

Healthwatch B&NES Community Pot Final project report 2019-20

If you have any questions about this report, please contact Vanessa Scott,
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The deadline for report submissions is 12.00 (midday) on Friday 29 January 2021

NOTE: The text boxes will expand as you type.

SECTION A: YOUR ORGANISATION

| | |
|--|------------------------------------|
| 1. Name of Organisation | The Diversity Trust CIC |
| 2. Full Address of Organisation (for correspondence) | PO Box 5189 Somerset BA6 0BN |

3. Contact details

| Main Contact for reporting | |
|----------------------------|--|
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SECTION B: THE PROJECT

4. Focus of project

- Please state clearly what issue(s) your project looked at.
- Were these the issues that you had planned to focus on?
- If not, please explain what the project focused on and how and why the focus changed.

The projects focus was on the health and wellbeing of LGBT+ people living, working or studying in Bath & North East Somerset; as well as on the creation of a digital and print asset. We took an asset-based approach; as well as using community-based research methods including facilitating focus groups and interviews and a short snap survey to evaluate the project outputs. We also provided community representation through the B&NES Hate Crime & Community Cohesion Partnership. The partnership includes representatives from B&NES Council, Housing the Police and other voluntary and community sector (VCSE) organisations.

The project hypotheses were based on the findings from previous health and wellbeing community-based research projects which we had delivered including the Trans Health, Care & Wellbeing Research Report, which we published with local Healthwatch in April 2018; and the LGBT+ Health and Inequality Research Report which we published with B&NES Council and Bath Spa University in November 2014.

Hypotheses - Impact of Covid-19

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LGBT+ people experience a wide-range of health inequalities which have been impacted by the Covid-19 pandemic. We looked at national published available data, from Stonewall and the LGBT Foundation, which cites the following health inequalities:

- LGBT+ people are more likely to be socially isolated, especially older LGBT+ people, and often lack contact or support with others from the community
- LGBT+ people are more likely to have poor mental health and wellbeing
- LGBT+ people have an increased likelihood of substance misuse (problematic alcohol and drug use)
- LGBT+ people are more likely to experience domestic violence and abuse
- LGBT+ people are disproportionately impacted by HIV and poor sexual health
- LGBT+ people are more likely to smoke than the general population
- LGBT+ people are more likely to be homeless
- LGBT+ people are less likely to access help and support from generic and mainstream health care services for fear and / or experience of direct and indirect discrimination
- LGBT+ people may delay help-seeking, or avoiding getting treatment all together, due to the fear of encountering discrimination including homophobia, biphobia and transphobia.

Stonewall found that 14% of LGBT people have avoided treatment for fear of discrimination because they are LGBT. This rises to 37% of trans people and 33% of non-binary people. Source: Stonewall UK

A number of these wider health inequalities may lead to poorer health outcomes and increased inequalities for many LGBT+ people.

A 2018 study found that 52% of LGBT people had experienced depression in the year preceding the survey. Additionally, 46% of trans people and 31% of cisgender LGB people thought about taking their life in this time. This compares to 1 in 20 adults in the general population. Source: Stonewall UK

The increased likelihood of family and relationship tensions during the lockdown stay at home measures disproportionately impact LGBT+ people at risk of homelessness and domestic violence and abuse. LGBT+ people from Gypsy, Roma and Traveller communities are at increased risk at this time, owing to having to hide their identity from those they live with. LGBT+ people who are either refugees or asylum seekers are also at increased risk as they are often having to hide their identity from those they are living with.

Many trans and non-binary people are seeing their gender therapy appointments being cancelled or delayed and access to hormone therapy is being restricted even though the World Health Organisation (WHO) has stated these are essential medicines and should be made available.

Many LGBT+ young people are at increased risk during stay at home lockdowns as outlined by the United Nations “With lockdowns and other stay-at-home restrictions in place, many LGBTI youth are now confined in hostile environments with unsupportive family members, putting them at risk of violence or increasing their anxiety or depression.” Source: United Nations

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We used the infographic below, by Trans Student Educational Resources (TSER), to demonstrate the difference between the outcomes - across a range of health inequalities in relation to the experience of Trans young people with support and without support from their families.



Why Support for Trans Youth Matters

Based on a 2012 study of 433 individuals

Trans Youth with Supportive Parents

Trans Youth with Unsupportive Parents



Reported Life Satisfaction

72%

33%

Reported High Self-Esteem



64%

13%



Described Mental Health As "Very Good" or "Excellent"

70%

15%

Faced Housing Problems



0%

55%

Suffered Depression



23%

75%

Attempted Suicide

4%

57%

Travers R, Bauer G, Pyne J, Bradley K, for the Trans PULSE Project; Gale L, Papadimitriou M. Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delisle Youth Services. 2 October, 2012.

t transstudent

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For more information,
go to transstudent.org/graphics

TSER
Trans Student Educational Resources

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Local Hypotheses

In October 2019 we carried out a pilot workshop in the centre of Bath for the LGBT+ community, with funding we received from Avon & Somerset Police. The key findings from this pilot included:

- LGBT+ people will often not access generic and mainstream services or seek help for fear of experiencing discrimination
- There is a lack of LGBT+ community knowledge of what support is available
- There is a need to promote positive stories and experiences of people when accessing services to overcome the fears many LGBT+ people have
- Improvements of the image of generic and mainstream services, for example by attending community events such as Pride events
- A need to challenge complacency in Bath and across B&NES
- A need to ask the LGBT+ community what they need and to continue these conversations.

This wide-range of health inequalities was used as the hypotheses for the community-based conversations which took place during the engagement events; including the interviews and focus groups. We wanted to better understand the impact being experienced, in real time, by LGBT+ people in Bath & North East Somerset.

5. What did you do?

- Using your Memorandum of Understanding for reference, please tell us what progress was made against each of the activities that were due to be delivered through this project - including numerical data for outputs where agreed.
- Please include details of any factors that contributed to or impeded the achievement of the agreed outputs.
- If the agreed outputs were not achieved, please explain the reasons why and any actions that were taken to try to address this.
- **NB** - Please include any photos, video links, examples of surveys, media and communications used etc to illustrate what you did in the box below or attach them as an appendix.

1. Deliver a programme of LGBT+ community-engagement events including interviews, focus groups and a short snap survey evaluation tool. Here is an example of the advertising and promotion we have used throughout the Out in B&NES project:

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Out in B&NES- Let's Talk!

**Are you
LGBTQ*
and live,
work or study in
Bath & North East
Somerset?**

**If so we want to hear
from you!**

Join an online discussion to tell us
what is good about being LGBTQ*
and living, working or studying in B&NES,
what isn't good, and what could be done to
make a difference.

To say "thank you" for your time **we will send you a
gift voucher** - following the online group.

When?

Saturday 30th January 2021, 10am-12pm
- on hate crime and discrimination

To register please email info@diversitytrust.org.uk


The
Diversity Trust
Influencing Social Change


healthwatch
Bath and North East
Somerset


Bath & North East
Somerset Council



0844 800 4425
The Diversity Trust, PO Box 5189, Somerset BA6 0BN
www.diversitytrust.org.uk

***LGBT / LGBTQ+ / LGBTQ** - initials which
describe Lesbian, Gay, Bisexual, Trans
and Questioning. Sometimes the "Q"
stands for Queer used as a reclaimed
word. The "+" symbol acknowledges
the inclusion of a range of gender and
sexual minority identities including:
asexual, gender-fluid, intersex, non-
binary and pansexual.

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Photo image of an event poster to promote LGBT+ community engagement event.

We ran a series of community engagement events which focused on the health and wellbeing; as well as the experiences of hate crime and discrimination with LGBT+ communities in B&NES. The project ran in the second part of 2020 and was impacted by Covid-19 and was affected by both local and national lockdowns. As a result the decision was taken to run the community engagement events as online sessions, using interviews and focus groups methods. The sessions ran during November 2020, with a further session planned at the end of January 2021. The sessions were run online using Zoom and took place during 17th and 28th November. The focussed sessions explored the impact of health, wellbeing and discrimination on members of the LGBT+ communities in B&NES.

Publicity for the events was included on our website events pages as well as on our social media platforms including across Facebook, Twitter and Instagram. We used boosted posts and stories on Facebook and Instagram:

Facebook <https://www.facebook.com/DiversityTrust>

Twitter <https://twitter.com/DiversityTrust>

Instagram <https://www.instagram.com/diversitytrust/>

The project received added value following the publication, by the Women & Equalities Parliamentary Committee's - Call for Evidence on the Impact of Covid-19 on protected characteristics, of our response to the Committee which is available here <https://committees.parliament.uk/writtenevidence/3868/pdf/>

2. Produce a print and digital booklet - a community asset (printed booklet and interactive PDF) available on our website https://www.diversitytrust.org.uk/wp-content/uploads/2020/09/OutinBNES4_interactive.pdf

We published a digital asset - 'Out in B&NES' - which includes a range of key stakeholders from across the LGBT+ communities in B&NES, as well as from supportive ally's and representatives from public, community and voluntary organisations. Those organisations taking part included:

- Stand Against Racism & Inequality - SARI Charity
- Avon & Somerset Police & Crime Commissioner
- Avon & Somerset Police LGBT+ Team
- The Bridge SARC
- Victim Support
- Bath & North East Somerset Council
- Unite the Union
- Curo
- Julian House
- DHI
- University of Bath
- Bath Spa University
- Healthwatch B&NES

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- Brigstowe
- Off the Record B&NES
- Gay West

We asked those contributing to tell us why they felt it was important to have role models for the LGBT+ community and why it was important to have allyship. The publication also includes a directory of local and national LGBT+ organisations and launched online in November 2020. Print copies are also made available.

3. Attend the B&NES Hate Crime Strategic Partnership meetings to represent the voice of LGBT+ people across B&NES.

We have attended the B&NES Hate Crime & Community Cohesion Partnership with representatives from the Police, B&NES Council, Housing, Lighthouse Safeguarding Unit, Victim Support, IAG Chair, Swallow Charity, VOCAS and SARI to represent the voices of LGBT+ people. We aim to continue to attend the B&NES Hate Crime & Community Cohesion Partnership until March 2021 when we will evaluate the project and next steps.

6. What did you find out?

- Please outline the key findings from your project, considering:
 - key themes from the feedback that you received
 - themes related to any particular health and social care services that participants said that they used
 - what participants said worked well (with regards to health and social care)
 - where participants felt things could be improved (with regards to health and social care)
 - any conclusions or recommendations that your organisation would like to make based upon the feedback that you have received (please try to make these SMART - if you would like to discuss these further please do not hesitate to get in touch with us)

NB - Please include any relevant survey data, tables/ graphs, case studies etc to illustrate what you learnt in the box below or attach them as an appendix.

Key Themes

Community Safety

Participants expressed a wide range of perspectives on whether it felt safe to be 'out', openly LGBT+, in B&NES. Some participants felt less safe and some participants felt safer being themselves. We also explored the impact of being yourself, of being authentic, on LGBT+ people's mental health and wellbeing.

"I think, personally, I feel quite safe to be out. But maybe that's because I know people, I've lived here my whole life."

"I know, just off the top of my head, three people who aren't out anywhere, only to a select few people. I'm lucky, I go to school wearing rainbows and not having an

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issue. I've been told I'm quite ... what's the word, 'approachable' when it comes to that because like I say, I would happily wear rainbows for the rest of my life. So, I know quite a few people who aren't out and who don't think they're ever going to be just because, whilst it's nice having a very tight nit community, all it takes is one person saying the wrong thing and everyone knows, and it's gone. And it's getting back to your parents, and people you don't even remember are coming to you saying, "Oh, I've heard this, this and this, is that true?" It's one person knows, there's always the fear that everyone is going to know."

One focus group participant talked about how losing control of who knows you are LGBT+ can have a far-reaching impact, and whilst people may not necessarily be experiencing violent hate crime the fear is of the experience of micro-aggressions, the regular hurtful impacts, and also about losing connections, being rejected by family and rendered homeless.

"It's completely nerve racking because [...] you tell one wrong person and everyone knows, and suddenly this part of you that you've only just learnt to be comfortable with and start sharing, everyone knows and is pestering you about. And I think just that how easy information can get out of control which is a large reason why a lot of people don't [come out]. In terms of where I live right now, I wouldn't say its outright violence that people are scared of, which is a good thing. I think compared to a lot of other places our rates for physical attacks and hate crimes are very low. I think it's the subtle stuff that people are extremely scared of. No one is outright calling you a [homophobic or transphobic slur] and punching you, but subtly pulling back, not speaking to you as much, and before you know it you've lost these people, that people, and I think just the way your entire life. It's a shame it happens. I wish it didn't, but as soon as you come out, in a sense your entire life can change. You don't know where it's going to go once you've said it. So, I think just for the sake of keeping things familiar, a lot of people are scared to rock the boat so to say."

One youth worker, supporting LGBT+ young people, talked about how some young people manage different aspects of their identity; feeling it's becoming more acceptable to be lesbian, gay, bisexual or pansexual but there remain challenges for young people coming out to their parents or families about being transgender or non binary.

"I speak with a lot of young people who are out about some aspects of their identity and not about others. So, they might tell their family that they are bi, or gay, but actually are trans but are concerned that that aspect of their identity won't be accepted or supported, or celebrated or whatever, but they feel like ... I wonder if they come out at one aspect to be able to access support or whatever, and then, yeah. So, it's just like that whatever that feels most acceptable or safe, I guess, that they might come out about one part [of their identity] and not another."

A young person, who took part in a focus group, described an example of the impact this can have when it goes wrong, getting a negative reaction from family.

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“One of my friends is non binary and bisexual, and they came out as bisexual first just to see the reaction. Just to see if it was going to be received negatively because they knew then, if that gets blown back, not saying anything else - ‘okay, learnt my lesson, been there, done that, I’m not trying again.’ So, I think a lot of it is testing the waters because, heck, I did that, I was ... I wasn’t subtle which I’m kind of ashamed of looking back at myself, I was not a subtle child, but I did try to subtly mention, ‘Hey mum, gay people can get married now.’ Yeah. ‘What do you think of that?’ Testing the waters. So, I think a lot of it is before people are willing to come out and feeling safe and secure in the area they’re in, that there’s not going to be immediate [negative reactions].”

Other focus group participants talked about the value of having community, especially when living in rural areas of B&NES.

“I think there’s a nice bit of community we have around here. There’s a lot of issues people find with small towns. I find having a small community located in one area is really helpful, just in keeping and maintaining good relationships, it’s much easier for me to access help, support, friends [...] because that’s a bus ride away. It’s a lot easier for me to access that, than I think it would be in a larger area. I think I would be a lot more self-conscious in a larger area, there’s so many people, I never know who I’m going to be running into. In a smaller [area] you know more people, and I just find it’s a lot more comfortable.”

One young person talked about the impact when school staff don’t “get it right” and how this can have a negative impact on LGBT+ young people. Often this isn’t experienced as intentional discrimination, it can come from a general lack of knowledge and awareness as well as from a lack of experience of working with LGBT+ young people.

“A lot of reasons people are scared is because they generally don’t know about any issues. I’ve seen that from quite a few people who were downright hostile to me when I came out, because they generally didn’t know. They had no clue. So, I know it’s hard with pushing with parents not wanting certain stuff taught, but just a general knowledge for everyone. Knowledge is making it easier to accept things. If people knew and were completely knowledgeable about everything, I doubt it would have been as much of an issue. I think a lot of it does come from just ignorance, not bad ignorance, just generally not knowing. So, in schools, we’ve got better at it. We had two transgender people come in and speak in our school. We have a tiny bit of LGBT sex education, but other than that I think there just needs to be more knowledge, even if it’s not specifically a class taught. Put up some Pride flags. If students ask, ‘What’s that?’ You can explain. This is a Pride flag, it means this, it’s just to show we support, and if they’ve got questions, perfect. It’s hard to think of a way to implement it, obviously, but just more understanding from a younger age, I think, would help both LGBT people and non-LGBT people in the future.”

One LGBT+ adult participant talked about the experience of on-street harassment they experienced whilst out in Bath with their children.

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"I don't get people picking on me for the way I look which is pretty, it's pretty dykey, but yeah I think I would probably get more of it if I was maybe, sort of, holding hands with somebody, with another adult or something and didn't have children with me, but certainly when I was more feminine [in presentation] I have been sexually harassed by men while with a baby on my hip. Like I've been grabbed with a baby on my hip and a child by the hand as well. So, I think it's really being harassed in Bath is pretty common, but the homophobic harassment for me has been less than the [sexism and] misogyny ever was because I don't really get misogyny anymore because they're not interested in you if you put on weight and cut your hair."

Police Services

One participant shared an anecdote about their trans friends and their experience of encounters with police.

"I know Trans people, Trans women particularly [...] who would not say that at all, and particularly the police in this area have had some moments of being quite intensely transphobic that I personally know of. Whereas dealing with the police I feel like I as a White person - I speak quite like, I sound like educated and stuff. I feel like I could interact with the police without worrying too much about being discriminated against, but I know Trans women who have had really poor experiences with the police in this area."

Health & Social Care Services

Participants talked about the importance of healthcare professionals having a good understanding of the needs of LGBT+ people - in relation to health and wellbeing. This includes the need for staff training as well as good quality resources and materials so that health care professionals are better equipped to signpost and support LGBT+ people.

"GPs or health professionals having more understanding around LGBT identities, what specifics of what might be needed."

One participant talked about how having information available, for example in GP surgeries, can be useful.

"We've got [...] doctors in my [local area] and they are very accessible. They had a sign saying, 'For any enquiries about anything at all...', and they've included a list of things, and one of them was including LGBT health and services."

One participant spoke about the need for education and awareness for GP's and other health care professionals on trans issues.

"I would say mainly trans issues because I think I've been to [...] different doctors in my [area], and one of them just looked confused. And I was just like, 'Oh well. Sorry to be the one to have to tell you, this is a thing that exists', and I had to do a whole what it meant with me and everything like that, and why I was there because of it. So other than just general ... like I say, increasing of knowledge."

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Another participant shared an anecdote about a trans friend's experiences whilst in at hospital.

"I know Trans women who have had really horrible incidence[s] at hospital with quite aggressive mis-gendering and very intentional mis-gendering."

Gender Identity Clinics

Referrals to Gender Identity Clinics was also raised as a barrier for many trans people to access the support they need; as well as the waiting time for appointments with GIC's.

"I guess things that also jump to mind are things around referrals to Gender Identity Clinics, and that often the amount of times that we have to support young people to advocate to get the referral that they want. So, whether that means returning back to the doctor frequently in order to ... but they've come to us and we've gone, "This is what you need to do, and this is how you can do it, and this is what you can ask for", and all of that, but I guess not always everybody has the access to that. Also, waiting lists and all of those services as well."

Sexual Health Services

Access to sexual health services was also raised by participants.

"The other things [...] access to screenings, and appropriate sexual health advice, information, as well accessing medical services. So, when you arrive in the waiting room and being addressed in the correct way and having [...] on the system. The constant questions that you get, well, that I get [...] going to the doctors about, are you using contraception? What does that mean. Could you be pregnant? All of those kinds of things and I go, "Well. No." So, it's like those kinds of misconceptions, I suppose that affect lots of different people in different ways."

Assumptions being made, especially those assumptions based on heteronormativity caused some participants to feel awkward when accessing health and social care services, as described by one participant.

"There's a lot of misconceptions and a lot of assumptions. At times, the assumptions are funny, and they make for good [...]. "Oh, are you sexually active?" Yes. "Could you be pregnant?" "No." "Are you sure? Why?" "I don't think my girlfriend has that capability". A lot of the time they can be kind of humorous, but if a doctor makes an extreme misconception of something about your health relating to specifically if you're trans, your activity, your body itself, and you have to be wrong to correct them. I don't think I would, just myself, but I don't think a lot of my friends would. We would just ... I'm not comfortable explaining every aspect about myself, it's much better if they just ask, in that sense. If you ask one directly rather than just assuming, "Oh you're trans, this means this, this, this and this, and you're gay, that means, this, this, this and this. You're trans, oh well, I've got a list about everything you must have or do then." A lot of misconceptions absolutely. We need to get rid of those."

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Another example, shared by a youth worker, in relation to trans young people accessing sexual health services.

“When you’re a Trans young person things like sexual health and stuff that is awkward and, you know, gender dysphoria and people are going to want to do health checks and taking clothes off, awful. You know, there’s enough barriers anyway to that, without the added facts of, oh they’re going to call me a girl, while I do it.”

One participant shared their experiences of accessing an LGBT+ sexual health service in another part of the country and the positive experience they had.

“I ended up attending a queer specific place. Because at least then you didn’t have to worry about anybody side-eyeing you or making comments or being weird or assuming you didn’t need certain tests. Like ‘Oh well you’re not in a [risk group] ‘you must not need this test.’ ‘Well I probably do.’ So yes, they were just super like, ‘Well whatever’ and would just do a complete everything for everyone without any questions. So, you knew you were being looked after and you knew you weren’t going to get any homophobia.”

A youth worker supporting trans young people shared their experiences of the ongoing concerns young people have about accessing sexual health services.

“Certainly, from my experience of working with young trans people we’re always hammering on about health and sexual health and all of that stuff. And there is always groaning and hiding reaction because it’s so unpleasant and uncomfortable.”

Mental Health Services

A youth and community worker described the challenges many trans young people experience when transitioning from youth to adult mental health services and the gaps they experience in those services. The youth worker went on to explain how assumptions can be made by some health care professionals that there is a link between gender identity and mental health.

“So, one of which is, recovery by young people’s mental health and well-being [...] about their experience of transition from youth mental health to adult service[s] and the challenges of them being trans women, and their challenges around that. And a lot of it being that their transition was non-existent and so there was a big gap in which they were unable to access any support.”

“The other aspect, being assumptions that because of a trans identity that is causing mental health, or they have mental health or because they’re ... that kind of is what’s been told to me quite a few times by a few people.”

One participant described the importance or visibility of mental health services.

“Just in terms of getting help with mental health, I think it’s extremely, extremely difficult, and extremely daunting, in kind of like what we said about visibility, it

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would be much more helpful if doctors were vocal about, we're here for both physical and mental health, and we're going to do our best to help you if they advertise that a bit better. I think a few of those fears would go away."

One youth worker spoke about their experiences when advocating on behalf of a young person in psychiatric services.

"There was one of our young people who was admitted to a psychiatric hospital and we had to go and advocate for [...] because they were just aggressively mis-gendering [...]. You were in a psychiatric unit, like quite important to not have that, and I'm not sure how they thought [...] was going to get better with them refusing to acknowledge [...]. So, we've definitely had to intervene for things like that."

Community Support & Development

Participants talked about the need for LGBT+ communities to come together, once it is safe to do so, to give support and for networks to improve.

"Communities coming together, and for me, when we did that event before where there was a lot of people and different professionals working within the LGBT field. For me, sometimes, being one person or one of a small team who works in doing these kinds of jobs, it's really important to have other people that you can bounce with, and work with, and feel supported by because otherwise it can feel quite on your own doing what's a big job, essentially. So yeah, I think the opportunity to connect with other people is something that's important."

The idea of a safe space, along the lines of Off the Record B&NES, for LGBT+ adults was discussed in the focus groups as outlined by this participant.

"Support spaces, drop-ins, social spaces or crafting spaces, all of that nice stuff where you just want to show up, be in a safe space, be in a queer space, and do lovely things with other queer people."

"And the impact of that is enormous, it really can't be over stated how important it is to have queer spaces. It does so much for your mental-health to be in a queer-only space. So I think it's, I don't really feel like there is a queer community in Bath at all."

Another participant talked about how it appears that the focus is on individuals having to develop and create, to make things happen, in B&NES and the burden this can have on those individuals.

"It feels like at the moment and maybe it's the sort of place that Bath is, it feels like it's very much on individual shoulders to begin something. And, also, that feels like it comes with an awful lot of responsibility, and also a lot of potential fear of failure or attack, or misinterpretation, or exploitation."

Participants shared ideas on how the lack of LGBT+ community-led organisations means that many LGBT+ people are in vulnerable and sometimes abusive situations as described here.

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"I think it would be really good to have some sort of advocacy situation on the ground in Bath as well for things interactions with the police. And it would cross over with the domestic violence [...] as well because there are trans women in really abusive relationships who fear the police almost as much as they fear their abuser."

One participant shared the idea from a group of young people they had worked with in an area who suggested a shop window could be a really useful resource in terms of sharing information about what is available for LGBT+ people both younger and older. Having a window where services could be promoted and making more people aware of what is available to them in terms of information and support.

"Well just make a massive shop window', there's so many empty shops everywhere. And it was like 'Yes, that's a perfect shop', we talk about having your shop window. There are services that we're just not aware of and they need to be everywhere. And I think the council has a duty of care for some of that as well. Even if they are not funding it how do they let the people know that live in their city how to have the safest time they can? Don't know, it seems like an ongoing problem, there are people doing amazing work, it's just not getting shared."

The need for more choice in terms of the experience of LGBT+ people in B&NES was highlighted and how there are risk factors involved in the very limited choices LGBT+ people have in B&NES at present.

"It strikes me, just across all of this conversation, just lack of choice in terms of, okay so there's one place you can go to have a beer, in a relatively safe place, there's one place you can go for sexual health. That feels limited in terms of choice, but it also feels potentially dangerous in terms of limitation of choice, in terms of if I know if your [I'm in an] abusive relationship and someone is going to find me or try and out me or cause me harm in a specific place, that's not giving me much freedom."

One participant explained the complexity of intersectionality in terms of the intersections of race, sex, identity and neurodiversity and the impact this can have on many trans people's experiences as described below.

"Also, with transgender people specifically, there is a massive overlap with neuro-divergence which research is being done into but just anecdotally there is a massive overlap with neuro-divergence to the point where a lot of trans organisations will provide service specifically for neuro-divergent people because there is just enough mind for it. So, when you add that into the mix as well where you're dealing with being queer, being trans, being neuro-divergent, if you were to add race into that mix potentially, you're about as different as you can get in human, well [in] society. Just all of those are just enormous barriers, any of those on its own would be a barrier but when you add them too all together. Saying to someone 'I'll just hop on a bus, make an appointment,' hop on a bus, go to [city], do an appointment in a strange place, loads of strangers and then come home again potentially having to

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hide the entire thing from a parent or a partner. It's just absolutely insurmountable and it's not going to happen, no-one is going to do it and it's not going to get done."

"Take up space and provide, and create and provide community and support, that's the whole point of it."

LGBT+ Representation

Participants talked about how important representation is, seeing diverse groups of LGBT+ reflected in advertising, promotional and other imagery. Participants talked about how not seeing yourself reflected in a wide range of media can lead to feeling "othered" and not included within society and organisations.

"Just a bit better visibility on posters please. All I'm asking for is just a normal, generic, some shorter, some taller, different races, some, I don't even know, maybe one with a binder showing or one with a small Pride flag. However, it is, just looking more inclusive would be lovely."

Addictions

One participant outlined the challenges the LGBT+ communities face in relation to addictions, and in particular alcohol addiction and finding safe community spaces where alcohol isn't present.

"So, trying to do like a range of things because addiction is obviously a really disproportionately represented issue in the queer and particularly Trans women addiction is like quite a big factor sometimes. So, you want people to go out and dance and obviously pubs are a great place to meet because they're open outside of working hours or standard working hours. And they quite often have a little corner, they quite often have a room that they will let you have for free if it's not weekend. So, pubs are great. But we didn't want to meet in pubs because that might feel inaccessible for people with issues with their relationship with alcohol."

Conclusions & Recommendations

Services for LGBT+ young people in B&NES are well developed. The transition from youth to adult services, for many LGBT+ people, means there is a gap. Once young people reach the age of 25 there is very little social support, or LGBT+ specific services, for LGBT+ people over the age of 25. Whilst organisations including Off the Record B&NES and the volunteer led group Gay West meet the needs of LGBT+ young people and older LGBT+ people there is a gap for LGBT+ people in between the age cohorts of under 25 and over 50+.

Many LGBT+ people fear the experience of discrimination when accessing mainstream services and work needs to continue to provide staff training for a range of services on meeting the needs of and working with LGBT+ people. As well as building confidence amongst LGBT+ people in accessing mainstream services.

Representation of LGBT+ people has historically been a gap and has led to many LGBT+ people feeling that mainstream services don't consider or include them. Increasing visible representation of LGBT+ people will increase confidence. This can be as simple as using the

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pride or trans flags, the use of images of LGBT+ people, having visible statements about the inclusion of LGBT+ people and ensuring services are both LGBT+ competent and inclusive.

Access to resources and information, particularly in community spaces such as GP surgeries, would ensure that LGBT+ people have access to good quality information on issues which affect their lives. In particular access to good quality information on mental health, sexual health, substance misuse and on domestic violence and abuse; as well as on hate crime and discrimination and on the availability of advocacy services.

Creating opportunities for the LGBT+ community to come together through events, café's and other social spaces was identified as easy ways in which the community itself can come together to network and build community in B&NES.

7. Demographic information

- Using your Memorandum of Understanding for reference, please report who you engaged with through this project, including any agreed questions such as:
 - postcode
 - age range
 - disability
 - carer etc
- Did you identify any differences or themes in the experiences of different demographic or protected characteristics groups (i.e. that might suggest barriers to and/or potential inequalities in access to health and social care services)

The total number of participants in the project was 70.

Disability - 25% of participants identified as Disabled, with 62% not Disabled and 13% preferring not to say. Of the 25% people were asked to share their Disability status which included long-standing illnesses, long-term conditions and learning disabilities.

Religion & Belief - 25% of participants were Christian, 12% Atheist, 50% had no Religion or Belief and 13% preferred not to say.

Sex - 50% of participants identified as female and 50% of participants identified as male.

Gender identity - 87% of participants identified as cisgender and 13% as transgender.

Sexual orientation - 32% of participants identified as Lesbian, 36% as Gay Men, 14% as Bisexual, 12% as Heterosexual, 6% preferred not to say.

Age Range - 37% of participants were aged 18-45, and 63% of participants were aged 45+.

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8. Outcomes - please tell us how this project has impacted those people who took part?

NB - If you have any testimonials or quotes that you would like to share to demonstrate the outcomes that your project achieved, please include them in the box below or attach them as an appendix.

We received the following feedback from participants, as well as comments from the project evaluation:

“Really insightful to see leaders from a range of organisations input into this project, great to see the positivity from many organisations. The support services are also really useful.”

“Enjoyed being part of it and representing my organisation.”

“It was a great way to share ideas! Perhaps finding a large group of people next time would give some more opinions, but other than that really well handled and discussed.”

“Keep doing what you're doing, your work is incredibly helpful to so many people!”

9. Considerations

Did you have to take any steps when designing and conducting the project to ensure the safety and wellbeing of your participants? If yes, please explain what these steps were and how you overcame them. Example areas include: Data Protection, Ethical considerations, safeguarding etc.

We planned to ensure the sessions were safe, GDPR compliant and to ensure those attending knew what would happen if they raised a safeguarding concern.

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10. Next steps...

What action do you think needs to be taken now to share the feedback/ conclusions/ recommendations from your project and help to improve people's experiences of health and social care services in B&NES?

- Please refer to your Memorandum of Understanding for any actions that had been agreed between your organisation and Healthwatch B&NES.
- Please let us know if your organisation is planning to carry out further work in this area.
- Please let us know if there is anything further that could be done in partnership with Healthwatch B&NES. We are very happy to work with you to escalate feedback, best practice and concerns where required. If it would be useful to talk about this in more detail please do get in touch

E: vanessascott@thecareforum.org.uk or T: 07754780487

We plan to publish the data we have gathered through the Out in B&NES project. We are running a further focus group, on 30th January 2021, which will focus on LGBT+ people's experiences of hate crime and discrimination across B&NES. We have been working with the police, housing agencies, schools, GPs, CAB, Universities, colleges, Vocas and SARI to reach out to victims of hate crime to ensure we hear people's voices. Once we have completed this we will complete the project evaluation and publish the results. We will liaise with Healthwatch B&NES, as well as with the police and SARI, to ensure the results from the project are widely disseminated. The results from this are really important for schools, education, children's and adult social care, mental health agencies, the CCG and GPs, hospitals, psychiatric hospitals, sexual health providers, housing providers. There are really important.

We would also like to review our 2014 LGBT+ Health & Wellbeing Research Report and run an online survey for B&NES to further shape the learning from our research projects from 2014, 2018 and 2020-21.

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11. Working with Healthwatch B&NES

This is the second time that we have run a small grant scheme for VCSE organisations. We very much hope to be able to continue this funding stream and build relationships with partners across B&NES. We would therefore be very grateful for your thoughts on which elements of this process have worked well and if there was anything that you think we could improve on or do differently next time.

The Out in B&NES project ran very well, and we were well supported by Healthwatch B&NES. We would like to thank the team for their support and look forward to continuing to work together to ensure the voices of LGBT+ people are amplified and heard.

The application process was accessible and the staff from Healthwatch B&NES stayed in contact over the timeline of the project. Healthwatch B&NES published the assets which we produced on their website and shared content about the project on their social media accounts. We ensured Healthwatch B&NES were tagged in any social posts about the project.

SECTION C: WHAT NEXT?

Please ensure that you have completed **all** sections of this report. Once complete, please submit this report electronically along with any accompanying documents) to Vanessa Scott
E: vanessascott@thecareforum.org.uk

The deadline for report submissions is 4pm (midday) on Friday 29 January 2021

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We aim to hold an event for all grant recipients to discuss the findings of their projects with one another and the Healthwatch B&NES Executive Board. Details of this event will be shared in due course.

NB - The financial report is a separate document. This also needs to be submitted by 12.00 (midday) on Friday 29 January 2021.