extent about any issues or concerns relating to sexuality or gender identity. However 32% did not know who to talk to or how to access support.

ii. Do you feel able to talk to friends and family about issues or concerns relating to sexuality or gender identity?

Friends:



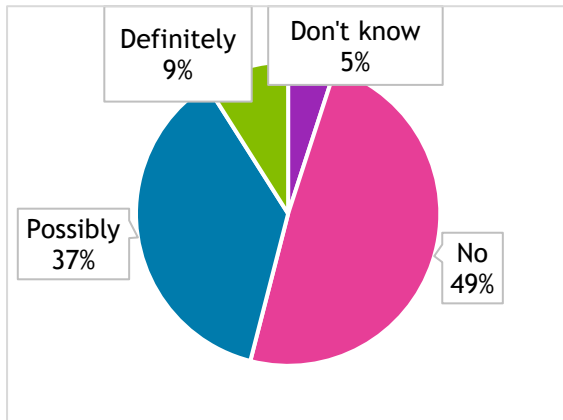
Family:



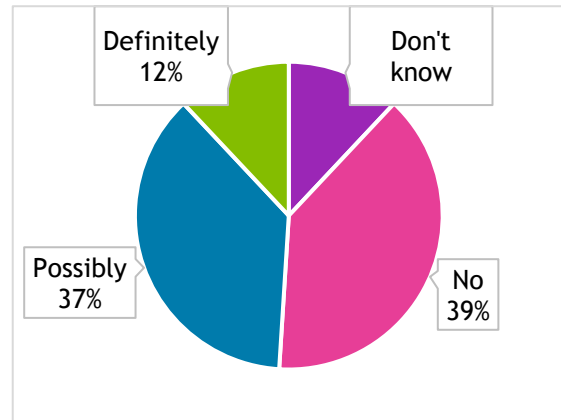
Most of the young people felt they could definitely or possibly speak to their friends about issues or concerns relating to sexuality or gender identity. However, only 9% felt they could definitely talk to their families.

iii. Do you feel able to talk to staff at school or college about issues or concerns relating to sexuality or gender identity?

Teachers at school / college:

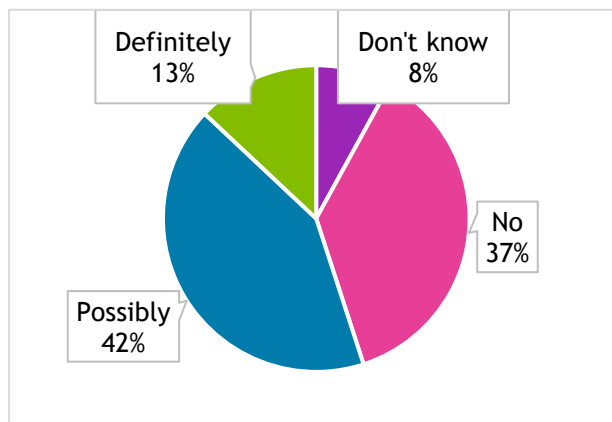


Support staff at school / college:



The young people had mixed views about whether they felt able to talk to someone at school or college, with very few feeling they could definitely speak to either the teachers or support staff and less than half feeling they could definitely or possibly speak to staff at school or college.

iii. Do you feel able to talk to a Doctor or Nurse at your GP practice about issues or concerns relating to sexuality or gender identity?



Only 13% of young people felt they would definitely feel able to raise issues or concerns relating to sexuality or gender identity with their GP and 37% told us they would not feel able to at all.

iv. Reasons for not feeling able to talk to people about issues or concerns:

- Fear of judgement or being scared (20 people)

'You can't tell who is homophobic or if they'd know what to do or tell me. If they are homophobic, what consequences are there if I open up?'

- Feel awkward or uncomfortable (9 people)

- Would only discuss with limited friends / close family (6 people)
'Only feel able to talk to friends who are in a similar position and having same experiences'
- Parents do not know or do not understand (5 people)
'Parents are not supportive'
- Don't want to talk to anyone (4 people)
- Religion or cultural reasons (3 people)
'It's not really accepted within my culture'
'Family are staunch Catholics and believe my behaviour is sinful'
- Lack of understanding and awareness generally at school (2 people)
'It is expected that most students are entirely heterosexual... homophobic language is now far more common than it ever was. Altogether, the atmosphere is a little uncomfortable, and the stigma around homosexuality and gender identity is still very much in tact.'
- Not feeling individual teachers would understand or know what to say (2 people)

v. Who else would young people feel able to talk to?

- No-one else (6 people)
- Internet / online forum (3 people)
'Ditch the Label... has an online forum whereby you can talk about anything from bullying, sexuality, relationships etc. Very good!'

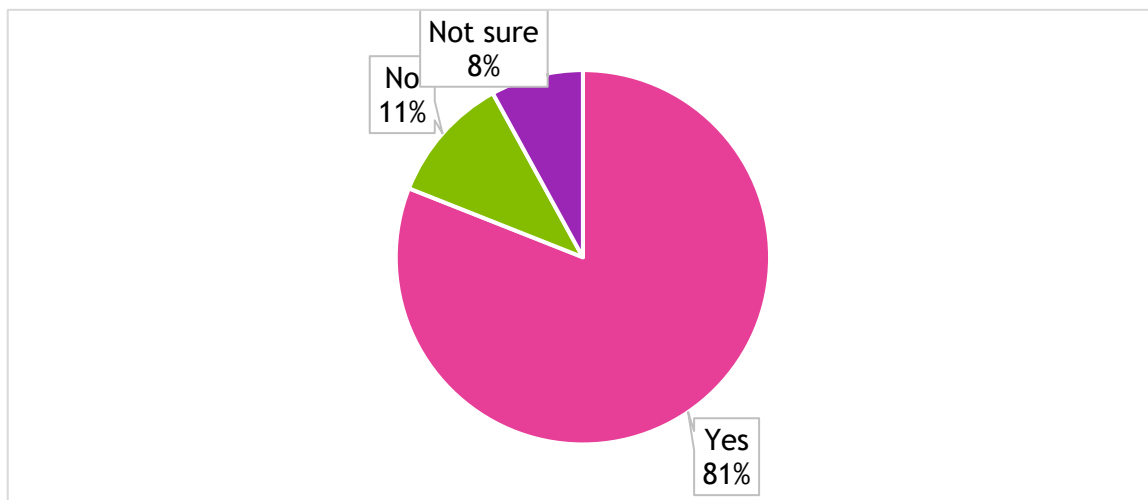
Other suggestions included support groups and therapist.

Responses show that 32% of young people do not feel that they have anyone to talk to about issues and concerns relating to sexuality or gender identity. While most feel able to talk to their friends, less felt able to talk to their families, their GP or support and wellbeing staff at school and nearly half said they would not feel able to talk to teachers at school or college.

On the whole young people did not feel able to talk to people because of concerns about the reaction and understanding of others.

2. Experiences of negative attitudes

Have you experienced any negative attitudes from other relating to sexuality or gender identity?



Responses show the majority of young people (81%) had experienced negative attitudes relating to sexuality or gender identity.

Additional comments about experiences of negative attitudes

- Direct face-to-face experiences of name calling, negative comments and bullying (15 people)
 - 'I've been bullied, alienated, mocked, verbally attacked and experienced crude propositions'*
 - 'In Worcester when walking down the high street'*
 - 'Particularly in High School where staff were unhelpful in responding to homophobic attitudes'*
- Indirect experiences of negative comments - directed at others or comments suggesting lack of understanding and acceptance (11 people)
 - 'I never came out to him because he would regularly go on about how he didn't like us'*
 - 'I know that my family is anti LGBT from their comments and remarks'*
- Online (3 people)

The responses show that the majority of the young people had experienced negative attitudes relating to sexuality or gender identity. This included comments made verbally directed to them individually and more generally and online.

3. Information and Support

What kind of information or support do you think would be helpful for young LGBT+ people?

Young people made 104 comments about information or support they felt would be helpful. Listed in themes they were:

- Youth groups or support groups - in schools and community run (26 people)
 - 'The group saved me. Only time I could be myself'*
 - 'So we can meet other people going through the same experience as us'*
- LGBT+ lessons and awareness raising in schools (18 people)
 - 'Have it discussed more in schools so there isn't such a stigma around it'*
 - 'Education at younger age is important'*
 - 'Someone in schools that specialises in gender identity and sexuality'*
- Information about LGBT sex and sexual health (14 people)
 - 'Information about sex and sexual health so young people don't have to rely on searching online'*
 - 'There is a desperate need for LGBTQ+ sexual education - it is not discussed, at all, in schools.'*
- Promoting positivity and celebration of LGBT+ identity and Pride events (9 people)
 - 'Knowing its okay to be different. It makes you feel strong when you walk down the high street with all your community'*
- More general LGBT+ awareness (7 people)
 - 'It being normalised and on posters and TV shows and just making it appear normal'*
- Availability of general information about LGBT+ and different identities (6 people)
 - 'So they can be informed and learn about possible identities that they think work best for them'*
- Having drop in sessions or someone to talk to when they need it (6 people)

- Information and support about how to deal with bullying, negative attitudes and being different (5 people)
- Online support (2 people)
- Mental health support (2 people)
- Information about gender identity / being transgender (2 people)
- Quicker access to gender identity service (2 people)
- Information about where to go if you need support (2 people)

Other suggestions included information about equality and discrimination laws, training for School Health Nurses, network within Worcestershire to distribute information to schools about access to clubs and advice.

Responses suggest that LGBT+ support groups, awareness raising in schools and information about sex and sexual health would be the most helpful for young LGBT+ people. Promoting positivity and general LGBT+ awareness and information are also important.

4. Health Services

How could health services - like Doctors and Hospitals - become more LGBT+ friendly?

Young people made 66 comments about how they thought health services could become more LGBT+ friendly. Listed by theme, they were:

- Not making assumptions about sexuality or gender identity (17 people)
 - 'Don't assume sexuality, gender or sexual activity'*
- A visual display that they are LGBT+ friendly and it's a safe space (12 people)
 - 'Staff wearing rainbow lanyards or something like a pin so LGBT people know they are allies'*
 - 'Having the flag somewhere'*
- Show respect and understanding (6 people)
 - 'Be inclusive and non-judgemental'*
- Understanding of trans people and issues (6 people)
 - 'Accepting a person's gender and allowing to be on the correct wards'*
 - 'Use the correct pronouns for people who are trans'*
- Giving gender neutral options e.g. on forms and toilets (5)
 - 'More gender-neutral options e.g. Dear Sir / Madam, Son / Daughter'*

'Not just male and female on the forms... preferred pronouns and identifies as'

- Training / awareness for staff (4 people)
- Provide information about mental health support (4 people)
- Confidentiality from parents (3 people)
- Providing sexual health information and contraception (3 people)
- Normalise being LGBT (3 people)
- Not singling out LGBT or drawing attention (2 people)
- Work with schools to distribute health information (1 person)

Responses show that young people feel awareness, understanding and feeling safe are important in ensuring that Doctors and Hospitals are LGBT+ friendly.

2. Engagement Feedback

We spoke to 22 young people, age 13 to 18, in small groups and individually at the LGBT+ Youth Group at The Hub in Bromsgrove, the LGBT+ Flannel youth group at Kidderminster District Youth Trust and at a Focus group held at Worcester Sixth Form College.

Talking to others about issues and concerns

Although most of the young people felt that they had someone to talk to about issues and concerns relating to sexuality and gender identity, this was mainly because they felt able to talk to people at the group they attended or with other LGBT+ friends or peers. On the whole they felt less able to talk to their family or someone at school.

Talking to family

Some of the young people said that this was difficult because parents did not understand or accept their identity. In some cases they thought they were 'too young to know' about their identity. Some thought their parents saw it as being more sexual rather than about their sense of identity and therefore they were too young to understand or attend events like Pride. Some said they could appreciate that it might be difficult for their parents to understand. They thought it would be helpful for their parents to have more information or have an opportunity to attend a meeting or session for parents to find out more, ask questions and talk to other parents about their experiences.

At school and college

Very few of the young people felt able to talk to either teachers or support staff at school or college. With younger teenagers this tended to be because of concerns about sharing information with their parents, or the school following parents' wishes over the young person in relation to gender identity.

Some did not feel that teachers or other staff at school would understand, especially around gender identity and it would be helpful if there was information and training available for staff or someone who could speak to school help explain things to them.

Many felt that their schools (current and previous) did not allow open discussion or awareness of LGBT+ which made it more difficult to feel able to raise an issue or concern. None of the young people had received any PHSCE lessons (Personal Health, Social and Citizenship Education) that covered LGBT+. The older teenagers told us that sex education had not made any reference to LGBT+. They all felt it was important that these issues were covered in all schools and that schools made sure to promote opportunities such as local youth groups and other information and support available.

All of the young people said they had experienced negative attitudes from others, either directly or indirectly, in relation to sexuality or gender identity. This was mainly at school in the form of name calling or deliberate misuse of pronouns. The older teens also felt that social media enabled others to make negative comments more easily, sometimes just to try and provoke a response.

Support Groups

Many saw the groups they attended as providing them with an important opportunity to meet others who share their experiences and ask questions. Some raised concerns that for those young people unable to access a group, their only source of information could be online information which is not always age appropriate. They were also aware that not all young people have access to a local group or would be able to go without discussing with their parents and having their agreement.

Some young people told us they would like there to be more social activities locally, including Pride and Pink Picnic events in local towns and social meeting points such as LGBT+ friendly cafés.

Online information and support

Many of the young people said that they had accessed information and, in some cases, support online. They felt that it was good that information could be accessed in this way, but that it was important young people were given information about trusted sites to use.

Health Services

Although some felt that they could talk to a Doctor or Nurse at their GP practice, younger teenagers were worried about them telling their parents and many worried that they might not understand or judge them. A couple of the young people said that they had needed to give information to their Doctors in relation to gender identity and transitioning.

Most thought it is important that Doctors have an understanding of LGBT+ issues and in particular gender identity, transitioning and services and support available.

The young people told us it would be helpful if there was a way of knowing that the Doctor or Nurse is LGBT+ friendly and has an understanding of LGBT+, for example by wearing a badge or a rainbow lanyard. They also suggested having a poster or display to show that it is a safe space.

Older teenagers felt there needed to be easier access to sexual health services. Drop-in sessions at college were no longer available and appointments needed to be pre booked. They thought that going to sexual health clinics, for example in Worcester, could be daunting and might not be available when you needed it.

A few of the young people had accessed mental health support and did not feel that those supporting them had a full understanding of sexuality and gender identity.

Young People's Feedback - Summary

The feedback from young people from the survey responses and engagement shows that they feel there is a need for a greater awareness and understanding about LGBT+ in schools, health services and in general. They feel that access to support groups or someone they can talk to with shared experiences and understanding is important. Young people told us they would like more information about LGBT+, in particular in relation to understanding identities, gender identity and transition, sex and sexual health.

The responses from young people highlight that despite the legal changes and increased awareness of different sexual orientation and gender identities, discrimination and lack of acceptance is still a very real issue for young LGBT+ people. Increased understanding and support is vital to ensure their future health and emotional wellbeing.

Section D

Conclusions and Recommendations

I. Health and Social Care Services

The findings from our survey suggest that many adults who identify as LGBT+ feel the health services they have accessed have shown an understanding of them as an LGBT+ individual, including GP practices and Hospitals and in particular Accident and Emergency Departments and Sexual Health services. Generally, people reported feeling comfortable or somewhat comfortable discussing their health needs with a healthcare professional and able to talk to someone if they experienced negative attitudes in relation to their sexuality or gender identity.

However, the survey findings and engagement feedback also suggest that many LGBT+ people in Worcestershire feel they have experienced barriers and inequalities when accessing local health services. Across all the health services some respondents told us they did not feel there was an understanding of them as an LGBT+ person. In particular, 44% of respondents told us they did not think mental health services showed an understanding of LGBT+. Specific issues highlighted by adults and young people included: lack of LGBT+ visibility and representation within health services, a need for increased awareness and training, assumptions being made on the basis of sexuality and gender identity, and information and data collection systems not accounting for diversity of gender and sexuality. Many adults were not aware of how to raise a complaint should they experience negative attitudes in relation to their gender identity or sexuality. Many of the young people we spoke to had concerns about confidentiality when talking to health professionals.

Recommendations for Health and Social Care Services

Herefordshire and Worcestershire Clinical Commissioning Group, Worcestershire Health and Care NHS Trust, Worcestershire Acute Hospital NHS Trust, Worcestershire GP Practices and Worcestershire County Council should consider:

LGBT+ Awareness and Training

1. How to promote a positive culture and attitudes towards LGBT+ people within services and challenge discrimination, stereotypes and assumptions
2. Increasing awareness and understanding of LGBT+ for all staff
3. Introducing the NHS Rainbow Badge scheme (*where applicable*)

4. Ensuring specific knowledge and understanding of gender identity and gender transformation processes for appropriate staff / services e.g. GPs, sexual health services, adult and children and young people's mental health services.

LGBT+ Visibility within Services

5. Increasing the use of LGBT+ logos and posters in areas such as waiting rooms, reception areas and treatment rooms to give visual reassurance of LGBT+ friendly service.
6. Introducing LGBT+ diversity to images used in information about services, including printed leaflets and publications, website, social media and displays in public spaces.

Information

7. Ensuring relevant information is available - in printed formats within services, on organisation website and promoted online via social media where appropriate about:
 - a. Local sources of LGBT+ information, advice and support groups
 - b. LGBT+ specific health related information - for example, fertility treatment for same sex couples and sexual health.
 - c. LGBT+ specific information on relevant websites, such as Healthy Minds and sexual health clinic website 'Know Your Stuff'
 - d. Support and advice available for LGBT+ carers via Worcestershire Association of Carers
 - e. Confidentiality, in particular for young people about how confidentiality will be maintained and when parents / carers may need to be informed.
 - f. How to raise a concern or make a complaint about the service

Information and Data Collection

8. Ensuring data collection and collation of gender identity and sexual orientation is carried out, to enable a better understanding of health needs and outcomes of LGBT+ community in Worcestershire.

9. Ensuring information systems and forms accommodate diversity of gender identity. For example:
 - a. Ensuring forms do not simply ask to specify either male or female
 - b. Ensuring that staff treating or supporting individuals know their preferred pronouns
 - c. Considering how gender specific information is presented e.g. Mr / Mrs / Miss being used on screens calling into an appointment or on prescriptions.
 - d. Screening programmes identifying those requiring screening and considering how this can be carried out in a sensitive way e.g. cervical screening and breast screening.

Guidance on Same Sex Accommodation for Hospitals

10. Ensuring [NHSE guidance on delivering same sex accommodation](#) is followed

II. Emotional wellbeing: Children and young people

The feedback we received from young people suggested that most felt they had someone they could talk to about issues or concerns relating to sexuality or gender identity, mainly friends and in some cases family. However, 81% of the young people who responded to our survey told us they had experienced negative attitudes from others relating to sexuality or gender identity and many felt they were not able to talk about this with staff at school, health professionals and in some cases their families. Findings suggest there is a need for increased information, understanding and support for young people as they develop their own understanding of their sexuality and gender identity.

Recommendations for emotional wellbeing of children and young people

Worcestershire Health and Care NHS Trust, Herefordshire and Worcestershire Clinical Commissioning Group and Worcestershire Children's First should consider:

Information

11. Ensuring relevant information is available - in printed formats within services, on organisation website and promoted online via social media where appropriate about:
 - a) Different LGBT+ identities

- b) Gender identity and transition
- c) Sex, sexual health and how to access sexual health services
- d) Local LGBT+ support groups and youth groups
- e) How to access support for mental health and emotional wellbeing
- f) Trusted sources of online information and support

Advice and Support

- 12. How to support and encourage local LGBT+ groups and support services for young people.
- 13. How to provide LGBT+ information and support for parents / carers.

Schools and Colleges

- 14. Encouraging schools and colleges to:
 - a) Ensure teaching and support staff in schools have an awareness and understanding of LGBT+
 - b) Consider how they could raise awareness and understanding of LGBT+ amongst pupils through PHSCE lessons, assemblies, LGBT+ groups or clubs, displays and events
 - c) Consider how they include LGBT+ information as part of sex education and sexual health promotion

III. LGBT+ Carers

As part of our LGBT+ work Worcestershire Association of Carers were keen to identify any specific issues for LGBT+ carers and how they may be able to develop the information and support they provide. Of the 15 adults who completed our survey who identified themselves as Carers, 6 felt that being able to access a specific support group would be beneficial. It may therefore be useful for Worcestershire Association of Carers to consider if they are able to develop the support they offer in this area.

The feedback we received relating to accessing health and care services also suggests that, as a provider of information and support services for Carers in Worcestershire, it would be beneficial for Worcestershire Association of Carers to consider how they could implement recommendations for Health and Care Services within their own organisation, in relation to: LGBT+ awareness and training, LGBT+ visibility, information and data collection.

Glossary of Terms

Taken from [Stonewall Glossary of Terms](#)

Lesbian - Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

Gay - Refers to a man who has a romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Bisexual - Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender.

Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual, pan, queer, and some other non-monosexual and non-monoromantic identities.

Pansexual - Refers to a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.

Trans - An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Non-Binary - An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Pronouns - Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir

Questioning - The process of exploring your own sexual orientation and/or gender identity.

Homophobic - The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi

Heteronormative - suggesting or believing that only heterosexual relationships are normal or right and that men and women have naturally different roles (*taken from Cambridge English Dictionary*)