

The National



LGBT&T Partnership

VCSE

health &
wellbeing
alliance ■

Including and
empowering lesbian,
bisexual and trans
women

A good practice guide
and toolkit

February 2019

Contents

Acknowledgements and Introduction	2
Leadership	4
Monitoring	6
Services	8
Visibility	10

Acknowledgements

This good practice guide was developed by the National LGB&T Partnership as part of LBT Women's Health Week 2019. The report includes contributions from Sarah Humphreys, ELOP, Emma Meehan and Claudia Carvell, LGBT Foundation, Vicky Worthington, Consortium, and Harri Weeks, National LGB&T Partnership.

The National LGB&T Partnership

The National LGB&T Partnership was established in early 2010, in order to reduce health inequalities faced by LGBT people and challenge homophobia, biphobia and transphobia within public services. As of February 2019, the Partnership combines the expertise of eleven key LGB&T organisations across England. To read more about the partners, please visit <https://nationallgbtpartnership.org/about-the-partners/>.

The partners have a long history of service delivery, working with LGBT people both locally and nationally. Services include 1-2-1 counselling, befriending, peer-support groups, helplines, community leader programmes, testing, advocacy, youth-work, HIV, housing support, drug and alcohol interventions, and much more. This enables the Partnership to act as a catalyst and connector, putting LGBT people and their issues firmly on the agenda of a wide range of decision makers. The Partnership is a Sector Strategic Partner of the Department of Health, Public Health England and NHS England, collaborating with a wide range of organisations as part of the Health and Wellbeing Alliance. It has experience of successfully influencing policy, practice and actions of Government, statutory bodies, and others.

To learn more about the National LGB&T Partnership please visit www.nationallgbtpartnership.org

Introduction

The aim of LBT Women's Health Week is to raise awareness about lesbian, bisexual and trans women's health inequalities, to make it easier for service providers to empower service users and for communities to support LBT women.

The week is also an opportunity to celebrate, highlight and learn from the work of groups and services which provide dedicated support to the women in our communities.

In 2019, the main focus of LBT Women's Health Week 2019 is visibility. We're organising, leading and supporting a number of events and activities, and also providing facts and information to help explain why LBT Women's Health needs to be made a priority.

As part of the week, we're calling on individuals and organisations to make a change. We want to see:

- **LEADERSHIP** roles and positions of influence for lesbian, bi and trans women in the healthcare system and the LGBT and VCSE sectors
- **MONITORING** of lesbian, bi and trans women's sexual orientation and gender identity because if we're not counted, we don't count
- **SERVICES** that recognise the needs of lesbian, bi and trans women, and provide the appropriate support and targeted services where needed
- **VISIBILITY** of lesbian, bi and trans women and their needs and experiences in all aspects of service design and delivery

This guide is designed for any organisation that wants to make changes to better include and empower LBT women. Read on to find out how you can deliver practical change in your organisation under our four campaign areas.

In the healthcare system and in the VCSE sector, we know that strong and diverse leadership is critical to effectively meeting the needs of LGBT communities - and those leaders should include women with lived experience of being lesbian, bisexual and/or trans. However, it remains the case that the specific needs of lesbian, bisexual and trans women can go unrecognised. This may be partially due to a lack of comprehensive evidence, as data on their needs is not routinely gathered.

In addition, data available shows that LBT women face additional levels of vulnerability, disadvantage and underrepresentation. For example, there is evidence from both peer review publications and grey literature that in general lesbian and bisexual women report worse general health than their heterosexual counterpartsⁱ. This may therefore limit women's opportunities to access leadership positions, and without an advocate around the table, LBT women's needs can remain invisible or unmet.

Having the voices of those with lived experience in the room when decisions are made can make a significant positive impact in terms of LBT women's needs being acknowledged and acted upon, as opposed to 'the needs of the LGBT community' or 'the needs of women', both of which often fail to include LBT women. All too often LBT women find themselves placed into one of these categories without acknowledgement of their intersecting identities. It is often said that that LBT women face a 'double glazed glass ceiling' when it comes to leadership and positions of influence and power.

Other evidence shows that:

- Lesbian women are 4.1 times more likely to be unemployed than the general populationⁱⁱ
- A third of bisexual women are not out to anyone at workⁱⁱⁱ
- 35% of trans women have not had a paid job in the last 12 months^{iv}

Actions that can be taken

- ✓ Appoint a LB&T women's champion to advocate at senior levels for the needs of women from LGBT communities, including service users and staff
- ✓ Reserve spaces for LB&T women on decision making bodies to ensure the voices of those with lived experience around the table
- ✓ Use key dates such as LBT Women's Health Week, LGBT History Month, and International Day Against Homophobia, Biphobia, and Transphobia to promote the voices and experiences of LB&T women
- ✓ Monitor the gender, sexual orientation and trans status of staff and service users to better understand the representation of LB&T women at different levels in an organisation
- ✓ Ensure LB&T women employees have access to leadership training and other development opportunities
- ✓ Establish an LB&T women's network within the workplace to give LB&T women greater access to connections and networks that can build confidence and reduce isolation
- ✓ Review your recruitment processes to ensure they are as inclusive as possible, and consider adding an explicit statement to job adverts that particularly welcomes applications from LB&T women

Case Study: Consortium LGBT Women's Network

In 2019 Consortium, the national specialist infrastructure and membership organisation for LGBT organisations, are launching a women's network to provide a space and platform for women working and volunteering for LGBT+ organisations, giving them the opportunity to come together to tackle underrepresentation in the Sector. The network will provide a space for women to discuss barriers, ideas and solutions with their peers, including women who are already leading the way. The network welcomes all women working and volunteering in the LGBT+ Voluntary, Community and Social Enterprise sector including trans and intersex women.

The network will offer peer mentoring, networking and sharing of good practice and resources. By bringing women together to collaborate and develop strong networks, the network will aim to increase the number of women in leading positions in the sector and provide tools and support for future women leaders.

Monitoring

Monitoring the gender, sexual orientation and the trans status of service users and staff allows organisations to understand and better meet the needs and expectations of all LGBT people. Currently, there is a dearth of evidence within the public sector around the specific needs and experiences of LBT women, therefore monitoring is a fundamental first step to building this insight and will help to build an evidence base about the specific experiences of this often hidden group.

The NHS has already taken steps to address this problem, by publishing an Information Standard on Sexual Orientation in 2017. Similarly, the Office of National Statistics has recognised the need to gather this data and for the first time, questions on sexual orientation and trans status will appear in the next UK Census in 2021. The current lack of sexual orientation and trans status data obscures the extent of inequalities faced by LBT women across public services, access to goods and services and wider wellbeing. Data collected through demographic monitoring can be used locally to take action to improve provision and outcomes to better meet the needs of service users and staff.

The collection of data about women's sexual orientation and trans status should be collected alongside other standard demographic information, such as ethnicity or age wherever possible. When done well, the use of sexual orientation and trans status monitoring data can empower people to have open conversations about their identity, enable organisations to signpost to appropriate support, and can also go a long way towards creating a culture of inclusivity and openness within services.

Actions that can be taken

- ✓ Review your organisation's demographic forms and ensure they include inclusive questions on gender, sexual orientation and trans status. Guidance on best practice around monitoring can be found at [lgbt.foundation/monitoring](https://www.lgbt.foundation/monitoring)
- ✓ Cross reference data on sexual orientation with other employee information such as occupation, pay grade, satisfaction, and grievances, to better understand the barriers that LB&T women face
- ✓ Analyse service user data to see who is using your organisation's service and how. Compare your data with data available on the area's wider population to discover potential differences, and target work to improve equality of access
- ✓ Provide staff with LGBT awareness training to ensure that questions about sexual orientation and trans status are asked sensitively and at the appropriate time
- ✓ Review data annually to understand trends and emerging needs of your staff or service user base

Case Study: Fairfax Group Practice

Fairfax Group Practice is a large urban GP practice based in Greater Manchester who implemented patient sexual orientation monitoring in 2012. All new patients are asked their sexual orientation along with other protected characteristics at point of registration. As a result of implementing sexual orientation monitoring, the practice found that LGB patients report they can discuss their problems more openly in what they recognise as a non-judgemental and safe environment. They've also found that 95% of patients were happy with their sexual orientation being recorded on their medical file; with 98% of these patients reporting they understood the important of collecting this information.

Fairfax Group Practice has used the data to influence the way their services are run - for example, they are able to actively encourage patients who identify as lesbian or bisexual to have regular cervical screening, in order to tackle the lower levels of cervical screening uptake amongst LB women.

Services

Growing evidence demonstrates that lesbian, bisexual, and trans women experience a range of health inequalities, and both face barriers to accessing healthcare and have poor experiences when they do. It has also been found that women in our communities have lower levels of trust, report more dissatisfaction with consultations and report poorer communication experiences with healthcare professionals than their heterosexual counterparts.

The Government's 2018 National LGBT Survey report revealed that trans women are more likely to use healthcare services in a 12 month period than lesbian or bisexual women. 21% of trans respondents said their specific needs were ignored or not taken into account when they accessed, or tried to access, healthcare services in the 12 months preceding the survey. 18% said they were subject to inappropriate curiosity and 18% also said they avoided treatment for fear of discrimination or intolerant reactions.^v

According to Stonewall's *Unhealthy Attitudes*, a quarter (24%) of patient-facing staff have heard colleagues make negative remarks about lesbian, gay or bi people, and one in five (20%) have heard similar disparaging remarks about trans people.^{vi} Services that do not take account of the needs of LBT women can exacerbate mental illness and other health conditions as this discourages people from seeking help.

Actions that can be taken

- ✓ LGBT organisations in the voluntary and community sector should consider how to target their services specifically to LBT women, including providing specialist support where possible.
- ✓ Healthcare service providers should ensure that staff receive comprehensive training on LBT women's needs. Training should also include communicating in a non-discriminatory way, without making assumptions about sexual orientation or gender identity (of service users or their partners) to create a safe and respectful environment for everyone.
- ✓ Commissioners of healthcare services should consider the provision of specialist services, where appropriate, to address LBT women's specific health care needs. Co-production approaches working with local LGBT organisations should be considered to better meet these needs.
- ✓ Service reviews should be undertaken to see how services meet the needs of LBT women and actions taken to address shortfalls
- ✓ Commissioners and service providers should also assess, with the involvement of LGBT+ communities, whether mainstream services are accessible to and appropriate for LBT women.
- ✓ Healthcare services should consider the stigma and discrimination associated with lesbian, bisexual and trans women identities, and actively address attitudes or behaviour from staff and service users that is homophobic, biphobic, transphobic, heterosexist or cissexist

Case Study: Birmingham LGBT sexual health services

Birmingham LGBT's sexual health service, in partnership with Umbrella, run the Well Woman Sexual Health Clinic specifically for lesbian and bisexual women. The service is funded by Umbrella Sexual Health (www.umbrellahealth.co.uk), who are the NHS (University Hospitals Birmingham NHS Trust) sexual health service providers for Birmingham and Solihull (Commissioned by Birmingham City Council and Solihull MBC).

This service is a space for women who identify as lesbian or bisexual to access sexual health testing, treatment and advice as well as cervical cytology (smear testing). The clinic runs monthly and is run on a drop in basis. It offers nurse-led STI and HIV testing and treatment; support from Lesbian & Bisexual Women's Sexual Health Outreach Worker, access to LGBT ISVA (Independent Sexual Violence Advocate), offers referral and signposting to their full range of other services and activities, specifically tailored to be appropriate for lesbian and bisexual women.

Visibility

Lesbian, bisexual, women who have sex with women, and trans women have too often been an invisible group within healthcare. Their needs can be doubly hidden, both within the topic of women's health, which often focuses solely on reproductive health, and in the health needs of the lesbian, gay, bisexual and trans community in general. Invisibility within services means that providers can have a lack of knowledge of specific health needs our communities often experience. This leads at times to inappropriate delivery of services to LB&T women who then face disproportionate health inequalities across a number of health and wellbeing aspects.

Public Health England's report into improving the health and wellbeing of LB women evidenced inequalities across a range of areas, but especially in relation to mental health, reproductive health issues, domestic violence and health risk behaviours such as smoking and alcohol misuse, alongside inequalities in mental and physical health conditions, depression, stress and anxiety, cancer outcomes, long-term neurological problems, teenage conception, asthma and musculoskeletal issues.^{vii}

Other evidence shows that:

- 36% of lesbian and bisexual women reported health professionals assumed they were heterosexual^{viii}
- 21% of bisexual women and 12% of lesbian women reported a long term mental health problem, compared to 4% of heterosexual women^{ix}
- 37% of women had been told they did not require a cervical screening test due to their sexual orientation, resulting in over half disengaging from screening programmes, believing they were not at risk^x
- 24% of trans women felt their specific needs in relation to their gender identity were ignored or not taken into account when accessing healthcare in the last year^{xi}

Sometimes, services for women are promoted but the promotion makes no reference to lesbian, bisexual or trans women. Pictorial representation of lesbian, bisexual and trans women is also often missing from internal and external communications channels and visuals.

Actions that can be taken

- ✓ Actively seek out and engage LBT women with the process of designing, commissioning, delivery and monitoring of services
- ✓ Audit your services to see how LBT women are visible currently and prepare an action plan to address where this is not happening
- ✓ Be visible about National LBT Women's Health Week. You can change your profile photo on social media and display posters around your building to show support for National LBT Women's Health Week
- ✓ Be a part of our social media takeover for National LBT Women's Health Week, by giving over one or more of your social channels to an LBT woman to share their voices and experiences as a staff member or service user
- ✓ Encourage the use of affirmative language and positive imagery that represent the diversity of LBT women
- ✓ Highlight the stories of LBT women staff in your organisation through social media and internal communications channels, such as a staff newsletters or intranet
- ✓ Pledge to do something to mark LBT Women's Health Week and tell us about it at nationallgbtpartnership.org/lbtwh

Case study: Experiences in Primary Care, Greater Manchester

'At my GP practice we have open days organised by the Patient Participation Group and I was staffing a recent stall when the focus was on screening. I knew trans people were falling under the radar so I asked Pride in Practice to send me PHE information on screening for trans people and also information on Jo's Cervical Trust and Macmillan's LGBT Programme.'

LGBT Community Leader, Rochdale

'I am just getting 'out of the closet' and embracing calling myself a lesbian. I visited my GP last week and there were Pride in Practice and other LGBT posters around the reception desk and on patient notice boards. This made it much easier to discuss my feelings and health needs with my GP, she was also very open and supportive about my sexuality.'

Lesbian woman, Bolton.

References

-
- ⁱ Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women report, Public Health England, 2018
 - ⁱⁱ Service user data, LGBT Foundation, 2018
 - ⁱⁱⁱ LGBT in Britain- Work Report, Stonewall, 2018
 - ^{iv} LGBT National Survey Report, Government Equalities Office, 2018
 - ^v LGBT National Survey Report, Government Equalities Office, 2018
 - ^{vi} Somerville, C, Unhealthy Attitudes, Stonewall, 2015
 - ^{vii} Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women report, Public Health England, 2018
 - ^{viii} Best Practice in Providing Healthcare to Lesbian, Bisexual and other Women Who Have Sex with Women. National LGB&T Partnership, 2016
 - ^{ix} Elliott MN, Kanouse DE, Burkhardt Q, et al. Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey. *Journal of General Internal Medicine*. Published online September 4, 2014
 - ^x Light, B & Ormandy P, Lesbian, Gay & Bisexual Women in the North West: A Multi-Method Study of Cervical Screening Attitudes, Experiences and Uptake, University of Salford and The Lesbian and Gay Foundation, UK, 2011
 - ^{xi} LGBT National Survey Report, Government Equalities Office, 2018