LGBT 2010

HEALTH SUMMIT

FINAL REPORT

6-7 SEPTEMBER

HATFIELD

HERTFORDSHIRE

the emotional connection: healthy mind, healthy body

Hosted by

Hertfordshire Partnership NHS Foundation Trust

as one
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Foreword from Trust Chief Executive and Chair – Tom Cahill and Hattie Llewelyn Davies

Hertfordshire Partnership NHS Foundation Trust (HPFT) is very proud to have had the opportunity to host the LGBT Health Summit 2010 which produced a lot of discussion about how we can all make positive changes in our local areas and across the UK. However, for us, it was also an opportunity to focus on increasing our efforts to make services more accessible and supportive of LGBT people.

The atmosphere that delegates created was very positive and proactive in taking forward the LGBT agenda in the UK.

We are extremely grateful to everyone for their support and help at the summit and the summit staff, facilitators, speakers and the staff at the venue for their support.

The summit aims were to:

• **Inspire** LGBT people and those working with LGBT people to be innovative in their approach to health and to take action to inspire others around them.

• **Involve** LGBT people, professionals and those representing LGBT groups, in order to share personal experiences and learn from each other.

• **Understand** emotional health and wellbeing principles in relation to LGBT people and how health and social care services can work with LGBT people, to improve their knowledge and understanding.

• **Celebrate** with LGBT people and professionals and share successes and experiences.

On reflection we feel this was achieved through the commitment of delegates to getting stuck into lively debate and getting to the heart of current priorities affecting LGBT people around their emotional and physical wellbeing.

Thank you everyone for attending and the best of luck to Cardiff for the 2011 summit.

Reflections from Summit Project Manager – James Holland

The summit had the theme of ‘the emotional connection: healthy mind, healthy body’ and focused throughout the two days on the connections between emotional and physical health, and it was so good to see everyone knuckle down and get straight to work!

For me, the atmosphere of the summit was so refreshing. At a time when all of us are feeling the burden of budget constraints, it would have been easy to be pessimistic as to whether we could move the agenda forward with little resource.

Instead what I saw was truly inspiring and a great reminder of why it is so valuable to work in this sector.

What was particularly powerful – for me – was the input from LGBT community members, both locally and nationally. It made the agenda come alive and reminded us why we were there; to educate and inspire each other so that we can take this agenda forward, regardless of the current period of austerity that we are entering.

Some of this new learning will be picked up through the new national LGBT partnership as well as various local partnerships across the UK.

I’m extremely proud of what the summit achieved this year. This was in no small part due to the time and effort that the whole summit staff team put into the event. (or the red T Shirt brigade as you may remember them!) They were always smiling. Even when they didn’t want to!

I’d like to wish Cardiff the best of luck in hosting the 2011 summit. I’m sure it will be great!
Reflections from Chair – Tim Franks

This event was a rare and productive opportunity to bring together people with an interest in LGBT health. After more than 20 years as a volunteer and worker in LGB and T community groups and organisations the event caused a mixture of pride, excitement, sadness and admiration.

I was proud of the range and diversity of the projects taking place within the UK. I was excited by new initiatives, new research and new ideas about how we best understand and meet the health needs of the different parts of our communities.

Yet I also felt regret, I was sad that even after so much progress there are some things that we still seem to be struggling with. Some of the issues I heard over these two days are the issues we were talking about two decades ago and little seems to have moved.

Finally, I felt a breathless admiration for the energy, hard work, dedication and patience of the staff. Even under the testing circumstances of last minute changes and badly behaved power points they kept their nerve and their calm. Well done!

“\textit{I was proud of the range and diversity of the projects taking place within the UK. I was excited by new initiatives, new research and new ideas about how we best understand and meet the health needs of the different parts of our communities.}”

Reflections from Chair – Christine Burns MBE

As an NHS Equality and Diversity professional I have only praise for the way in which this fifth annual LGBT Health Summit was organised and run.

The planning and documentation was comprehensive, the venue was excellent, the accommodation was comfortable, and the food was generous. The stage setting, with the rainbow sofas, was a touch of genius.

My first impression on arrival was of a hugely well subscribed event with a real positive ‘buzz’ in the air. The programme had something for everyone, and the inclusion of personal narratives alongside professional presentations added an important element to the proceedings and supported the underlying theme of emotional as well as physical well-being.

As Chair of day two, and because I was producing a mini documentary about the event, I had a particular interest in hearing views from the contributors and the delegates. What I heard was overwhelmingly positive. Congratulations to the Hertfordshire Partnership NHS Foundation Trust for an excellent job well done.

Christine’s podcast of the event can be heard online at \url{http://podcast.plain-sense.co.uk/2010/09/10/the-lgbt-health-summit-2010/}
Workshops

In total the summit hosted 34 workshops covering:

- Invisibility and Isolation - Researching Sexual Orientation
- LGBT people in rural settings
- ‘Over Not Out’ - supporting LGBT Asylum seekers
- Life Skills for Trans People in Scotland
- The LesBiSexy project
- LGBT Housing
- Is LGBT health a legal issue?
- Homophobia, Transphobia and Sexual Exploitation of LGBT youth
- Substance use and LGBT people
- Multiple Identities - exploring sexuality with culture
- Let’s talk about sex!
- “Yes, but... what DO they do in bed?”
- Different Strokes and Be, Recover, Thrive
- Understanding and Promoting the Mental Health Needs of LGBT Youth
- Seldom Heard, Seldom Seen - LGBT social care needs
- Mainstreaming Sexual Orientation in Healthcare
- Listening to your community, researching the needs of LGBT communities
- Modern day homophobia and us: A young person’s perspective
- Who will care for me when I get old? - LGBT issues for older age
- Gender, Sexuality and Spirituality: exploring the interplay
- Suicidal Distress, Survival and needs assessment in LGBT Communities
- Everything you’ve ever wanted to know about lesbian sex but were afraid to ask!
- ‘Who am I again?’: Bisexual identities in health care
- Disabled and Gay, Lesbian, Bi or Transgender?
- Male Sexual Assault: Overview and Challenges for LGBT Communities
- What gay men want – expectations of GUM services
- LGBT people with learning disabilities
- Lesbians and bisexual women do need cervical screening
- Celtic Fringe? Mental Health Needs of the LGB and/or T Northern Ireland
- Burning Away Health - LGBT Smoking Cessation
- LGBT Parenting
- Delivering Holistic Support for Gender Variant People
- LGBT Domestic Violence Awareness
- Healthy LGBT workplace and recruitment practices

All abstracts for the workshops can be found at the end of this document and presentations from the workshops and speakers can be found online at www.lgbthealth.co.uk
Lunchtime Workshops

Clare Summerskill – A Presentation of ‘Hearing Voices’

A very popular part of the summit was Clare’s interesting presentation of her play ‘hearing voices’ charting the experience of LGBT people in psychiatric care settings.

Clare’s play is available to purchase via her website (link below) where you can also find out about other work Clare is doing around the country.

www.claresummerskill.co.uk

Monty Moncreiff, Montinaro and Emma Roebuck – LGBT Health Partnership

On the second day, representatives from the new national LGBT partnership presented information about the partnership and how it is currently working.

The partnership pledges to:

- Listen, value and invest in LGBT voluntary and community organisations.
- Combat homophobic and transphobic bullying in schools
- Ensure that all public sector services monitor the sexual orientation of their service users
- Ensure that public sector organisations provide and procure services that are inclusive of LGBT people, fulfilling their duties within the equality act.
- Take action against homophobic hate crimes and incidents

Further information about the LGBT partnership can be obtained from partnership@lhf.org.uk or by calling 0845 3 303030

Keynote Speakers and Plenary Sessions

Paul Farmer, Helen Jones, Paula Reid and Boo Kipps – Mind and MindOut

The first day began with Paul Farmer, Chief Executive of national Mind addressing the summit talking about the national ‘Time to Change’ project which focuses on tackling mental health stigma. This presentation was introduced by a short commercial about the Time to Change project, also available at www.timetochange.org.uk as well as talking about related projects such as the ‘get moving’ initiative, supporting people with mental health issues through exercise.

Paul spoke about the work that local mind associations are doing all, all across the country with LGBT people. He spoke about positive emotional wellbeing and how these can be overshadowed by stigma and discrimination, particularly LGBT people who may be experiencing dual discrimination.

This sessions continued with Helen Jones, Paula Reid and Boo Kipps from MindOut Brighton, speaking about LGBT specific issues.

Helen, Paula and Boo shared extracts from some first person accounts of LGBT people’s experiences of mental health issues and suicidal distress. The following are some quotes from the extracts that were presented:

“......I ended up running up and out of school and I went home and I thought the only way out of not having to go back was to basically kill myself. And I basically, I think I took about 60 tablets, mainly paracetamol, but I was on anti depressants at the time..."
as well and I took a few of them and basically whatever I could find in the house.”

“Well the last time I did try to kill myself was after I moved to Brighton which was about 3 ½ years ago. You see I naively thought that now I’d left London, and the heart of darkness, I thought that I would be safe now that I was in Brighton, you know well I though this is the pink capital.

And I’d been here just about 10 days and I was walking along Western Rd in the daytime, and these youths came up and they snatched my wig off the top of my head and they just ran off with it. You know when you think that wig cost £150 just a few days before then I was seriously upset. When I complained to the police there was the usual lack of interest in doing anything about it. And then I realised that I wasn’t safe in Brighton and I was never going to be safe for the rest of my life..................... So I thought well I’m absolutely worn out with all this and it’s never going to get any better. Not in my lifetime you know. So yes I decided to kill myself and I took a liberal amount of, oh, one of the antidepressants, I’ve forgotten which one it was. Somehow or another I was found and resuscitated.”

These extracts were taken from first person accounts of LGBT people collected through recent research by MindOut on suicide prevention available from their website.

The talk ended with the three speakers talking about what MindOut are offering in way of advice and info, advocacy and support groups as well as training for mental health service providers.

Further info can be found at www.lgbtmind.com

Bernard Reed, Terry Reed and Stephenne Rhodes – GIRES

The Gender Identity and Research Education Services (GIRES) delivered the plenary on day one talking about improving the emotional wellbeing of Trans people.

This talk used a mixture of powerful real life examples – such as Bernard Reed explaining that GIRES was started following the struggles that their daughter had faced through her transition - and as factual information re: transition and demography, including producing guidance on transgender experiences for the Department of Health.

Some of the key points raised by Bernard included:

- Challenges remain around service provision, meeting legal obligations and responding to the needs of service users.
- Identifying the rapid increase in demand for services over recent years with 75% of issues reported by Trans women, however cases involving Trans men are on the increase.
- 10,000 people have so far sought treatment with just over 1500 new cases each year. However 300,000 – 500,000 present with gender variance.
- British health professionals are now catching up with other areas in Europe by looking more closely at what new models of care need to be offered to meet the needs of Trans people.

Following this, Terry Reed presented information on new Department of Health procurement guidelines drawing on similar information to the recent white paper. The main points raised were:

- With the projected figures for new GP consortia, this could equate to 50 Trans people per consortia being treated with 8 new cases each year.
- If the new NHS structure is implemented effectively it could be more beneficial for addressing the needs of Trans people at a primary care level.

The Audit and Information Analysis Units (AIAU) reported that 98% of Trans people who had surgery reported positive outcomes, with 26% receiving initial referral to a gender identity clinic via a psychiatrist, 19% from direct GP referral and 15% through self-referral.

Equality Act 2010 strengthens existing legislation (E.g. Human Rights Act Article 8, Gender Recognition Act etc) in ensuring equal treatment and rights for Trans people.

Finishing off the plenary, the audience heard from Stephenne Rhodes regarding how Gender Dysphoria feels and what it is from a service users perspective. The main points raised by Stephenne were:

- For many there can be a feeling of ‘wrongness’ which often starts quite young and often leads to isolation and withdrawal from society.
- Issues often linked to substance misuse.
- It can be a hugely difficult diagnosis to get and is often seen as irrational and illogical.
• Often the period after diagnosis can be difficult and can involve issues such as suicide attempt, ‘cry for help’ often resulting in accessing GP’s for support – not always with success. This often leads to feelings of abandonment.
• There is no informed counselling early on for the individual or their family, nor practical support for the following stages e.g. Dress, gender cues etc.
• The run up to surgery can be traumatic with a mixture of excitement and dread as well as fears it will not happen.
• Follow up care can be difficult if counsellors receive no widespread training in gender dysphoria.

Further info can be found at www.gires.org.uk

Tim Franks – Project for Advocacy, Counselling and Employment (PACE)

Tim addressed the summit speaking about a piece of research they have recently carried out – commissioned by the National Mental Health Development Unit (NMHDU) called ‘Where to Turn’. This came from the systematic review produced by the National Institute for Mental Health (NIMH) in 2008 of ‘Mental Disorders, suicide and self harm in lesbian, gay and bisexual people’. This research found disproportionality in the mental health and substance use of LGB people in England and also added to the national suicide prevention strategy including LGB people as a specific risk group.

As a result of the review, PACE were commissioned to carry out ‘Where to Turn’ in 2010. The research focused on whether things had changed in how LGBT people were being supported in mental health services since the 2008 systematic review.

The research initially looked at mapping:

• Literature and online resources for LGBT suicide prevention
• Surveying strategic leads from mental health Trusts asking questions re: suicide prevention
• Contacting and surveying LGBT specific services
• User surveys re: LGBT experiences of suicidal distress

The research focused on monitoring of sexuality, assessing need, promoting access, making services appropriate and checking on performance of organisations and asked why issues weren’t changing in the support provided to LGBT people around their mental health.

Tim went on to explain that organisations were questioned on why they were not doing specific work around monitoring sexuality or the needs of LGBT people. The main responses to this question were:

• Don’t know
• Lack of external pressure
• Organisational barriers
• Client considerations

Organisations cited a lack of external pressure from commissioners and data collection targets that do not specify consideration of LGBT issues. Additionally many staff reported feeling that they would not know what they would do differently if someone came out to them. With this Tim explained that indeed there are many – often seen as minor – things that can and should be done differently in the way LGBT people are supported that make an immense difference.

However the most common response from staff was that difficulties were due to the clients. This ranged from staff feeling it was a private issue, to feeling there were difficulties due to age. But also concerns raised by service users. Tim explained one very real reason for this is that – for many LGBT people – when they have been asked their sexuality, it has often preceded an attack of some sort, which can make people reticent to believe that giving this information can help.

Overall the research concluded that mainstream services are taking little action to establish LGBT need, promote access to communities or ensure people receive a good service. Figures show that 6% are achieving good practice and a further 10% actively working with the issue.

Tim finished his talk by presenting a powerful quote from one of the service users who gave feedback in the research as:

“When you assumed that I’m straight and you make it clear to me that your services aren’t relevant to me or my life, which pushes me closer to letting go of life. I’m already working hard to stay alive moment by moment and I don’t have the energy to constantly come out to you and then have to deal with your homophobia or ignorance or confusion.”

Further info on the work of PACE – including the report presented by Tim - can be found at www.pacehealth.org.uk
Dr Stuart Lorimer – Charing Cross Gender Identity Clinic (GIC)

Stuart addressed the summit speaking about the ‘Peaks and Troughs of the Gender Identity Process’

He began explaining his interest in the area of gender identity and how often the role of a medical person in the gender transition process can be seen to medicalise that process which is a fear for many Trans people.

Stuart presented that when looking at LGBT people as a whole group, there can often be a ‘pecking order’ with how seriously issues are taken. Often in these situations it can be the Trans agenda that suffers as well as ignorance amongst LGB people – particularly gay men – around the needs of Trans people. Often there is little recognition in society that Trans and Sexuality are two separate issues.

Following the sharing of a powerful story Stuart explained the sadness that can be felt when it is only following suicide, death or a time of crisis that you find out someone is Trans. Surely it should not be the case in this day and age.

Stuart went on to explain that currently 80% of those who attend the GIC make a transition and of the 20% who don’t the larger part would like to but find themselves ‘stuck’ for one reason or another. There are also a minority of people who view themselves as androgyous or gender queer and may not identify themselves through transitioning.

Following this Stuart looked at whether transition was the same as coming out? It can be a fair comparison as there are similarities. He explained that both are conscious ways of self expression that take a great deal of thought and preparation. Both can be stressful, risky and/or dangerous. Both often mean getting bombarded with strange, over-familiar questions. Additionally both are continuous processes.

The main difference between transition and coming out is the biological changes that are often seen with transition.

The GIC currently has approx 900 new referrals per year. GIRES has estimated that this doubles each year. 70% are making a male to female transition and 30% female to male. Transition often takes place in adulthood and after a sense of people ‘fulfilling their obligations’, e.g. family, marriage, parenting etc. Transition for many follows this period, often following a period of reflection when they may be forced into situations where they need to confront their gender identity.

Stuart went on to explain that there is no standard style of transition. It differs for each person however they can be categorised into main themes:

- **Biological** – Common issues involve factors in the body that can prevent transition or make transition difficult. For both Trans men and women this can involve facial and body hair, speech modification, feminising/masculinising hormones, tattoo removal and surgery.

- **Psychological** – These are the main issues that are seen in both the GIC and neighbouring psychological depts. These can include concerns around employment, procrastination due to family or relationship pressures, feelings of loss of status, sexuality, coming to terms with the body, faith and religion, gender euphoria.
• **Social** – Includes issues such as name change, family situation, safeguarding people’s rights (e.g., use of toilets, parenting etc), social customs (learning and unlearning)

Stuart continued by dispelling some myths that exist about the GIC such as:

• You have to wear a skirt to attend the GIC
• You have to be living ‘in role’
• You have to be heterosexual
• You have to say you want surgery
• You have to be suicidal
• You can’t admit to stress
• The GIC will stop your hormones
• It will take forever
• They deliberately play ‘good cop, bad cop’

He finalised his presentation with some of the issues facing Trans people in the longer term such as:

• Post surgery anti-climax/blues
• Post surgery relationship adjustment
• “Second adolescence”
• Concerns re: having sex
• Feeling that transition is never ending
• Regret
• De-transition

His final remark was the importance of solidarity within the Trans community and for LGBT people as a whole and the importance of remembering that we have a lot in common and can support each other.

Further information on the myths associated with attending gender identity clinics can be found at [http://www.spectrumlondon.org.uk/pdf/WLMHT%20Myths.pdf](http://www.spectrumlondon.org.uk/pdf/WLMHT%20Myths.pdf)

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**Stuart Morris – LGB Youth Perspective**

The audience was fortunate to hear – throughout the summit – personal accounts from LGBT people about their journey. The first of these came from Stuart Morris from the PACE youth group ‘Outzone’.

Stuart spoke about his experience of coming out and the support he has received from PACE and Outzone.

This included sharing a powerful story of his own coming out experience and how that effected his living situation like so many other LGBT people. It wasn’t until attending the group that he met a new friend who offered him a place to stay until he sorted out somewhere more permanent. He felt that the group has really helped him to get the support he needs and to feel more confident about himself.

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**Personal Experiences**

**Yvonne Taylor – ordinary person on an extraordinary journey**

Yvonne gave an extremely powerful talk on her life growing up and coming to terms with her gender identity. This started in Devon where – although picturesque with much to offer – was marred by her feelings of depression due to lack of support mechanisms or available information around supporting Trans people.

She also talked of the male stereotypes she felt forced into, including getting married and having 5 sons, whom she loves dearly.

Yvonne also highlighted the failings of primary care in adequately supporting her feelings around her gender. It was only due to the coincidence of a visiting GP at her surgery that these issues were finally taken seriously.

Her life has gone from strength to strength since her referral for gender specific support and – although she is clear that she is early on in the process – looks to the future with hope and happiness.
What did YOU think?

We had lots of great feedback on the workshops and how the talks went which will be winging its way to facilitators! However we want to share what some of you had to say:

Overall high standard with extremely enthusiastic presenters/leaders.

A shame there was not more time!

Great. Too many choices, but good choice.

They were really well facilitated, they gave me lots of ideas for future work.

Felt a bit study heavy

Very long workshops. Need to be half the time.

Some workshops had too much content and not enough time for discussion - there is very little new info to impart and therefore group discussion is so important.

Both workshops were large subjects and discussion could have continued for a while.

The whole idea of the Summit was commissioned and delivered so well that all the people involved should be so proud of putting on an event which will stay in many people’s memories for the warmth, enthusiasm and content. Are we going to come again? Yes we are!

I totally encourage open discussion within the workshops however I feel that delegates should not take over the speakers.

For me the 2nd day workshops were more interactive and there was more chance for discussion.

Nice length of time for each.

Besides the practical aspects of sex I would like to know about attraction, who likes who. I am completely ignorant on these issues and I had hoped that workshops were more for people who need to understand and get close to this world...

Pity they weren’t longer!!

I think the leaders needed to be briefed about how best to pitch the sessions as some were too simple I think for the level of knowledge in the room.

All workshops were excellent, really well run and good mix of information and engagement.

Fantastic topics, eight experienced speakers.

Useful and fabulous – thanks

Good but more discussion and group work needed.

Clare Summerskill is wonderful and her DVD should be bought and easily available in all NHS Trusts

Needed more time for discussion and debate.
Information Stalls

One of the important parts of any event is ensuring that people have access to the right sort of information.

There was a real buzz – between talks – coming from all of the fantastic information stalls provided by local and national agencies. These included:

- Hertfordshire Partnership NHS Foundation Trust
- Hertfordshire County Council and Adult Care Services
- Herts Mind Network
- Guideposts Trust
- Herts Viewpoint
- Hertfordshire Equality Council
- Watford Community Housing Trust
- Hertfordshire Police and Hertfordshire Police Authority
- Rethink
- Stonewall
- Sigma Research
- PACE
- GIRES
- Department of Health
- Equality and Human Rights Commission
- Age UK
- Lesbian and Gay Foundation
- Terrence Higgins Trust
- LGBT Consortium

A huge thank you to all of them for their contribution.

LGBT Reading Zone

A new addition to the summit for 2010 was the LGBT reading zone provided by Hertfordshire Libraries Service.

The LGBT Reading Zone showcased the best of LGBand T literature and health related stock, providing an opportunity to browse books and magazines, read and relax.

The Zone was much appreciated by delegates with 270 people visiting over the 2 days. There was also some great positive feedback such as:

‘Thanks to the Library Service. It adds a different dimension’

‘What a good idea and such a good choice of books’.

If anyone would like a copy of the LGBT booklist, it is available at www.hertsdirect.org/lib/leisure/libraries/services/libser-lgay/.

If people would like to add a memory of their experience of the Summit, please go to the Lesbian, Gay, Bisexual and Transgender page of the community archive website Herts Memories at www.hertsmemories.org.uk/category_id__209_path__op3p.aspx
After the rigors of day one, the summit organisers wanted to offer an opportunity for delegates to relax and network with one another. This all took place in Club De Havilland where ‘Candyslam unplugged’ treated us to some familiar tunes whilst hosting the great big LGBT quiz! It was great to see everyone letting their hair down and networking. A huge well done to the winning team!

One concern that a number of people have raised is around the catering for the evening. Whilst everyone agreed the food was great quality, it was felt by many that there were insufficient portions to cater for the number of delegates that attended. This has been fed back to the venue.
Diversity

Once of the great things about the 2010 summit was seeing so much diversity across the delegates who attended. In total 334 of those who booked a place filled out their equality monitoring form. The results are listed below:

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<td>Other</td>
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We also asked the question ‘Is your gender now different to that assigned to you at birth?’
– In total 29 delegates answered yes to this questions with a further 40 delegates choosing not to answer the question.

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<td>Lesbian</td>
<td>19% (65)</td>
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<td>Other</td>
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<td>Christianity</td>
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<td>Physical Impairment</td>
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<td>Learning Disability</td>
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<tr>
<td>Long Term Health Condition</td>
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<td>Long Term Mental Health Issue</td>
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Finance

This section gives details on the cost of the summit.

The following table outlines the sponsorship given to the 2010 LGBT Health Summit:

<table>
<thead>
<tr>
<th>DETAIL</th>
<th>COST</th>
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<tr>
<td>Hertfordshire Partnership NHS Foundation Trust</td>
<td>£10,000</td>
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<tr>
<td>Department of Health</td>
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<tr>
<td>Hertfordshire County Council</td>
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<tr>
<td>NHS Hertfordshire</td>
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<tr>
<td>East of England Strategic Health Authority</td>
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<tr>
<td>Terrence Higgins Trust</td>
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<tr>
<td>Hertfordshire Police</td>
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<tr>
<td>Project for Advocacy, Counselling and Employment (PACE)</td>
<td>£500</td>
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<tr>
<td>Unison</td>
<td>£500</td>
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<tr>
<td>LGBT Summit 2009 (under spend)</td>
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<tr>
<td>TOTAL</td>
<td>£46,488.00</td>
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</table>

At the time of this report being produced, an additional £8803 was received from delegates to pay for their accommodation at the LGBT health summit with £910 outstanding. Additionally there is currently £2000 outstanding for cancellation charges.

Therefore the total income for the 2010 LGBT Health Summit – including payment for overnight accommodation was £55,291.

The following table outlines the spending for putting on the LGBT Health Summit 2010:

<table>
<thead>
<tr>
<th>DETAIL</th>
<th>COST</th>
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<tr>
<td>Printing of Summit Programme</td>
<td>£290</td>
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<td>Printing of Delegate Pack</td>
<td>£4,358</td>
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<td>Speaker Fees</td>
<td>£880</td>
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<td>Summit Venue Deposit</td>
<td>£6,680</td>
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<td>Balloon Design for Evening Decorations</td>
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<td>Photography</td>
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<td>Reimbursement expenses</td>
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<td>Evening Singer</td>
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<td>Website Design and Admin</td>
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<td>Petty Cash Reimbursement</td>
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<tr>
<td>Stress Toys, Conference Pads, Staff T Shirts, Posters</td>
<td>£2,158</td>
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<tr>
<td>Graphic Design of logos, conference bags</td>
<td>£2,375</td>
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<td>Pull up banner for initial promotion</td>
<td>£54</td>
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<tr>
<td>Speaker and Facilitator Travel Reimbursement</td>
<td>£1,840</td>
</tr>
<tr>
<td>Conference Hertfordshire – Venue hire, catering, accommodation</td>
<td>£41,025</td>
</tr>
<tr>
<td>TOTAL</td>
<td>£57,410.00</td>
</tr>
</tbody>
</table>
Acknowledgements

We would like to thank the following people for all of their hard work and support in making the 2010 LGBT Health Summit a success:

Summit Steering Group and Volunteer Staff

James Holland – Hertfordshire Partnership NHS Foundation Trust
Asha Wolfe-Robinson - UNISON
Julie Nicholson – Herts Mind Network
Lin Fellows – Guideposts Trust
Shazia Butt – Hertfordshire County Council - Adult Care Services
Victoria Griffiths – Hertfordshire County Council
Connie McCall - Hertfordshire County Council
Doug Ritchie-O’Dell – Luton Lodge and Men4Men Project
Graeme McAndrew – Barnet Enfield and Haringey Mental Health Trust (CAMHS)
Mike Barratt - Hertfordshire Partnership NHS Foundation Trust
Helen Bond - Hertfordshire Partnership NHS Foundation Trust
Christiana Ashare – Herts Viewpoint
Kevin Gutherson – Herts Fire and Rescue
Penny Whitehead – Hertfordshire Libraries
Shirley Everall – Hertfordshire Libraries
Sonny Van Eden - LGBT Community Member
Tyson Martin – Watford Community Housing Trust
Dawn De Coteau - Hertfordshire Partnership NHS Foundation Trust
Emma Bisset - Hertfordshire Partnership NHS Foundation Trust
Emily Curry - Hertfordshire Partnership NHS Foundation Trust
Richard Noble - Hertfordshire Partnership NHS Foundation Trust
Lucy Cooper - Hertfordshire Partnership NHS Foundation Trust
Fran Hook
Caroline Saurin – Girl Diva
Kayleigh Casson – Girl Diva
Jane Allen – LGBT Community Member
Stuart Morris - Outzone
Jason O’Dwyer – LGBT Community Member
Sabrina Robinson – Herts Mind Network

Summit Chairs and Openers

Tom Cahill - Hertfordshire Partnership NHS Foundation Trust
Christine Burns – NHS North West
Hattie Llewelyn Davies - Hertfordshire Partnership NHS Foundation Trust
Tim Franks - PACE

Summit Speakers

Paul Farmer - Mind
Helen Jones - MindOut
Paula Reid - MindOut
Boo Kipps - MindOut
Bernard Reed - GIRES
Terry Reed - GIRES
Stephene Rhodes - GIRES
Yvonne Taylor – LGBT Speaker
Tim Franks - PACE
Stuart Morris – LGBT Speaker
Dr Stuart Lorimer – Charing Cross Gender Identity Clinic
Summit Workshop Facilitators

Dr Adam Bourne – Sigma Research
Dr Liz McDermott – University of York
Al Green – Healthy Gay Cornwall
Michael Bell - MBARC
Jake Tatton – Scottish Transgender Alliance
Johanna-Alice Cooke - Scottish Transgender Alliance
Billijean Summerbell - DISC
Nick Wallbridge – Stonewall Housing
Ron Eddy - Stonewall Housing
Holly Riley – Government Equalities Office
Tansy Hitchinson – Equality and Human Rights Commission
Barry Mussenden – Department of Health
Tom Cahill - Hertfordshire Partnership NHS Foundation Trust
Tim Eastwood - PACE
Sara Ashworth – Lesbian and Gay Foundation
David Stuart - Antidote
Josetta Malcolm - MindOut
Scott Durairaj – Sussex Foundation Trust
Jay McNeil – TransBareAll
Lee Gale - TransBareAll
Dominic Davies – Pink Therapy
Nik Thoren – Shout! Centre Sheffield
Keith Archer - Shout! Centre Sheffield
Angela Lawrence - Lancashire Care NHS Foundation Trust
Clive Taylor - Lancashire Care NHS Foundation Trust
Damian McCann - CAMHS
Graeme McAndrew - CAMHS
Paul Ross – Social Care Institute for Excellence (SCIE)
Sarah Carr - SCIE
Christina Marriott – Care Qualities Commission (CQC)
Clare Hammerton – Research Consultant
Gloria Wallace – Suffolk Lesbian and Gay Helpline
Liz Peck – Suffolk Family Carers
Andy Stovold – Three Rivers District Council
Sujata Gathani
Lara Jaffey – SexYouality
Miriam Lynn - SexYouality
Antony Smith – Age UK
Carol Robson – Engage With
Revd Christina Beardsley – Chelsea and Westminster Hospital
Revd Sharon Ferguson – Lesbian and Gay Christian Movement
Revd Robert Mitchell – Royal Free Hospital
Helen Jones - MindOut
Paula Reid - MindOut
Marcia Ash – Research Consultant
Ruth Hunt - Stonewall
Marguerite McLaughlin – Metro Centre
Dr Rebecca Jones – Open University
Karen Shook - Regard
Marie Noonan - Haven

Dr Thomas McManus - Haven
Gary Williams – Healthy Gay Life, Birmingham
Daniel Gomez – Lesbian and Gay Foundation
Bryan Mellan – Hertfordshire Partnership NHS Foundation Trust
John Leach - Hertfordshire Partnership NHS Foundation Trust
Lynne Carter – NHS Bradford and Airedale
Lesley Hedges – Equity Partnership
Malachai O’Hara – Rainbow Project, Northern Ireland
Caroline Bell – NHS Hertfordshire
Lydia Malmedie - Stonewall
Sam Dick - Stonewall
Rikki Arundel – Gender Shift
Rita Hirani – Broken Rainbow
Ashley Thomas - Stonewall
Linda Douglas – NHS Sefton
Anthony Griffin – Sefton Equalities Partnership
Clare Summerskill – www.claresummerskill.co.uk
Monty Moncrieff – Department of Health
Toni Montinaro – National LGBT Partnership
Emma Roebuck – National LGBT Partnership

Photography by www.karenkodish.com

2011 Summit Hosts

After much consideration of the applications received, the 2010 summit steering group chose the LGBT Excellence Centre in Cardiff as the 2011 Summit Hosts. They impressed us with their theme for 2011 which will focus on LGBT health in the media and how, in uncertain times economically, the media can be used as an advantageous tool in improving the health of LGBT people in the UK.

We wish them the best of luck with everything. Should anyone wish to register interested they can contact Federico Podeschi at federico@ecwales.org.uk
# Workshop Abstracts

## Session A – 6th September

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>Invisibility and Isolation: Researching Sexual Orientation</strong></td>
<td>Presentation of research from Sigma Research on the local experiences of LGBT people in Waltham Forest as well as feedback from recent research conducted focused on asking young people about sexual orientation in health settings.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td><strong>LGBT People in Rural Settings</strong></td>
<td>Given that the work we do is largely evidence based practise, how do we convince commissioners that our work with isolated and rural communities is cost effective, and has outcome based results, when the people we are trying to reach would be the last people to fill in a “community needs assessment” ensuring that their voice is heard, and services are designed to meet their needs? The workshop will enable participants to: Understand the differing lifestyles of urban and rural men Understand the commonalities – e.g. geographically closer proximity doesn’t always mean LGBT people will access scene or services – barriers etc. How existing data argues against what “we know” as practitioners about identity, behaviour and HIV risk Discuss creative ways of reaching LGBT people eg: community radio, email/newsletter contact, holistic health promotion that is more “pick and mix” in its approach etc.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td><strong>‘Over Not Out’ supporting LGBT asylum seekers</strong></td>
<td>This workshop will examine the health needs of LGBT refugees and asylum seekers utilising data from the first national study into this area funded by the Metropolitan Support Trust (Over Not Out), as well as touching on current issues.</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td><strong>Life Skills for Trans people in Scotland</strong></td>
<td>Between 2009 and 2012, The Scottish Transgender Alliance has received Big Lottery funding to holistically develop the well-being of trans people in Scotland. Three key areas for development have been identified: Working with existing coordinators of local support groups, to identify areas where training could assist or support their ongoing work, Run Life Skills Courses across the country, covering areas requested by the community, including practical, emotional, medical, social and sexual issues, amongst others, with highly trained volunteers from the community assisting in its delivery Develop a national Peer Befriending (Mentoring) Network that will be sustainable beyond the end of the project’s funding. This workshop will look at the areas to be covered in the Life Skills course, and why these areas were chosen. Participants at the workshop will leave with a better understanding of the holistic well-being needs of transgender people, and how these needs can be spoken to. Resources will also be offered, in the hope that other organisations may deliver similar courses and services.</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td><strong>Lesbian Health</strong></td>
<td>Presentation of the LesBiSexy project launched at last years summit.</td>
</tr>
<tr>
<td>Page</td>
<td>Title</td>
<td>Description</td>
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<tr>
<td>7</td>
<td>LGBT Housing</td>
<td>An exploration of the particular issues for LGBT people when accessing housing services. The workshop will look particularly at the high incidence of homelessness among young LGBT people, its causes and its effect on mental and emotional health, and the issue of HIV and housing.</td>
</tr>
<tr>
<td>8</td>
<td>Is LGBT health a legal issue?</td>
<td>A panel discussion featuring some national high profile organisations from the world of policy and the law. This will include a mixture of presentations and discussion on national issues affecting LGBT people and participants are encouraged to ask questions. Expect rich debate on the forthcoming Single Equalities Bill and presentations from some of these key players in the UK health and social care policy field.</td>
</tr>
<tr>
<td>9</td>
<td>Homophobia, Transphobia, Sexual Exploitation: Knowing the Links, Reducing the Risks (youth)</td>
<td>As a vulnerable group, LGBT young people are more likely to experience difficult and damaging situations as a result of their sexual identity, gender identity, or perceived sexual/gender identity. With significant numbers of young people reporting that they experience homophobic bullying (Stonewall’s School Report states 65% of young LGB pupils experiences different forms of homophobic bullying, and PACE’s recent research ‘First Time Experiences’ found that 58% LGBT young people experienced bullying at school) PACE works closely with schools and other youth organisations to seek a safer, more accepting and welcoming environment for LGBT young people to play, learn and thrive. This workshop will explore the nature of homophobic and transphobic bullying, with particular emphasis on the effects of such experiences and links to sexual exploitation. Participants will also have plenty of opportunity to ask questions during this workshop.</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Description</td>
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<td>-------</td>
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</tr>
<tr>
<td>10</td>
<td>The LGF: Part of the Picture: The National Lesbian and Gay Foundation (LGF) Drug and Alcohol Database</td>
<td>Run as 2 workshops in 1, the aim of the workshop will be to deliver the first years report of the LGF’s drugs and alcohol project including information from different SHA’s. Following this Antidote will introduce delegates to their work and how we address the resulting harm and chaos of substance use, the factors that contribute to it, and the importance of improved communication between health services and Drugs Workers. All finished off with a lively debate!</td>
</tr>
<tr>
<td>11</td>
<td>Antidote: Substance Use and its’ Impact on Sexual Health/Well-Being.</td>
<td>The emotional wellbeing of Black and Minority Ethnic (BME) LGBT people is an issue rarely discussed. This workshop is aimed at workers/service users/carers from any background and will help gain increased awareness of the issues that affect the mental well being of BME LGBT people (for example, stress, racism/racism within LGBT communities, homophobia/homophobia within BME communities, immigration, isolation, accessing services etc). It is an opportunity to pool ideas, to develop a tool kit to address needs, engage with service users and make services more accessible.</td>
</tr>
<tr>
<td>12</td>
<td>Multiple Identities: exploring sexuality with culture</td>
<td>Following from their experiences of facilitating discussions amongst trans people around intimacy and exploring sexual desires, Transbareall would like to bring this to a wider audience. Aiming to provide a safe environment in which participants can explore this and learn from each other in a fun and sensitive way. The techniques and activities we use will enable you to explore your own boundaries and ideas around sex and intimacy, as well as giving you tools to support others in exploring theirs.</td>
</tr>
<tr>
<td>13</td>
<td>Let’s Talk About sex!</td>
<td>This workshop will explore the role of culturally competent counseling and psychotherapy for gender and sexual minorities and how we might improve access to such therapy. We will also explore the role of training and awareness raising and what could constitute a suitable curriculum for such training.</td>
</tr>
<tr>
<td>14</td>
<td>“Yes, but… what DO they do in bed?” Exploring cultural competency and training for therapists.</td>
<td>Run as 2 exciting workshops in one: The different strokes project is a toolkit for professionals aimed at reducing health inequalities for LGBT people. This will be presented and free copies made available to participants. Be, Recover and Thrive looks at the interface between homophobia and transphobia in the community and how this can affect uptake of mental health services. As well as presenting on what Lancashire is doing to address this.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Workshop Title</td>
<td>Description</td>
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<tr>
<td>15</td>
<td>Understanding and Promoting the Mental Health Needs of Lesbian, Gay, Bisexual and Trans Youth</td>
<td>This workshop will give participants an opportunity to explore the specific mental health needs of sexual minority youth within the contexts of family, school and community. Developments in thinking about the management of rejection by family and others, including homophobic bullying will be considered. In addition, participants will be encouraged to bring their own questions and issues relating to the topic for consideration and exploration.</td>
</tr>
<tr>
<td>16</td>
<td>Seldom Heard, Seldom Seen : LGBT Social Care needs</td>
<td>The Social Care Institute for Excellence has launched five programmes focusing on the experiences of LGBT people within social care. Each film involves LGBT service users and covers topics such as; gender reassignment and adoption, older people and end of life care, learning disabilities and coming out, mental health and multiple needs and physical disabilities and residential care. In this session practitioners and professionals will be invited to use the freely available resource to start debate and inform training within their own organisations around the health and social care needs of LGBT people.</td>
</tr>
<tr>
<td>17</td>
<td>Mainstreaming Sexual Orientation in Healthcare</td>
<td>This workshop will focus on how LGBT health needs can be mainstreamed into general healthcare. This follows the results of the Count Me In national mental health and equality census, the first research project to collect substantial data from all UK NHS Trusts on the health experience of LGBT people using mental health and learning disability services in the UK. The workshop will be interactive with an opportunity for discussion as to how we can better mainstream LGBT issues into general health and social care.</td>
</tr>
<tr>
<td>18</td>
<td>Listening to your community: LGBT community surveys in Hertfordshire and Suffolk</td>
<td>Throughout 2010, agencies in Suffolk and Hertfordshire undertook community LGBT research projects in their respective counties looking at the health and social care needs of LGBT people living in the area and accessing local services. This workshop will cover the experience of those agencies including: A look at the different methods used and how effective they were Key findings from the research Next steps for the organisations involved in making use of the information provided. This workshop is useful for anyone interested in community research or wanting to share past experience of being involved in research projects.</td>
</tr>
<tr>
<td>19</td>
<td>Modern day homophobia and us: A young person’s perspective.</td>
<td>This workshop will provide an understanding of the impact of homophobia on the emotional health and well being of young LGB people and look at how positive engagement with local services can have a real lasting impact for all involved. The workshop will be led by young LGB people who have been part of a three year young trainer’s project working with local schools in Cambridgeshire.</td>
</tr>
</tbody>
</table>
| 20 | Older Gay and Bi Men: Managing Mental Health and ‘Who will care for me when I get old’ issues for older trans people | Run as two workshops in one:  
This informative workshop focuses on the needs of older LGBT people with particular reference to how older gay and bi men are interacting with mental health services as well as how similar issues may resonate for women.  
The session will then explore the issues in relation to a trans person requiring nursing home care. What are issues/implications for Health and Social Care Services? What future planning needs to take place now? |
| 21 | Gender, Sexuality and Spirituality: Exploring the interplay | ‘Gender, Sexuality and Spirituality’ is an interactive workshop that builds on trans, queer, and intersex perspectives. An exploration of identity, role and practice it requires honesty and attentive listening from participants. First produced for a day conference at St Anne’s Soho in 2007 it has been offered (and developed) with various trans and lesbian and gay organisations, including, in 2008, the annual conference of the European Forum of LGBT Christian Groups. |
| 22 | Suicidal Distress and Survival in LGBT Communities | Run as two workshops in one, beginning with ‘Out of the Blue’, a peer support group for LGBT people who are or have been suicidal. Members contributed to a research project and from that developed an exhibition of photography on the theme of surviving suicidal distress. We will be showing some of the exhibition as part of the workshop. We will also be looking at how recommendations from our work can be used to improve suicide prevention for LGBT communities across the UK. |
| 22 | LGBT Mental and Emotional Health and Well-being Needs Assessment | Following this will be a presentation of the recent LGBT needs assessment project being carried out in Gateshead, South Tyneside and Sunderland, looking at emotional health and wellbeing in an effort to inform commissioner and voluntary and statutory sector organisations about the needs of LGBT people in the region. Covering issues such as:  
What makes LGBT people happy?  
What would make them happier  
Are LGBT Mental and Emotional and Mental Heal and Well-being Needs different from the wider population?  
What services are out there?  
What are the gaps in provision of services for LGBT people |
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<th>Page</th>
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<th>Description</th>
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<tbody>
<tr>
<td>23</td>
<td>Everything you’ve ever wanted to know about lesbian sex but were afraid to ask!</td>
<td>This session will provide candid and explicit information about all aspects of lesbian sex. The session will inform those who deliver services but also aims to empower women. Good sex is a key aspect of good mental health and wellbeing. The workshop will explore good sex for lesbians including issues of safe sex for Trans men as well as how a good and healthy sex life leads to improved emotional wellbeing for many women.</td>
</tr>
<tr>
<td>24</td>
<td>‘Who am I again?’: Bisexual identities in health care</td>
<td>Bisexual people are often particularly invisible in both LGBT and health care contexts. There are lots of possible reasons for this invisibility (history, politics, biphobia) but in this workshop we'll look at the ways common features of bisexual identities might contribute to this invisibility. We'll also look at the ways other sexual and gender identities can change over the course of people’s lives, and think about what this might suggest about the ways these identities work in health care settings.</td>
</tr>
<tr>
<td>25</td>
<td>Disabled and Gay, Lesbian, Bi or Transgender?</td>
<td>This workshop will help participants find out where Health services need to improve to have fully accessible services to the Disabled LGBT community. The workshop will address the following questions: ‘Can you have sex in a wheelchair?’ - Challenging medical and social assumptions about Disabled people ‘What is ‘access?’ – What are we talking about? ‘Why are Disabled LGBT people not getting fully accessible services?’ – What is the problem? ‘What can we do about it?’ – Working on a plan</td>
</tr>
</tbody>
</table>
### Male Sexual Assault: Overview and Challenges for LGBT Community

Sexual Assault is an under reported crime and sexual assault of a man is rarely reported to the justice authority. In our workshop we would like to present our experience in caring for men who have reported sexual assault. The men have been seen at a sexual assault referral centre or in a sexual health service. We will give demographic and clinical details of our cohort. Although sexual assault can be experienced by a man of any sexual orientation we believe that there are particular dangers for the LGBT community. There are also real or perceived anxieties expressed by the community around reporting this crime to authorities.

The workshop will highlight the challenges we see in highlighting this crime and in persuading men to report that they have experienced unwanted sexual advances.

### What gay men want: expectations of GUM services

Run as two exciting workshops in one:

Gary Williams will be presenting on the outcomes of a recent survey of Men who have sex with men (MSM) using (Genito Urinary Medicine) GUM and satellite sexual health services in Birmingham.

This will be followed by Daniel Gomez talking about what gay men want from GUM and testing services in Manchester including:
- Overview of the Manchester Gay Men’s Condom and Lube distribution scheme in Manchester
- Report on the findings of the Manchester survey (conducted at Manchester Pride 2009) of Gay Men’s sexual health programmes
- Overview of current, mainstream STI testing services

The workshop will provide an opportunity to share thoughts on how satisfaction within services can be measured as well as speaking candidly about what changes need to be made to improve the health experience for gay men in health settings.
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<tbody>
<tr>
<td>28</td>
<td>Bryan has been supporting John with issues re his sexuality. This has included the coming to terms with identity, coming out and sexual health. John would like to share his experiences as a person with learning disabilities on how this has affected his physical, emotional and mental health and how other people in learning disability or mental health services can be positively supported and empowered. The workshop will be exercise and discussion based and will follow on to talk about general support for LGBT people with learning disabilities.</td>
</tr>
<tr>
<td>29</td>
<td>In this workshop we'll be looking at how we can improve services for lesbian and bisexual women, based on local research in Bradford and Airedale. Interesting results on coming out to health workers and interactions with GP practices arose from focus groups on cervical screening. The main purpose of these groups was to provide information on how to improve the uptake of screening. The need for this Pacesetters funded project was based on results from a Health Needs Assessment that showed that lower numbers of lesbian and bisexual women attend when invited for cervical screening.</td>
</tr>
<tr>
<td>30</td>
<td>The workshop will address the context of Mental Health need among the LGB and/or T communities in Northern Ireland. A specific regional context unlike that of any others in the UK, emerging tentatively from conflict, with a shaky political consensus whilst undergoing a wholesale revision in public administration. This workshop will look at the key issues for people who are LGB and/or T, and the work currently undertaken by the LGBT sector and partners to address these needs. This workshop is particularly relevant for delegates who might be working with LGBT people in different environments where there are competing pressures to conform.</td>
</tr>
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</table>

**LGBT people with learning disabilities.**

**Lesbians and bisexual women do need cervical screening**

**Celtic Fringe? : Mental Health Needs of the LGB and/or T communities in Northern Ireland**
| 31 | **Burning Away Health**  
**LGBT Smoking Cessation**  

There is a growing body of research suggesting that the prevalence of smoking amongst the LGBT population far exceeds that of the general population. This workshop will share the key findings of this research and ask why this should be so and, more importantly, what should we be doing about it? |
|---|---|
| 32 | **LGBT Parenting**  

This workshop will help participants to understand the process of becoming an LGBT parent and the factors which affect such a decision. It will explore the health/social inequalities which face LGBT parents and their children as well as the barriers often faced by LGBT people wanting to become parents.  

This will include issues such as adoption, donation, supporting positive parenting and supporting children. |
| 33 | **Delivering Holistic Support for Gender Variant People**  

Participants in this workshop will gain a better understanding of the full range of health and wellbeing issues that impact Gender Variant people and participate in a number of exercises to explore how their own LGBT and other support organisations can develop a more holistic approach to tackling health and wellbeing needs and address health inequalities in their communities. |
| 34 | **LGBT Domestic Violence Awareness**  

This workshop includes an overview of Domestic Violence (DV), and goes on to examine the specific experience of LGBT people and DV, along with how agencies can improve their services for LGBT communities.  

The aim is to provide participants with:  
An understanding of the cultural factors for LGBT people experiencing domestic violence  
An understanding of risk factors and risk assessment tools  
Identifying and addressing victim and perpetrator needs as appropriate  

By the end of the session, participants should:  
Have an increased awareness of the issues for LGBT people experiencing domestic violence  
Have an increased understanding of Risk Assessment and Safety Planning to include LGBT issues  
Have greater information on improving their own agency policies and services for LGBT people experiencing DV. |
Healthy LGBT workplace and recruitment: LGBT people in the workplace

Caring For Us First addresses how the NHS as an employer has struggled to create safe, inclusive and supportive working environments for lesbian, gay and bisexual staff. In the context of real-life experiences from the health and social care sector, we’ll look at how, for many LGB people, the workplace represents a major life stressor, and the impact this has on both individuals and employers. The session aims to share good practice within the NHS, taken from top-performing members of Stonewall’s Diversity Champions programme.

Following this, participants will explore the issues facing transgender people in employment and accessing services and how organisations can contribute to overcoming barriers and reducing health inequalities in particular.

Participants will be learn to:

Ensure that Transsexual people feel supported and valued as employees

Identify barriers to the recruitment and retention of transsexual staff have been identified and removed.