

LGBT+

ENGAGEMENT TOOLKIT

Seeing the rainbow –
toolkit to support our
engagement with LGBT+
communities



the
brunswick
centre

NHS
Greater Huddersfield
Clinical Commissioning Group

NHS
North Kirklees
Clinical Commissioning Group

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“ Our commitment to a better understanding of and engagement with our LGBT+ communities will ultimately improve health and wellbeing outcomes for their population. ”



About this toolkit

The aim of this toolkit is to provide practical, informative and useful advice and support on how to improve engagement with Lesbian, Gay, Bisexual and/or Transgender (LGBT+) communities.

It is aligned to the nine CCG Engagement and Communication Principles¹:

1. Provide information that is clear and easy to understand, free of jargon and in plain language;
2. Be timely, targeted and proportionate in how we communicate and engage;
3. Foster good relationships and trust by being open, honest and accountable;
4. Ask people what they think and listen to their views;
5. Talk to our communities including those most likely to be affected by any change;
6. Provide feedback about decisions and explain how public and stakeholder views have had an impact;
7. Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate;
8. Use resources well to make sure we get the most out of what we have; and
9. Review and evaluate our work, using learning to make improvements.

Ultimately, it provides a framework for engagement that improves health and wellbeing outcomes for the LGBT+ communities.

Terminology and definitions

Stonewall defines sexuality as a person's sexual attraction to other people, or lack thereof². In other words, it is the gender, or genders, we are attracted to. In addition to this though, it forms a significant and formative part of some people's identity if they are orientated to anything other than the opposite sex.

We use the term LGBT+ throughout this toolkit unless we are using sources from others who may use variations of it; for example, LGBT, LGB&T or LGBTQ+ (see section 1: What do we mean by LGBT+ communities?).

There are many differing views on the appropriate terminology and this toolkit does not argue for one over another. Instead, it presents ways of engaging with people who identify (or are coming to the realisation that they may identify) as LGBT+.

The context

The Brunswick Centre is an organisation based in Kirklees and Calderdale with almost 30 years' experience of working with people who identify as LGBT+.

The Brunswick Centre offers a suite of services and projects to various communities in Calderdale and Kirklees including a youth service for LGBT+ young people (yOUTH Project), support services for people living with HIV, HIV prevention services for the most at-risk populations, smoking cessation, counselling and training. Service details are available on the charity's website: www.thebrunswickcentre.org.uk

The charity has been commissioned by Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCGs) to develop a toolkit to support them to improve engagement with adults and young people from LGBT+ communities. In commissioning this work, the CCGs have not only shown their commitment to, and value of, LGBT+ communities, but they have also chosen to invest in a local community asset to deliver it.

The CCGs have a Communications and Engagement Strategy and an Equality and Inclusion Strategy in place, and have developed a Young People's Engagement Toolkit. Understanding the role and interconnections of these documents is vital for a robust commitment to and delivery of engagement with LGBT+ communities in particular.

Borrow with pride! If you are from another organisation or area and would like to engage with people who are LGBT+, please feel free to read and use this toolkit. This toolkit will be formally reviewed every three years. Any feedback you have regarding it, or things you have done that have been successful in engaging LGBT+ people, would be gratefully received. Please email: nkccg.nkghengagement@nhs.net

¹ www.northkirkleescg.nhs.uk/wp-content/uploads/2019/07/Communications-and-Engagement-Strategy-2019-2022-1.pdf

² www.stonewall.org.uk/help-advice/glossary-terms#s

Section: 1

What do we mean by LGBT+ communities?

We'll address this in two parts; LGBT+ *and then* communities.

We all have a drive to understand each other, but with everyone being different that's a lot of understanding to do! This is particularly obvious when we are dealing with something we haven't experienced personally.

Put simply, LGBT+ refers to two things, sexual orientation and gender identity. It stands for Lesbian, Gay, Bisexual, Transgender (including anyone who doesn't identify as cisgender), questioning (including exploring), *plus* other sexual identities that do not identify as heterosexual.

Now, let's be honest, we just used a lot of terms above! Below we provide some definitions from Stonewall, but it is important to recognise there are many identities within, and outside of, these terms – see the glossary of terms for more.

Sexual Orientations

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 sexual orientation - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Bisexual or 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.

Gender Identities

Trans or transgender: Is 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.

Cisgender or Cis: Is someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Though gender and sexual orientation are two different things, they are often confused as being one and the same because both LGB, T and the '+' sign are used in the same abbreviation.

Communities

Community means different things to different people. It can refer to physical space (the community of Dewsbury for example), social interests (like the computer gaming community) or of shared attributes (the LGBT+ community). Here we are talking about the latter.

Communities form for obvious reasons – shared knowledge, understanding, behaviours, relationships. When someone identifies within a majority (race, culture, sexual orientation, gender), the need to understand others who are not of that majority is not automatic.

So, it is important to stress here that, for most LGBT+ people, sexual orientation or gender identity have been significant and self-defining journeys that impact on day-to-day life.

Finally, not everyone who is LGBT+ identifies as being from 'the community', and membership of 'the community' does not suggest gender, sexual orientation or a lifelong identity.

Section: 2

What do we know about LGBT+ communities?

Improving engagement with our LGBT+ communities will enhance our understanding of local need so service provision, access and experience is improved, ultimately reducing health inequalities and improve health outcomes.

In this section we provide information on the health inequalities, poor outcomes and experiences of LGBT+ individuals, groups and communities.

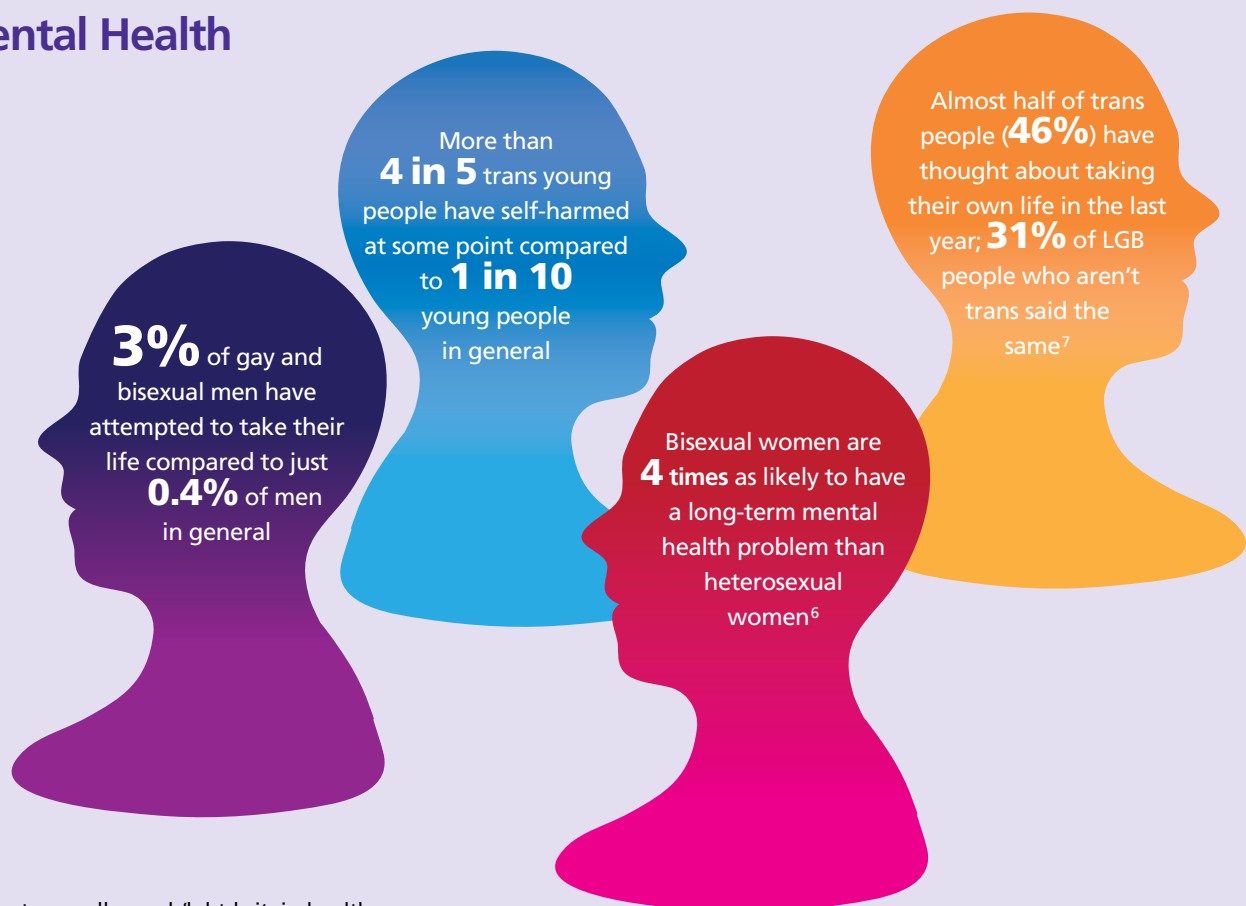
We also introduce issues around LGBT+ data collection and explore the notion that LGBT+ communities are 'hard to reach'. Finally, we provide information on the estimated size of the local LGBT+ population.

Health Inequalities and Poor Outcomes

Health inequalities and poor outcomes for LGBT+ people (both adults and young people) are well documented, with an increasing body of evidence available from Stonewall³, GALOP⁴ and the LGBT Foundation⁵.

The infographics below give an overview of key health inequalities impacting LGBT+ communities. Additionally, the Brunswick Centre, working with Sheffield Hallam University and the University of Huddersfield, is undertaking annual research, until 2022, with LGBT+ young people in Kirkleess assessing their needs and identifying gaps in service provision. This research is published annually on the Brunswick Centre's website and is a useful resource available to us.

Mental Health



³ www.stonewall.org.uk/lgbt-britain-health

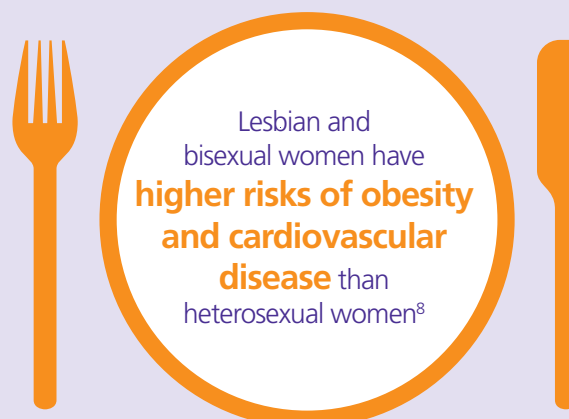
⁴ www.galop.org.uk

⁵ lgbt.foundation/

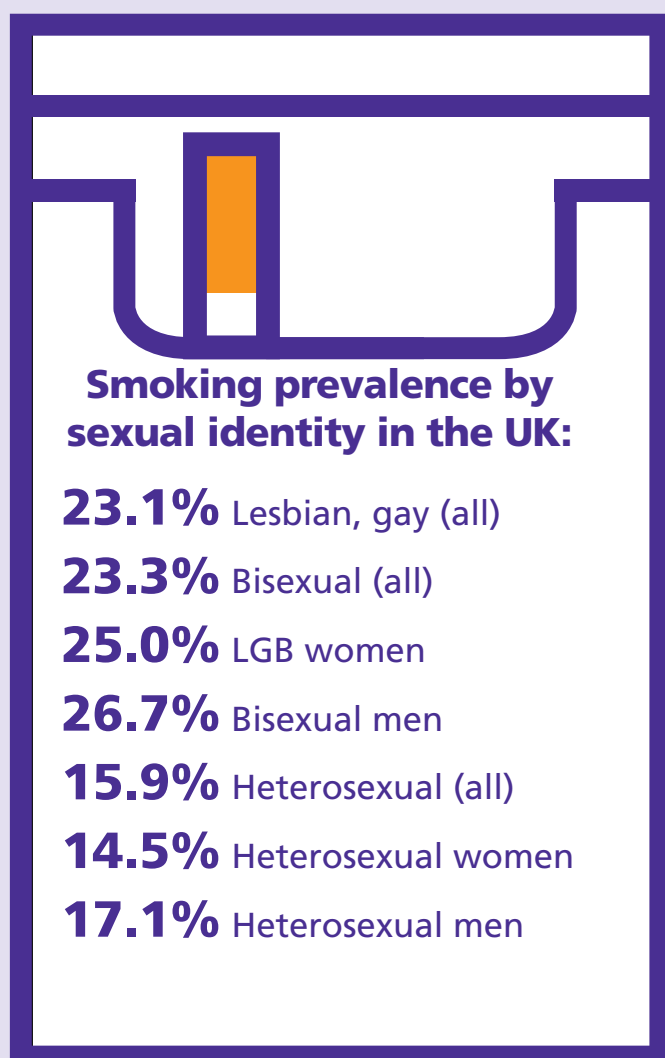
⁶ Health and Social Care and LGBT Communities, House of Commons, Women and Equalities Committee, First Report Session 2019

⁷ LGBT in Britain (Health) 2018, Stonewall

Diet and Nutrition



Smoking⁹



- **Lesbian, gay and bisexual people are more likely to smoke than heterosexual people.** Rates are particularly high for LGB women and bisexual men. In recent years the gap between LGBT and heterosexual smoking rates has narrowed.
- **LGBT people are more likely to suffer from mental ill health.** Smoking cessation has been associated with reduced depression and improved quality of life.
- Data from 2017 found **20% of men living with HIV in London smoke, significantly higher than the general adult population.** HIV-positive smokers are more likely to develop cancers of the lung, anus, mouth and throat and are more likely to suffer from respiratory disease.
- Gender identity related surgeries: **smoking is a significant risk factor during and after any surgery.** Smokers are 38% more likely to die after any surgery and more likely to experience wound infection.
- Whilst there is a lack of robust **research on smoking among transgender people, surveys do show transgender people are more likely to smoke.**
- **Young LGB people are also more likely to smoke,** start smoking at a younger age and smoke more heavily.

⁸Health and Social Care and LGBT Communities, House of Commons, Women and Equalities Committee, First Report Session 2019

⁹londonfriend.org.uk/outofyourmind/

Alcohol Use⁹

33% of lesbian & bisexual women drink three times or more a week, compared to **25%** of women in general;

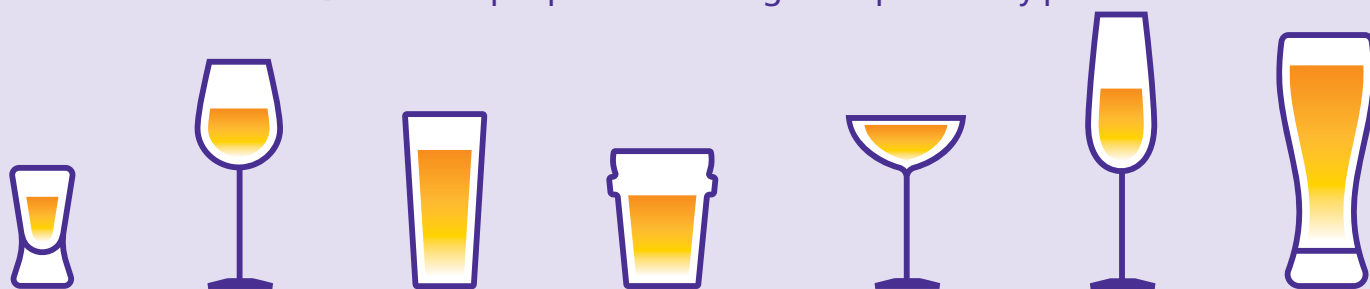
42% of gay & bisexual men drink three times or more a week, compared to **35%** of men in general;

77% of lesbian, gay & bisexual people drank in the past week, compared to **58%** of women and **68%** of men in general;

29% of lesbian & bisexual women binge drink at least once a week, compared to **15%** of women in general;

34% of gay & bisexual men binge drink at least once a week, compared to **19%** of men in general

There is little research on alcohol use and trans people but the Trans Mental Health Study 2012 found that **47%** of trans people drank at high and potentially problematic levels¹⁰.



Substance Use¹⁰

- **Drug use among LGBT groups is higher than among their heterosexual counterparts**, irrespective of gender or the different age distribution in the populations.
- **Gay men report higher overall rates of use of drugs than lesbian women**, largely due to higher rates of stimulant use, particularly amyl nitrite ('poppers').
- **Cannabis is the most commonly used drug among lesbian women.**
- **Recreational drug use is comparatively high among LGBT groups**, which may lead to the use of new drugs before they are widespread in the general population.
- **LGBT people, particularly gay men, may also be at risk of misusing other drugs**, such as steroids and Viagra.
- **Some types of drug use may be associated with risky sexual behaviour**, including exposure to HIV infection.
- **Strong links have been reported between Viagra use and sexual risk**, with Viagra used to counteract the negative physical effects of other stimulant drugs.
- In addition to erectile dysfunction and sexually transmitted infections, **stimulant drugs have been reported to impact on physical health**, including cardiovascular problems.
- **A study of gay men who used steroids highlighted a wide range of associated physical and mental problems.**



¹⁰www.ukdpc.org.uk/publication/drugs-diversity-lgbt-groups-policy-briefing/

Sexual and Reproductive Health

- **One in five LGB women have never been screened for cervical cancer¹¹. Some assume that LGB women don't require screening** as they have never had sex with men. This assumption may be held by LGB women themselves and medical professionals alike. This cuts across other screening programmes, including breast and sexual health screening¹².
- Although there isn't much data on trans people accessing cervical screening, **anecdotal evidence suggests many avoid or aren't invited to screening based on their gender identity.**



- **Gay and bisexual men are disproportionately affected by sexual ill health** and, despite recent falls in diagnoses, they are still the group most affected by HIV¹³. There is no dataset that refers to the experiences of LGBT+ people and pregnancy.

Domestic Abuse¹⁴

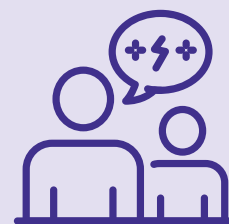
Lesbian and Bisexual Women

- **One in four lesbian and bisexual women have experienced domestic abuse in a relationship.** Two thirds of those say the perpetrator was a woman; one third a man.
- **Four in ten lesbian and bisexual women with a disability have experienced domestic abuse in a relationship.**
- **More than four in ten lesbian and bisexual women who have experienced domestic abuse experienced this for more than one year.**
- **62% of lesbian and bisexual women who have experienced domestic abuse from a female partner have experienced some form of physical violence.**
- **Almost one in five have been kicked, hit or had objects thrown at them.**
- **Almost one in ten had their sexuality used against them.**
- **6% have been forced to have unwanted sex.**
- In terms of domestic abuse reporting, **four in five (81%) of lesbian and bisexual women who experienced domestic abuse never reported the incidents to the police.** Of those that did report, only half (49%) were happy with how the police had dealt with the situation.



Gay and Bisexual Men

- **Half (49%) of all gay and bisexual men have experienced at least one incident of domestic abuse** from a family member or partner since the age of 16. One in six men in general have experienced domestic abuse from a family member or partner since the age of 16.
- **Almost two-thirds of gay and bisexual men with a disability have experienced at least one incident of domestic abuse** from a family member or partner since the age of 16.
- **More than one in three (37%) of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man.**
- **One in six have been kicked, hit or had objects thrown at them.**
- **One in fourteen have had their sexuality used against them.**
- In terms of domestic abuse reporting, **four in five (78%) of gay and bisexual men who have experienced domestic abuse have never reported incidents to the police.** Of those that did report, more than half (53%) were not happy with how the police had dealt with the situation.
- There is limited research on trans people's experiences of domestic abuse but Scottish Trans Alliance¹⁵ suggests **80% of trans people had experienced emotional, sexual or physical abuse from a partner or ex-partner.**



¹¹ www.england.nhs.uk/2019/06/fake-news-putting-50000-lesbian-gay-and-bisexual-women-at-risk-of-cancer/

¹² www.guidelines.co.uk/sexual-health/rcgpni-lgbt-patient-care-guideline/252779.article

¹³ www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis

¹⁴ lgbtbucks.org/stonewalls-findings-about-domestic-abuse/

¹⁵ www.scottishtrans.org/trans-rights/practice/sexual-violence-abuse/

LGBT+ people's experiences of services

We discussed in Section 1 about identity and life experiences and how they influence communities of identity.

Our identities and experiences influence how we think, so it's not a surprise they influence part of the cultural design, delivery and evaluation of services. And because the vast majority of the population identify as heterosexual, services are in turn biased towards heterosexual and cis-gendered experiences and perspectives.

This can lead to exclusionary and discriminatory practices which may, for most providers and their staff, be unintentional. Resources, like this toolkit, are a significant first step in addressing that.

Whether intentional or not, the outcomes for LGBT+ communities are likely to be poorer. Poor outcomes lead to lack of engagement and a reluctance to engage and access services. This in turn will lead to people going without diagnoses, treatment and care. There is a growing body of evidence to support this (see infographic below).

Stonewall's LGBT in Britain⁷ – Health Report goes on to highlight the experiences that reinforce this reluctance:

- **One in four LGBT people (25%) have experienced inappropriate curiosity¹⁶** from healthcare staff because they are LGBT. Half of trans people (48%) and more than a third of non-binary people (36%) have experienced inappropriate curiosity; 29% of trans people experienced this in the last year alone. A third of LGBT disabled people (34%) and three in ten LGBT people aged 18-24 (30%) have experienced this.
- **Lesbians are more likely to experience inappropriate curiosity;** 30% of lesbians have experienced this compared to 23% of bisexual women and 17% of gay and bisexual men.
- **One in ten LGBT people (10%) have been outed without their consent by healthcare staff in front of other staff or patients.** More than one in four trans people (27%) have been outed without their consent compared to 7% of LGB people who aren't trans. Similarly, 15% of LGBT disabled people have experienced this.

Stonewall's LGBT in Britain – Health Report found that:

1 in 7 LGBT people (14%)
say they have avoided treatment for fear
of discrimination because they are LGBT.

Almost 2 in 5 trans people (37%) and a
third of non-binary people (33%) have avoided treatment for fear of
discrimination.

1 in 4 LGBT people
aged 18-24 (26%) and

1 in 5 LGBT disabled people (20%) and
black, Asian and minority ethnic LGBT people (19%) have avoided
treatment for fear of discrimination.

¹⁶The BMJ outlines "inappropriate curiosity" as questions or practitioner-led conversations that were felt to be irrelevant to why the person had sought out medical care, and that the only purpose was to satisfy the personal interest of the healthcare practitioner [<https://blogs.bmj.com/bmj/2019/09/09/trans-health-and-the-risks-of-inappropriate-curiosity/>]



The Stonewall report goes on to highlight the experiences that reinforce this reluctance:

- **Almost one in four LGBT people (23%) have at one time witnessed discriminatory or negative remarks against LGBT people by healthcare staff.** In the last year alone, 6% of LGBT people – including 20% of trans people – have witnessed these remarks.
- **A concerning number of LGBT people have been pressured to access services that are supposed to change or suppress their sexual orientation and/or gender identity.** One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services. This number rises to 9% of LGBT people aged 18-24, 9% of black, Asian and minority ethnic LGBT people and 8% of LGBT disabled people.
- **One in five trans people (20%) have been pressured to access services to suppress their gender identity** when accessing healthcare services.
- **One in four LGBT people (25%) said they have experienced a lack of understanding of specific lesbian, gay and bisexual health needs by healthcare staff;** almost one in ten LGBT people (9%) had encountered this in the last year. A third of black, Asian and minority ethnic LGBT people and LGBT disabled people (both 33%) said they experienced a lack of understanding of lesbian, gay and bisexual specific health needs.
- **Three in five trans people (62%) said they've experienced a lack of understanding of specific trans health needs by healthcare staff;** 41% had experienced this in the last year.
- **Two in five trans people (40%) and 7% of LGB people who aren't trans said they have experienced difficulty accessing healthcare services because they are LGBT.** Almost one in five LGBT disabled people (19%), LGBT people aged 18-24 (18%) and black, Asian and minority ethnic LGBT people (also 18%), including 23% of Asian LGBT people, have experienced difficulty gaining access to healthcare services.
- **One in six trans people (16%) and 2% of LGB people who aren't trans have been refused care** by a healthcare service because of being LGBT.

"If you're not counted, you don't count."

In addition to what we have detailed above, services often lack robust LGBT+ data because of poor data collection and monitoring.

Sexual orientation monitoring is often optional, with gender identity monitoring limited to 'binary' male and female options in many key health and government services. Where it is not optional, many staff collecting data select 'did not say/do not wish to disclose' or complete based on their own assumptions (or fear of asking).

This is often coupled with the assertion that services 'treat everyone the same'. Universality, or 'treating everyone the same' (albeit with the best of intentions) does not in itself guarantee inclusiveness: given that not everyone is the same, why would we treat them as such?

We can only know if we are reaching, engaging and including our LGBT+ communities through comprehensive data collection and monitoring. As Dr Justin Varney from Birmingham City Council says 'If you're not counted, you don't count'¹⁷. A commitment at a senior level is required so LGBT+ engagement is championed and to ensure it becomes everyone's business.

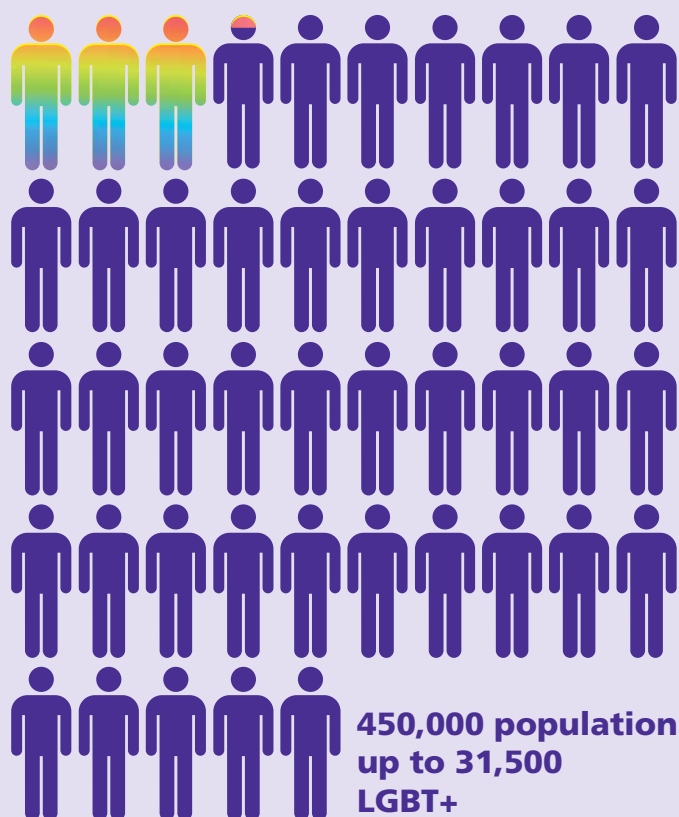
LGBT+ communities are 'hard to reach'

The notion that communities are 'hard to reach' can be unhelpful. It can be harmful as the connotations suggest that it is the fault of the 'community' rather than every service around them. In other words, it puts the onus on communities and individuals for not engaging when the responsibility is on us to engage with those who are seldom seen or heard.

What is the size of our LGBT+ population?

Together, Kirklees CCGs are responsible for 450,000 patients. Stonewall suggests the LGBT+ population in the UK to be between 5% and 7% (6% LGB and 1% T).

At 5% we would have an LGBT+ population of 22,500 and at 7% a population of 31,500. Either way, this is a significant number of people disproportionately affected by health inequalities, poor outcomes and who seldom get their voice heard.

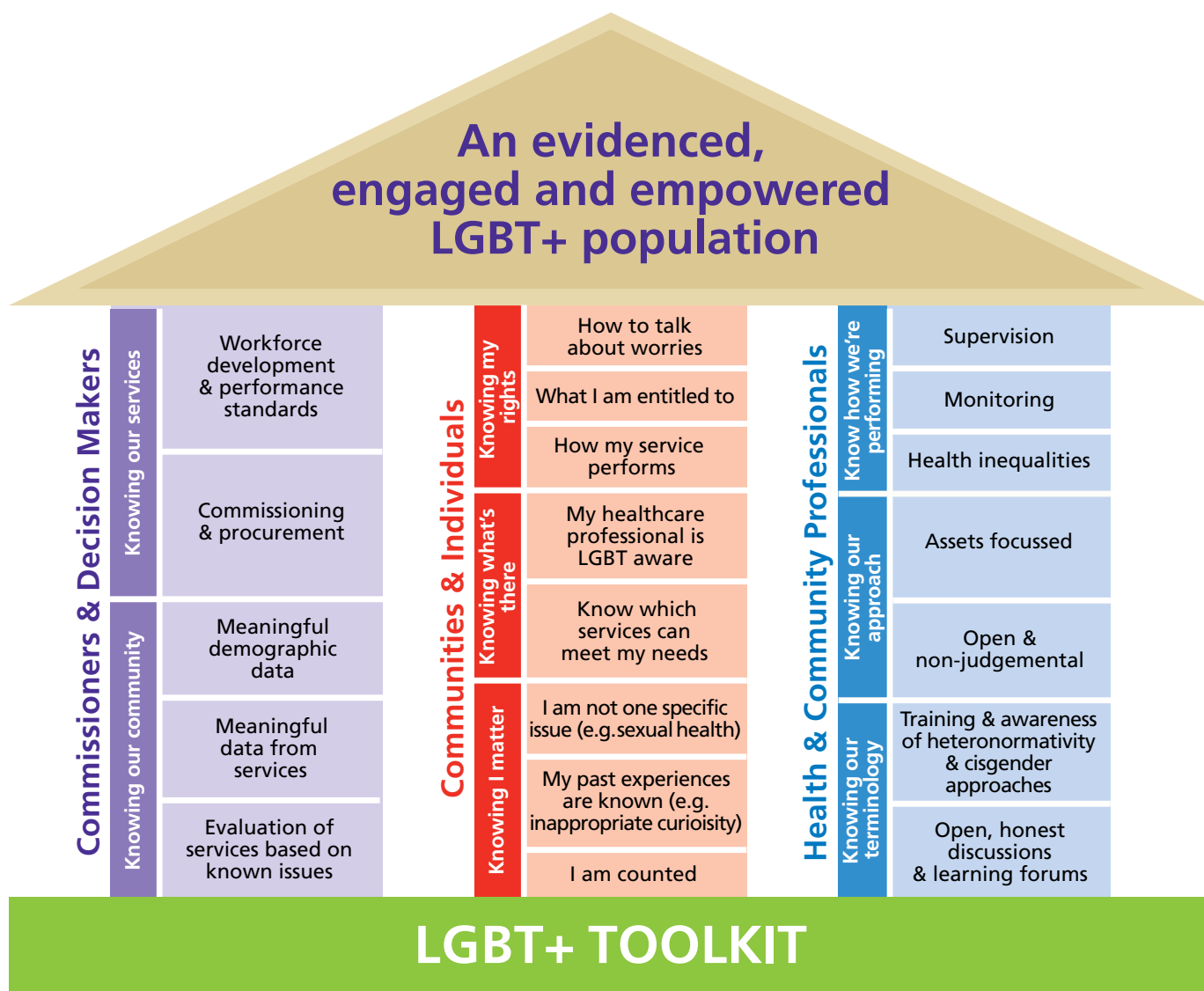


¹⁷The House of Commons Women and Equalities Committee report (2019) on Health and Social Care and LGBT Communities

Section: 3

What can we do to improve engagement with LGBT+ communities?

We will work towards an all systems approach to build and maintain our commitment to our LGBT+ communities; see diagram below. The section is in two parts, the first part is for the CCG and statutory bodies to consider and the second part is for good practice for all organisations to consider.



As organisations we have to have to be supportive in word and deed with our LGBT+ communities. Our Equality and Inclusion Strategy is key to this and we remind you to be familiar with it when considering LGBT+ engagement.

In addition to this we will strive to **employ a coproduction approach** to LGBT+ engagement. We recognise working with and involving others is more likely

to improve and sustain our engagement for the long term. People and communities are experts in their own lives and it is vital to galvanise this in our approach so that we see a more successful engagement agenda. This approach will build capacity and improve knowledge and understanding more broadly across sectors in Kirklees as we work towards sustainable and long term engagement.

Tips for engaging with LGBT+ communities



Part one – CCG/statutory body good practice

Work with other statutory partners who have the same obligations to engage LGBT+ communities. This includes the local authority, police and fire service.

- ✓ **The CCG will utilise the Citizen Engagement Reference Group to champion LGBT+ engagement and inclusion.** An all-systems partnership approach will help standardise the engagement of LGBT+ people, thus breaking the myth that their invisibility means they don't exist.
- ✓ **Encourage primary care providers to implement the Pride in Practice Award** and undertake the recently-developed RCGP e-learning on LGBT health¹⁸. The training is a collection of eLearning modules, podcasts and screencasts which aim to inform and update all members of the general practice team on particularly important aspects of primary care for LGBT+ people, to improve access, experience and outcomes for patients.
- ✓ **Make sure commissioners and services are aware of and understand the Government's LGBT Action Plan 2018:** Improving the Lives of Lesbian, Gay, Bisexual and Transgender People¹⁹.
- ✓ **Review our own engagement assets** to ensure they are effective in engaging with LGBT+ communities. Consider if Community Voices could be used more effectively or if it is feasible to establish an LGBT+ Community Voices programme or training. Encouraging and supporting community assets and community members to train as part of 'Community Voices', for example, not only builds the capacity of that programme but also invests in people, improving skills and allowing them to offer something back to the wider community and themselves.
- ✓ **Work with the LGBT+ youth service at the Brunswick Centre, yOUTH,** to establish a working and mutually-supportive relationship with their voice and influence work.
- ✓ **Link with and support the review and development of our communications and engagement strategy** so it acknowledges our LGBT+ communities and, as a minimum, consider including Stonewell's 5% to 7% estimation of the size of our LGBT+ population.
- ✓ **Review and develop the equality and diversity strategy,** it is an essential document to the delivery of LGBT+ community engagement and how we operate as an employer, commissioner and provider of services.
- ✓ **Acknowledging our LGBT+ communities** in strategic documents will support our engagement work



¹⁸ elearning.rcgp.org.uk/mod/page/view.php?id=9380

¹⁹ www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people

Part two – good practice tips for engaging LGBT+ people for all organisations

- ✓ **Promote and share LGBT+ resources developed by NHS England²⁰** across organisations, commissioned services and other partners to facilitate better understanding of LGBT+ communities and their needs.
- ✓ **Consider pooling resources with partners.** This is particularly important when budgets are tight, but it is something to be considered as ongoing good practice. It gives best value to everyone involved, including our LGBT+ communities
- ✓ **Develop and establish relationships** with local and, where appropriate, regional and national LGBT+ community assets (see Appendix 1). This will:
 - Allow us to share and learn from each other;
 - Improve our capabilities as we gain further knowledge and information about our LGBT+ communities;
 - Provide insight from community members;
 - Get advice on different approaches from community members;
 - Get information and intelligence on community assets we may not be aware of; and
 - Identify any gaps in community assets.

To facilitate this and show commitment to and the value of our LGBT+ community assets, consider:

- Providing funding to community assets for their support and input. They are likely to be voluntary-led and resource-poor. Even small amounts of funding can have a big impact!;
- Sponsoring LGBT+ community events such as Pride (see Appendix 1). This will show support of and commitment to the communities. There is considerable value in having your logo as part of local Pride events, as this sends a very positive message in its own right;
- Attending/having representation at Pride events. Apart from an excellent engagement opportunity in itself it also sends a positive message to the LGBT+ communities;
- Establishing and/or pump priming community assets if there are gaps. For example, is there scope and need for a local LGBT+ engagement advisory group or would a task and finish group model work better? These can be virtual or physical-presence groups. Setting these up in partnership with other statutory and/or community assets is worth considering.

- ✓ **Develop approaches to include joint delivery of engagement work** by trusted LGBT+ services and those with an LGBT+ advocacy role. These may be local, regional or national organisations such as Stonewall, the LGBT Foundation, the LGBT Partnership or the Brunswick Centre, for example. Part of this approach may include spot-purchasing, commissioning or contract enhancement for ongoing engagement work.
- ✓ **Encourage LGBT+ engagement** through current mainstream engagement activity. While it is vital that we target engagement activity towards LGBT+ communities we must parallel this with encouraging LGBT+ people to be part of mainstream activity. They will have different experiences that will aid us as we develop and improve. Communications, marketing and engagement strategies need to consider this; an easy solution is to add a statement in all promotional materials, such as:

‘We are keen to hear from, and engage with, all communities in Kirklees, including people who identify as LGBT+.’

- ✓ **Remember that LGBT+ communities are not homogenous.** These communities intersect along age, gender, (dis)ability, ethnicity and religion. There will be specific engagement needs as a result. For black and minority ethnic LGBT+ people there can be a higher inequality impact and engagement initiatives need to pay particular attention to this.
- ✓ **It is vital to ensure confidentiality, data protection and anonymity for participants.** Never assume that participants know what is meant by this. It is never a wasted opportunity when it is reasserted. This is a trust issue; breaches can have a profound impact on individuals as well as legal consequences for organisations.
- ✓ **Monitoring equality and diversity through your engagement activities (both targeted and generic) is crucial** to demonstrate how effective your approach to improve engagement with LGBT+ communities is. It will also highlight where further action or targeted activity is needed, such as only reaching a narrow groups of LGBT+ people. A lack of routine recorded data makes it difficult to assess the needs of LGBT+ communities.

²⁰ www.england.nhs.uk/ltphimenu/lgbt/

- ✓ **Recording sexual orientation and gender identity is part of the commitment to equality and improvement.** In order to understand and highlight disparities in engagement, health inequalities and service experience monitoring is an essential first step. NHS England has a sexual orientation standard to adopt, available at: www.england.nhs.uk/ltp/himenu/lgbt/prevention-and-health-inequalities/
- ✓ At the time of writing there is no such standard for gender identity monitoring but our **Equalities Lead or the Gender Identity Research & Education Society (GIREs, see Appendix 1)** will be able to offer guidance and support on gender identity monitoring.
- ✓ **Work with organisations who produce newsletters** and consider 'purchasing' space in their publications to promote LGBT+ engagement.
- ✓ **Review and develop LGBT+ ally programmes,** as these can be really powerful in alleviating LGBT+ people's anxieties about engaging with a service. Staff wearing rainbow lanyards or badges, for example, is an effective way of showing support to the communities. We can expand these where possible; for example, by adding to staff email signatures, something along the lines of:



- ✓ **Adding your preferred pronoun to your email signature can also be effective.**
- ✓ **Consider implementing an LGBT+ kite mark** that specifically encompasses LGBT+ communities' engagement and inclusion.
- ✓ **Work towards embedding inclusive messaging across organisations as standard.** Clear signs of LGBT+ community inclusion such as LGBT+ ally logos or a statement on LGBT+ communities' inclusion are simple and effective. If these are backed up with staff displaying rainbow lanyards or badges this will further support inclusive messaging. Such imagery and messaging can reduce anxiety and indicate safety to people from LGBT+ communities. Their absence 'may deter [LGBT+ people] from using a service for fear of discrimination'¹⁷.

- ✓ **When you can, use your Twitter and Facebook accounts to celebrate and promote LGBT+ awareness** days including:

EVENT	DATE
LGBT History Month	February
Lesbian, Bi & Trans Women's Health Week	11 – 15 March
Lesbian Day of Visibility	24 April
International Day Against Homophobia, Transphobia and Biphobia	17 May
Bi Visibility Day	23 September
Trans Day of Remembrance	21 November
<i>N.B. Always check and confirm dates</i>	

What we also need to think about when developing better LGBT+ engagement

As you develop and improve engagement with LGBT+ communities there are issues you need to be mindful of. You need to consider these and how you can mitigate any detrimental impact on your efforts to improve engagement.

- ✓ Resistance may be experienced, as targeting work can often lead to allegations of special treatment of groups. This can come from within as well as outside our organisations! It is vital to give a robust defence of our need to engage with our LGBT+ communities. **The evidence on health inequalities and poor outcomes support our case** but it is also important to say that we have a duty through the Equality Act to engage with all our communities, including those least likely to be heard from. It is also democratic and, importantly, it is the right thing to do.
- ✓ At the same time there may be a reluctance to be involved by those we are hoping to engage, as they may be suspicious of the sudden interest and activity, especially if this has never happened before. If LGBT+ communities are reluctant or resistant to engage be patient, acknowledge the lack of engagement effort in the past and highlight what is different now. **Show that you want them to be part of the process so you can work together to improve outcomes.** Make sure you feedback on the outcome of any engagement activity. This helps to build trust and shows people their voice has been heard.

✓ **Resources are important** and particularly so if we need to work with LGBT+ community assets. Community assets are diverse in their size and scope but all of them will carry knowledge, expertise and are a gateway to the communities of people you need to engage with. They will be resource poor in terms of capacity, time and money and, in many cases, will be voluntary led. They will have their own remit so we must be mindful of any unreasonable demands on time or other resource.

✓ **You need to build the capacity of our community assets** by offering time, expertise, items-in-kind and funding where possible. This is another reason to pool resources with partners, to have a greater ability to build the capacity of community assets.

✓ **If possible, attaching funding to requests for input and engagement**, offering medium-to-long-term meeting space and/or getting members of community assets to participate in the design and delivery of engagement initiatives will be effective in supporting better engagement.

✓ **It is important that you don't rely on one or two community assets who are easy to engage with.** We need to work towards building a broad coalition so that we have greater diversity and a broader perspective.

✓ **We need to be mindful that as well as being gateways to community members, community assets can be gatekeepers blocking engagement and participation.** This is another reason why it is useful to build a larger base of community assets to work and engage with.

✓ **Relationships must be developed and sustained for the long term.** Remember that you may, in many cases, be fighting resistance and a sense of suspicion so it's imperative that you go out to meet and talk with your community assets. Setting a meeting for people to come to you is probably not going to work at an early stage in LGBT+ communities engagement work.

This is your opportunity to build trust with your LGBT+ communities. Part of this process involves managing expectations both within organisations and with the LGBT+ communities.

This approach will take time and investment before it starts paying dividends. A sense of influence may not be apparent immediately. Letting people know this from the outset will always be helpful to those giving up their time to engage with us. Always feed back to people what has changed or been improved as a result of their engagement; equally important is feeding back and explaining why changes can't be made despite engagement and input from people and communities.

✓ **Local Pride events** (see Appendix 1) are worth a specific mention in this section. They provide access to large numbers of people from the LGBT+ communities. Ideally you need to make contact with and get to know the organisers as soon as possible, know the date of the event well in advance and be clear on how you can engage at the event. Physical organisational representation is always best at these events. This sends a supportive message and shows the value you place on engagement with the LGBT+ communities. The fact most Pride events are on Saturdays isn't a reason not to attend!

✓ **Consider neighbouring Pride events, too.** People from our area travel to these events and are more likely to do so if they are not 'out' in their local area. The larger cities attract tens of thousands of LGBT+ people and in the case of Manchester upwards of a million people attend over the weekend of their Pride events.

It's important to keep an open and ongoing dialogue and, if possible, have an engagement plan for the event. Resist the temptation to put off until the last minute and, under no circumstances, don't just turn up to the event having not procured a space/stall to operate from. You wouldn't accept this if you were organising an event and you shouldn't expect others to do so.

Keep in mind that the event organisers will have limited resources and that they will be busy people.

Offer sponsorship and get your logos displayed on their publicity. Even small amounts of funding supports events like these and sends a very supportive message to the LGBT+ communities.

These events will give you the opportunity to make yourselves known to LGBT+ communities.





We have opportunities to better improve our engagement with LGBT+ communities. We can have a positive influence across the board.

- ✓ **People may have limited knowledge and understanding of your organisation** so you can use the engagement process to raise awareness of who you are and what you do. Relying on branding isn't enough.
- ✓ **Strike a balance between targeting and generic engagement. LGBT+ communities are important to any generic community engagement you are undertaking.** Avoid notions that people from LGBT+ communities only have niche concerns such as their sexual health or transitioning. This fails to see LGBT+ people in the round. Like other community members, they will have concerns about many issues; such as changes to services or new developments.
- ✓ LGBT+ communities may be underrepresented or invisible at public engagement meetings. If someone isn't out, has had a poor experience of services (which may also be in attendance) and/or has experienced homophobia, biphobia and/or transphobia or hate crime, they can be deterred and excluded from participation. You need to strive to make public meetings and events welcoming and inclusive. You can do this through **inclusive messaging and using ground rules**. Employing some of the other methods noted in this toolkit in parallel to engagement events should ensure LGBT+ community participation.
- ✓ **Taking risks and stepping out of your comfort zone may be a challenge as you work to better improve engagement with LGBT+ communities.** However, as long as you are not reckless there are opportunities to lead and develop ways of engaging that can influence work across the board.
- ✓ **Embracing a coproduction approach will mean you are not alone in what you can do.** There are a large number of community assets that you can work with and draw upon. They have a pool of knowledge and expertise available and you already have relationships with some community assets. They will want to work with you.
- ✓ **Avoiding engagement and consultation fatigue is important.** Remember that ideally, you need to build long lasting and meaningful relationships. Bombarding community assets and individuals or only appearing when you need to undertake engagement work will be unhelpful for trust and relationship building. Take on board the need to offer resources (in money and in-kind), even when you don't need to conduct an engagement exercise.

✓ **Highlight to the LGBT+ communities what you are doing;** make sure visibility is increased and that there is meaningful and named acknowledgement of the communities and their needs in your organisational documents and local health needs assessment, for example. You are well placed to give leadership and championship.

✓ **You can work with your community assets to improve your inclusive messaging and share your learning with partners and services.**
Inclusive messaging is a crucial part of engagement and communication. The use of language and imagery (including that of people) can include or exclude groups and people. While there is some diversity being represented in adverts and in the media, people of colour and/or people with different abilities have limited representation. The same can be said of people who are LGBT+. This has consequences as to whether people feel seen, addressed and acknowledged.

✓ **Be mindful of ally programmes.** Colleagues have to be supported through training and awareness raising about the issues facing LGBT+ communities if they are asserting their ally status by wearing rainbow lanyards or badges. Learn from others who have put this in place and integrate your community assets too.

Getting this right can make our working and service environments inclusive and welcoming places. Getting this wrong can damage our reputation and trust amongst our LGBT+ communities and hurt individuals

And finally

Understand that you have more to do but it is important to promote and celebrate our LGBT+ communities' engagement work. To do so sends

a positive message to the wider community

and to LGBT+ individuals themselves that they exist and we value them.

The added bonus will be increased visibility for our LGBT+ communities,
a contribution to reducing stigma and isolation and that is a good thing
for health and wellbeing!



Appendices: Appendix 1

Who are our LGBT+ community assets?

Please note that information provided is up to date at the time of publishing. Information may change, community assets may cease to exist, and new ones may get established. As part of the formal review of this toolkit we will update this section. We welcome any amendments or additions so please send any suggestions to us: nkccg.nkghengagement@nhs.net

Local		
Pride – Batley batleylgbt@gmail.com Pride – Huddersfield huddersfieldpride@gmail.com Kirklees Council LGBT Employee Network 01484 221 000 Kirklees Council Young Employee Network 01484 221 000 CLiK Survey - current living 2020 Owen Richardson 01484 221 000 Kirklees Safeguarding Children's Partnership 01484 225 161 yOUTH at the Brunswick Centre – LGB and/or T youth service Russell Oxley 01484 469 691 The Brunswick Centre John McKernaghan 01484 469 691 Huddersfield Gay Group (Gay men's support group) info@hugg.org Dewsbury Mixtures 18+ LGBT support group Dewsbury.mixtures@gmail.com	Batley Gay Men's Group batleylgbt@gmail.com Sisters Shout Lesbian and Bisexual woman support group) Anna.fry@womenscentre.org.uk Kirklees Neighbourhood Housing - Community Engagement Team 01484 414 886 Kirklees Federatenants - tenants and residents associations 01484 223 466 LGBT youth groups in schools and colleges: Moor End School King James School Colne Valley High School North Huddersfield Trust Honley High School Whitcliffe Mount School Greenhead College Huddersfield New College Contact via yOUTH, Russell Oxley 01484 469 691 Proud Terriers (Huddersfield Town LGBT supporters group) https://www.facebook.com/ProudTerriers	Plastic Ivy Sauna (Gay and Bisexual Men's sauna) 01924 455 600 Empire Cinema (Adult cinema) 01484 540 978 Third Sector Leaders Kirklees tslkirklees.org.uk/ 01484 519 053 Kirklees Youth Alliance (part of Third Sector Leaders) tslkirklees.org.uk/opening-doors/ kirklees-youth-alliance/ 01484 519 053 Huddersfield University LGBTQ+ Society Hudlgbtqsociety@gmail.com LGBT+ Network at the University of Huddersfield r.ward@hud.ac.uk Huddersfield University Student Union 01484 473 555 VAC Improving Local Lives Kirklees info@cvac.org.uk 01422 348 777

Regional

Pride – Bradford

www.facebook.com/Bradford-Pride-802777423151806/
07967107 079

Pride – Calderdale

calderdalepride.org/

Pride – Sowerby Bridge

info@insowerbybridge.co.uk

Pride – Happy Valley (Hebden Bridge)

Info@happyvalleypride.co.uk

Pride – Leeds

www.leedspride.com

Pride – Manchester

manchesterpride.com/
0161 831 7700

Trans Pride Leeds

leeds@gmail.com

Sparkle Weekend Manchester – Trans Pride

sparkle.org.uk/
sparkle.org.uk/contactus

Youth Work Unit Yorkshire and Humber

0113 2703 595

Gender Identity Service

0113 855 6346

Yorkshire Mesmac –

LGBT services across Yorkshire
mesmac.co.uk

Black Heath Agency Leeds

Skyline – HIV services in Leeds
0113 244 9767

Transmission - support and information for trans people in Bradford, Leeds and Doncaster
07946 073 565

Hidayah - gender, sexuality and Islam support (branch in Leeds)

Info@hidayahlgbt.co.uk

HAGG - Halifax Area Gay Group

mike@hagg.org.uk

Barnardos Positive Identities Project

barnardos.org.uk/what-we-do/services/positive-identities-calderdale-identity-lgbtq-youth-group
01422 371 993

Bradford Equity Partnership – LGBT services

01274 727 759

2bu Wakefield - LGBTQ social group for adults with learning difficulties

www.facebook.com/2buwakefield/

The Proud Trust – LGBT+ youth support Manchester

<https://www.theproudsttrust.org/>
0161 660 3347

Youth Work Unit

youthworkunit.com/

Leeds Adult Gender Clinic

leedsandYorkpft.nhs.uk/our-services/gender-identity-service/

Tavistock Clinic (Leeds) – Gender identity clinic for young people aged 17 and under
gids.nhs.uk/

Sheffield Adult Gender Clinic

shsc.nhs.uk/services/gender-identity-clinic

National

LGBT Consortium

<https://www.consortium.lgbt/>
admin@consortium.lgbt
020 7064 6500

Stonewall

stonewall.org.uk/

LGBT Foundation

<https://lgbt.foundation/>
0345 3 30 30 30

NHS England LGBT Network

england.nhs.uk/about/working-for/staff-networks/lgbt/

National Advisor for LGBT Health, NHS England and NHS Improvement

0113 825 0000

Gender Identity Research & Education Society (GIRES)

gires.org.uk/
01372 801 554

National Adult Gender clinics:

Newcastle

cntw.nhs.uk/services/northern-region-gender-dysphoria-service-specialist-service-walkergate-park/

Nottingham

nottinghamshire.healthcare.nhs.uk/nottingham-centre-for-transgender-health

London

gic.nhs.uk/

Northampton

nhft.nhs.uk/gic

Devon

dpt.nhs.uk/our-services/gender-identity/about

Scotland

ngicns.scot.nhs.uk/gender-identity-clinics/

Belfast

transgenderni.org.uk/healthcare/

Tavistock Clinic – young people aged 17 and under (London) – outreach in Exeter and Cardiff
gids.nhs.uk/

Appendices: Appendix 2

Glossary

Term	Meaning and Use
Ally	A (typically) heterosexual and/or cis person who supports members of the LGBT+ communities.
Asexual	Not attracted to either sex or non-binary people.
Bisexual	A person attracted to either sex.
Biphobia	Dislike or fear of someone, based on prejudice or negative attitudes, beliefs or views about bisexual people. It can be toward some who is or perceived to be lesbian, gay or bisexual.
Cisgender	A person whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.
Community Assets	Most commonly the term describes buildings, but they can also be land, local clubs/ groups/organisations and facilities, libraries, energy generation facilities, funds, volunteers, or members of staff. Community assets enhance the services that organisations or groups provide in their local area.
Coming Out	When a person first tells someone/others about their orientation and/or gender identity.
Co-production	There are many definitions but this one from New Economics Foundation's National Co-production Critical Friends group provides a helpful statement explaining the concept: "Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities."
Dead Naming	Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.
Gay	To describe a man attracted to men. Some women prefer to use the term rather than 'lesbian'.
Gender	Often expressed in binary terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.
Gender Dysphoria	Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.
Gender Expression	How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.
Gender Identity	A person's sense of their own gender, whether male, female or something else which may or may not correspond to the sex assigned at birth.
Gender Reassignment	Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010.
Heterosexual	A person attached to the opposite sex.
Hermaphrodite	A term once used to describe an intersex person.

Term	Meaning and Use
HIV	Human immunodeficiency virus is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease.
Homophobic	Dislike or fear of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bisexual people. It can be toward some who is or perceived to be lesbian, gay or bisexual.
Homosexual	A person attracted to people of one's own sex. Be careful when using the term as it has negative connotations for many. It was defined as a mental illness and implied criminal activity in the past and therefore carries a lot of stigma and is often perceived as offensive.
Inclusive Messaging	Reflects the diversity of the communities we serve. It encompasses diverse voices and representation reducing cultural bias through thoughtful and respectful content.
Intersex	A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female or non-binary.
Lesbian	A woman who is attracted to women. Some non-binary people may also identify with this term.
LGBT / LGB&T	The acronym for lesbian, gay, bi and trans.
LGB and/or T	'And/or' used to show that LGB is about a person's sexual orientation and T is about their gender. To show that trans people will have a sexual orientation too.
LGBTQ	Q stands for questioning, often used by those exploring or discovering their sexual orientation and/or gender identity.
LGBT+	'+' used to be inclusive of all LGB and gender identities.
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.
Orientation	An umbrella term describing a person's attraction to other people. This attraction may be sexual (sexual orientation) and/or romantic (romantic orientation). These terms refers to a person's sense of identity based on their attractions, or lack thereof. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.
Outed	When a lesbian, gay, bi or trans person's sexual orientation and/or gender identity is disclosed to someone else without their consent.
Pan	Refers to a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.
Passing	If someone is regarded, at a glance, to be a cisgender man or cisgender woman. This might include physical gender cues (hair or clothing) and/or behaviour which is historically or culturally associated with a particular gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010.
Pride	Pride events are held across the summer months and are about communities coming together in celebration, protest, unity and solidarity.
Pronoun	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.
Queer	A term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT+ community (racism, sizeism, ableism etc). Although some LGBT+ people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.
Questioning	The process of exploring your own sexual orientation and/or gender identity.
Romantic Orientation	A person's romantic attraction to other people, or lack thereof. Along with sexual orientation, this forms a person's orientation identity.

Term	Meaning and Use
Sex	Assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.
Sexual Orientation	A person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.
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.
Transgender Man	A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.
Transgender Woman	A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.
Transitioning	The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently, and changing official documents.
Transphobia	The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.
Transsexual	This was used in the past as a more medical term (similarly to homosexual) to refer to someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. This term is still used by some although many people prefer the term trans or transgender.

LGBT+

ENGAGEMENT
TOOLKIT

Seeing the rainbow –
toolkit to support our
engagement with LGBT+
communities

‘Understanding the real needs of LGBT+ people is necessary in order for health and social care professionals to deliver person-centred care⁶’

www.thebrunswickcentre.org.uk
www.greaterhuddersfieldccg.nhs.uk
www.northkirkleescg.nhs.uk

