



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Review of the 2015 Rainbow Report: *“LGBTI Health Needs & Experiences and Health Service Responses”*

August 2020

Conducted and Written by **Niall Crowley Values Lab
(Putting Values into Practice)**



SECH LGBT+ Sticker

The **Rainbow** presents all the colours, cultures, & identities of humanity that equally contribute to the creation of beauty.

The **Rainbow Eye** symbolises the seeing of this beauty, of inclusively seeing and accommodating differences and of holding a vision for, and celebrating equality.



Note: This is the July 2020 version updated by the Steering Group based on the initial / original design in 2015

Foreword

I am delighted to publish this review of the 2015 Rainbow Report "*LGBTI Health Needs and Experiences and Health Sectors Responses and Practices in HSE South East Region*" 2015. This Review documents South East Community Healthcare (SECH) Social Inclusion led response to the recommendations within the Rainbow Report.

HSE Social Inclusion SECH supports the development and implementation of initiatives that enhance healthcare delivery to ensure equitable health outcomes for minority and vulnerable communities across the five counties of the South East; Carlow, Kilkenny, South Tipperary, Waterford and Wexford. People who identify as LGBT+ are one such community that we support in partnership with, colleagues in the Community and Voluntary agencies, HSE disciplines and service users.

The Rainbow Report 2015 was commissioned by HSE SECH Social Inclusion to gain a clearer understanding of LGBTI experiences of health services in the region and to support health professionals to respond effectively to the needs of LGBTI clients. The recommendations from the Rainbow Report guided the development of SECH Social Inclusion's response. Key to the development and management was the establishment of a SECH LGBT+ Health Steering Group. The developments noted in this review could not have been achieved without the dedication of all members of the SECH LGBT+ Health Steering Group. The Review notes the expansion of membership with both regional and national representation; it also suggests further developments for the group.

Five years on from the Rainbow Report, it is timely to take the opportunity to reflect on actions that clearly progress and indicate future developments. This review was conducted by Niall Crowley from Values Lab and coordinated by the LGBT Health Project worker employed by Clonmel Community Resource Centre (CCRC).

Planning, Institution Building, Capacity Building and Community Infrastructure are the 4 themes that emerged as recommendations. Each theme outlines the achievements and strengths to date. It highlights the link to national strategies with key health and equality actions clearly indicate a changing Ireland for those who identify as LGBT+ within our community.

The Review shows the key achievement and strength of the Implementation Strategy in SECH, highlighting the leadership within Social Inclusion, a multi-disciplinary LGBT+ Health Steering Group with an Education and Training Subgroup structure. Other key highlights include; sourcing of funding for two part time LGBT+ workers, the development of Operational Plans aligned to relevant policies and strategies. Equality proofing of the 2020 Operational Plan in line with the Public Sector Duty based on the SECH Social Inclusion Departments' Human Rights and Equality Statement. Examples of positive development are shown and opportunities for future developments are indicated.

The need for national coordination of the LGBT+ responses within the Health Service is noted. This would enable an integrated response and leadership to specific health actions particularly with the national LGBTI+ Inclusion Strategy 2019-2021 published by the Department of Justice and Equality. Some of the recommendations within this review are beyond the scope of the SECH Social Inclusion and the LGBT+ Health Steering Group and could be further developed through national LGBT+ structures as appropriate.

Social Inclusion aims to improve the health outcomes of LGBT+ persons through the provision of appropriate health information and access to health services in line with the National Standards for Safer Better Healthcare (NSSBH) and the HSE Goals of Care, Compassion, Trust and Learning. Capacity building for staff has been a key focus and achievement, the development & delivery of Gender Identity Skills Training (GIST), LGB Awareness Training and the LGBT+ Sticker as a symbol of inclusive practice were noted. Also highlighted were the resources developed such as the Regional LGBT+ Resource document, it also noted that further resource developments are planned during 2020.

This review was completed during the initial wave of COVID 19 and shows the adaptation of supports provided to LGBT+ service users during the pandemic.

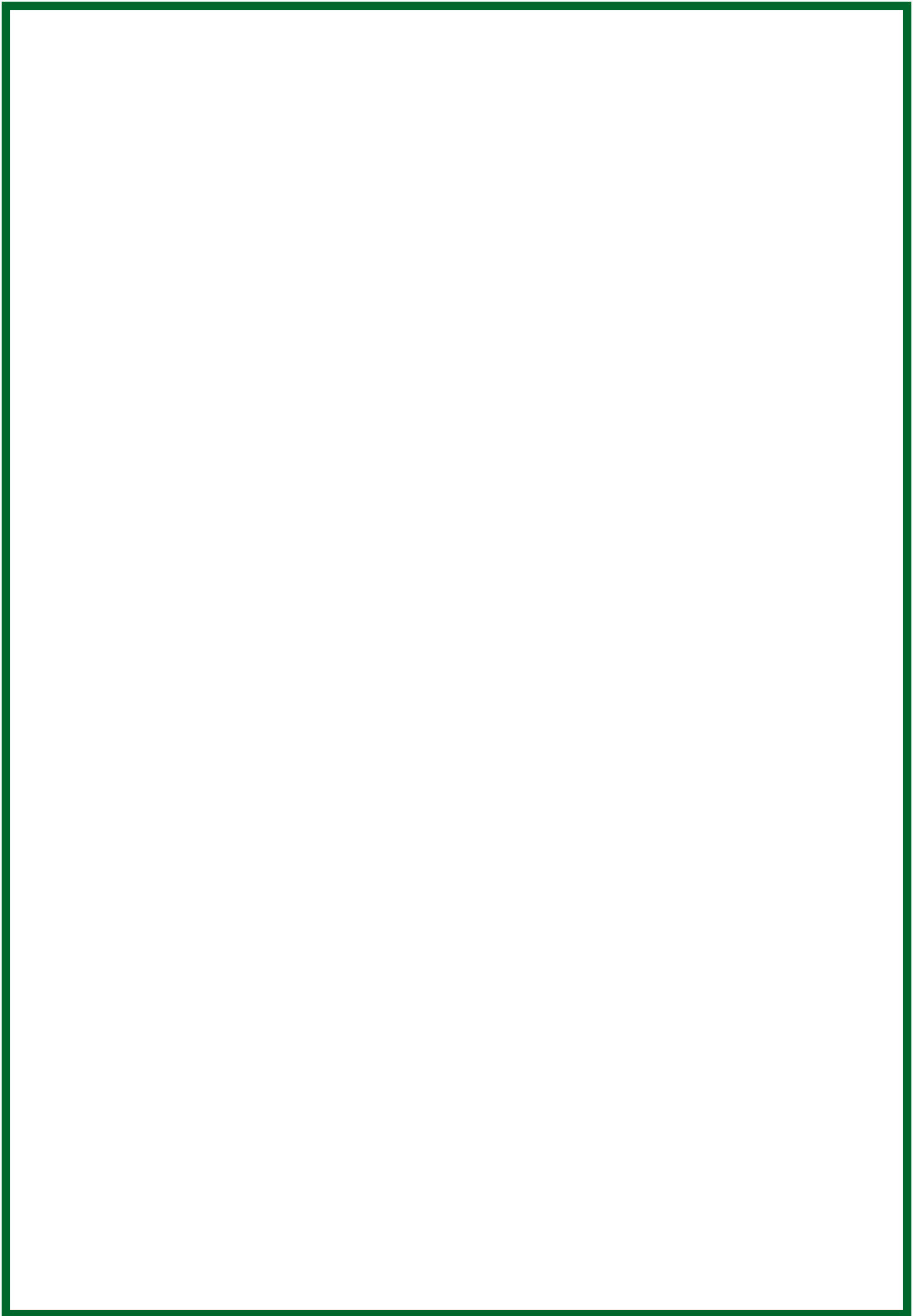
The SECH LGBT+ Health work is not possible without all members of the Steering Group working in partnership. I would like to extend my appreciation to all members of the Steering Group both past and present for their hard work and commitment. Particular thanks to both part time funded workers Emma Whitty employed by Ferns Diocesan Youth Service (FDYS), Gerard Sweetman employed by CCRC and to David Clarke the previous worker in FDYS who coordinated the Regional LGBT+ Resource document. Also to Tracey Tobin from Health Promotion and Improvement, who led and supported the LGB Awareness Training developments. Vanessa Lacey the Health & Education Manager of Transgender Equality Network Ireland (TENI) is pivotal to development in transgender health care information and training, particularly Gender Identity Skills Training (GIST). Thanks also, Marie Moran who provides administration support to the Steering Group and to Jeanne Hendrick Chairperson of the Steering Group and General Manager of SECH Social Inclusion. Particular thanks to Niall Crowley from the Values Lab for conducting this review.

I am assured that this Review captures developments to date in response to the recommendations from the Rainbow Report. The Review also indicates further actions that aim to improve the health outcomes of the LGBT+ community. I look forward to the continued progress of LGBT+ initiatives in SECH.

Angela Joy
LGBT+ Health Lead, SECH Social Inclusion
August 2020

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Introduction: The Rainbow Report

The 'Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses and Practices in the HSE South East Region' was commissioned by HSE Social Inclusion (SECH) and the HSE and conducted by Niall Crowley in 2015. The purpose of the research was to: gather information on HSE Hospital and General Practitioner policy and practice in responding to LGBTI health needs; engage with Primary Care Team leads on the inclusion of LGBTI health needs, issues and experiences in their work; establish the perspectives of the LGBTI community and identity current health issues and experiences of health services for these communities; and make recommendations for future action.

The recommendations of the report can be grouped under four themes:

- **Planning:** The recommendations focus on implementing the public sector equality and human rights duty in planning, developing new programmes or initiatives, and reporting.
- **Institution Building:** The recommendations focus on promoting and supporting a framework for a planned and systematic approach to LGBTI equality by health service providers, in particular GPs, hospitals, mental health services, and sexual health services.
- **Capacity building:** The recommendations focus on providing training for health service providers across a wide range of settings, including GPs, hospitals, mental health services, sexual health services, caring services to older people and people with disabilities, and reproductive health services.
- **Community Infrastructure:** The recommendations focus on strengthening an LGBTI infrastructure to give people a voice and engage them as partners.

Further recommendations focused on issues relevant to, but beyond the immediate remit of SECH for their implementation: the treatment pathway for trans people, new standards for those diagnosed as Disorders of Sex Development (DSD) or intersex, and change in the ban on gay men giving blood donations.

The focus on intersex people did not progress and the label LGBT+ was adopted for the Steering Group and its work. A scoping exercise identified that presentation of intersex people in the region was in very small numbers. It was decided to bring the issue to national level for attention and response. A number of initiatives were taken by SECH in this regard and further developments are awaited.

This review of the progress made on foot of the report has been commissioned by the Social Inclusion Department in SECH, and coordinated by Clonmel Community Resource Centre (CCRC)'s LGBT+ Health Project Worker. Its preparation involved:

- a review of literature relevant to the work done on implementing the recommendations of the report; and

- interviews with:
 - HSE and HSE funded staff directly involved in the work of implementing these recommendations;
 - health service providers;
 - representatives from civil society organisations and
 - LGBT people.

2. Subsequent National Developments

Health is one of the Strategic Thematic Pillars of the National LGBTI+ Inclusion Strategy 2019-2021¹, published by the Department of Justice and Equality. This includes commitments to:

- train healthcare providers and practitioners;
- adequacy and availability of sexual health services;
- LGBTI+ people's awareness of risks of contracting HIV and STIs;
- timely access to care for people who wish to transition their gender identity; and
- better data on and responses to intersex conditions.

Equality is another Strategic Thematic Pillar and includes commitments to support those at risk of multiple discrimination and double marginalisation such as LGBTI+ older people, migrants, Travellers, people with disabilities and LGBTI+ prisoners.

The LGBTI+ National Youth Strategy 2018-2020² was published by the Department of Children and Youth Affairs. One of its three goals is to improve the physical, mental and sexual health of LGBTI+ young people. This commits to:

- respond effectively to the mental health needs of LGBTI+ young people;
- strengthen sexual health services and education to respond to the needs of LGBTI+ young people, including in the area of sexual consent;
- improve the physical and mental health of transgender young people; and
- improve the understanding of, and the response to, the physical and mental health needs of intersex young people.

Significant steps have been taken by the HSE at national level to develop treatment pathways to respond to the needs of transgender people. A national staff infrastructure has been put in place with new service managers responsible for transgender health. Specific consultant psychiatrist, consultant endocrinologist, and speech and language therapy roles have been established. National criteria have been developed. It is noted that concern has been expressed that the national criteria are still not in line with international best practice.

¹ [National LGBTI+ Inclusion Strategy 2019-2021](#), Department of Justice and Equality, Government of Ireland, Dublin, 2019

² [LGBTI+ National Youth Strategy 2018-2020](#), Department of Children and Youth Affairs, Government of Ireland, Dublin, 2018.

3. Implementation Strategy in SECH

An effective implementation strategy for the recommendations of the Rainbow Report is evident in SECH. This encompasses: leadership; cross-departmental and cross-sectoral structure; strategic planning; and recruitment of staff.

3.1 Leadership

Leadership is provided by the Social Inclusion Lead General Manager in SECH, who chairs the Steering Group, and by the SECH LGBT+ Health lead. This leadership is viewed as central to the progress made and is positively evaluated. The hands-on guidance and support of the LGBT+ Health Lead is acknowledged and welcomed. It is noted that the LGBT+ Health Lead is only half-time on this issue.

3.2 Structure

The LGBT+ Health Steering Group is the key institutional infrastructure to drive the strategic response to the recommendations. The Steering Group meets on a bi-monthly basis. A Terms of Reference identifies its purpose as being to:

- develop and oversee the implementations of the recommendations from the Research Report and other relevant policies;
- provide a forum to co-ordinate the strategic development of LGBT+ health work at regional level;
- work in partnership with Regional and National Structures to support the development of LGBT+ initiatives;
- share best practice in the area of LGBT+ health; and
- promote the inclusiveness of LGBT+ in the workplace.

This structure reflects a partnership approach. It has been usefully assembled over time to bring in key personnel. It is cross-departmental in including members from different departments in SECH, working on issues of health promotion, psychology, primary care, STI, suicide prevention, human resources, training, and administration. It is cross-sectoral in including members from a range of organisations including local youth services and community organisations, local development companies, and national transgender and LGBTI organisations.

An Education and Training Subgroup has been established to ensure a co-ordinated approach to LGBT+ training across the region. The two workers, the TENI Health and Education Officer, the HSE Health Promotion Officer and the LGBT+ Health Lead, among others, participate on the subgroup. Its terms of reference include to:

- develop training programmes in LGB+ awareness;
- support development and delivery of transgender training in partnership with TENI;
- develop a standard certificate for participants, and
- increase participation in training.

The Steering Group is positively evaluated. It is viewed as a key driver for activities and a creative source of ideas. It enables the workers involved and supports their initiatives. It is a source of mutual support and learning for all of its members, and members identify gains for their work from their participation. It has put LGBT+ issues on members' agendas in a

useful manner. It enjoys a shared perspective across all members and a constructive environment. It underpins an integrated approach to LGBT+ issues across SECH.

Attendance issues are noted for the Steering Group, as well as change in personnel participating from different areas. A core of people attends, with others participating on an infrequent basis. This can be experienced as frustrating. Topic focused meetings, like on HIV or on DSD or intersex people, have secured a larger attendance with inputs that were clearly valued.

Issues are noted in relation to the agenda of the Steering Group meetings. The meetings usefully focus on the planned actions and their implementation. However, less time is available on the agenda for: taking more strategic perspectives and sharing and discussing issues at this level; and creating some opportunities for reflection. This might require longer meetings or further meetings. The Rainbow Report and its recommendations, while initially a focus for the group, are not now a specific focus in the meetings.

It was suggested that the membership of the Steering Group could be broadened, to include other public sector service providers relevant to the brief of the Steering Group and to enable a stronger focus on the social determinants of LGBT+ health. The education sector is specifically mentioned in this regard given its importance for young LGBT+ people.

The further development of the Steering Group is a theme for the 2020 Operational Plan of the Steering Group.

3.3 Plan

The LGBT+ Health Steering Group works to an Operational Plan which it agrees annually. There is a challenge to gather and analyse data to enhance strategic planning and to track impact. Progress on an LGBT+ identifier has been slow.

The 2020 Operational Plan marks a new planning approach. It identifies priority action areas for LGBT+ health. It establishes a set of tasks for each area organised around strategic objectives based on the eight themes of the National Standard for Safer Better Healthcare. The tasks are further located in a context of national strategy and regional planning. The public sector equality and human rights duty was applied in its preparation.

3.4 Staff

Two workers have been funded on a part-time basis to progress actions under the Operational Plan. They report on a quarterly basis to the Steering Group and provide an important channel into the group for the voice of LGBT+ people. The two workers were very positively evaluated throughout the interviews.

One worker is based in the Clonmel Community Resource Centre. He has recently moved from a 15 hours week to a 25 hours week with annualised funding that is ongoing rather than once-off. His brief includes local activities to support LGBT+ groups and regional training work on LGB awareness. The second worker is based in FDYS in Wexford. She works a 15.5 hours week, with 10.5 hours local youth work with young LGBT+ people and 5 hours regional training work on LGB Awareness. Both workers make links with a range of other committees and organisations. The need to increase the hours available to both workers is noted. An HSE SECH Health Promotion Officer has played a valued role in the

provision of the LGB+ Awareness Training. This role and contribution might now be changing.

The TENI Health and Education Officer, a post funded nationally by the HSE, is engaged with the initiative as a partner. Her activities are supported through the Steering Group on the basis of their inclusion in the Operational Plan. She provides an important channel into the group for the voice of trans people.

4. Progress Made

4.1 Planning

The Rainbow Report recommended action to implement the public sector equality and human rights duty as a key driver to enhance the situation and experience of LGBTI service users. The Duty, under Section 42 of the Irish Human Rights and Equality Commission Act 2014, requires public bodies to have regard to the need to eliminate discrimination, promote equality, and protect human rights in implementing all their functions.

Social Inclusion SECH has taken steps to implement the Duty, taking a values-led approach. An Equality and Human Rights Values Statement was developed and has recently been revised. The statement has been applied in implementing the Duty in the Social Inclusion Department and in the individual plans of Social Inclusion Leads, including the recent 2020 plan for the LGBT+ Health Steering Group. These plans were reviewed against the SECH Equality and Human Rights Statement, using the statements of priority for each value. An adequate contribution was identified.

This development is positively evaluated and reflects a leadership within the wider health sector in relation to the Duty. There remains a challenge to bring the Duty into play in relation to the SECH service plan and the planning processes across other departments within SECH. Further work is required to prepare an assessment of equality and human rights issues to underpin implementation of the Duty. The 2020 Operational Plan includes a focus on supporting a wider implementation of the Duty in the service areas from which Steering Group members are drawn.

4.2 Institution Building

The good practice framework recommended by the Rainbow Report encompassed: setting an equality standard with an equality policy; highlighting a positive welcome for LGBTI service users; staff training; targeting the specific needs of LGBTI people, and use of LGBTI identifier for data gathering.

Action was taken to develop a **model LGBTI Equality Policy**. A draft was prepared and national level feedback sought. The work has stalled at national level. The absence of a clear national lead for work in this area was noted as an issue.

This initiative is aligned with the HIQA Standards for Safer Better Health Care. Theme 1 is concerned with person-centred care and support. This includes specific standards of: "The planning, design and delivery of services are informed by service users identified needs and preferences"; and "Service users experience healthcare which respects their diversity and protects their rights". This initiative further provides a foundation stone for the ongoing implementation of the public sector equality and human rights duty within the HSE and its funded agencies.

The draft LGBTI Equality Policy is based on the Equal Status Acts and usefully encompasses an ambition to prevent discrimination, adjust for diversity, and promote equality. It makes commitments in relation to communication, adjusting for diversity, and promoting equality. It includes a complaints process.

Further consideration of the draft might address the following:

- The focus on communication could further include design and dissemination of promotional or information materials, and use of signage in premises.
- The focus on roles and responsibilities could be further developed as the current text is more concerned with engagement with LGBTI organisations and staff capacity. These two areas might merit a short section of their own.
- A section on communicating the equality policy, and specific commitment to non-discrimination, diversity and equality, to service-users would be useful.
- A section on planning and including actions in plans to enhance access, experience, and outcomes for LGBTI clients would be useful.
- Sections on discrimination, reasonable accommodation, and harassment and sexual harassment would be useful to fit with the Equal Status Acts.

An innovate sticker was developed, indicative of an LGBT+ friendly space. This signals a **welcoming profile** on the part of those services using the sticker. The stated aim for these stickers is to provide awareness among both staff and service users that this is a place of work and service provision where you can talk about your sexual orientation. These stickers were widely disseminated and continue to be distributed through those participating on the training. It is in evidence in health service sites across the south east.

The use and understanding of the stickers were reviewed in 2018. Five teams or organisations responded with positive findings in terms of both understanding and use. A link was made in this review to establish interest of responding organisations in LGB Awareness Training and Transgender Training with clear interest recorded.

Programme **targeting** for and outreach to LGBTI people was recommended in relation to sexual health services and mental health services.

It was noted that sexual health services experienced significant human resources constraints that precluded a positive response to this recommendation. It was possible to expand the focus of the Waterford clinic and this was seen as positive. It was emphasised that the networking pursued by a representative of the service through the LGBT+ Health Steering Group was particularly valuable in such a context.

A presentation made on sexual health to the Steering Group was seen as particularly useful. There is the potential to provide the LGB training resources developed within this service if an appropriate format was found. Training on trans issues had been availed of and found to be valuable.

Outreach from mental health services has not been possible for lack of resources in a context of high demand. Steps have been taken, using the sticker, to communicate an LGBT+ friendly environment. Networking being done by staff, including through the LGBT+ Health Steering Group, and interactions with the funded workers has served to some extent in place of outreach activities. The importance of linking a trusted counsellor with the adult trans groups is noted and this could serve as a starting point for outreach.

This is a service area where LGBT+ Awareness Training remains important to deepen capacity to deal with difference. The online training is more accessible given the pressures noted on staff.

The Rainbow Report was included in the literature review for the county action plans on the Connecting for Life Strategy. LGBT+ initiatives by the two workers have been supported by these county action plans.

A new dimension has emerged to this institution building with the establishment of a fulltime staff coaching and personal and professional development role within SECH. This opened up a focus on **LGBT+ Staff** within the HSE and the challenge of ensuring a welcoming and inclusive workplace for LGBT+ staff alongside a welcoming service for LGBT+ service-users. Coaching has been provided for some LGBT+ staff. This has been discussed as a theme for further development.

4.3 Capacity Building

Capacity building has been a significant focus in the implementation of the Rainbow Report recommendations. Capacity building was identified in the report as a key element in the good practice framework recommended to strengthen health sector responses to LGBTI health needs. Training provision was recommended across a range of specific health service areas.

Training provision has been developed at national and regional levels:

- At a national level, LGBTI Ireland were funded to develop online LGBT+ Awareness Training that is made available through HSEland - the HSE's online learning and development portal.
- Regionally, LGB Awareness Training is provided in one strand and Gender Identity Skills Training (GIST) in a second strand.

National: Online Awareness Training

The online training is in place at national level and take-up is reported as satisfactory. The training signposts further opportunities in the south east region.

Specific steps to promote take-up of the online training have not been taken in the south east, though take-up is reported. It is suggested that this online provision has more of a contribution to make to understanding and knowledge than to awareness, which is stronger with direct contact and discussion with participants has a greater impact. Nonetheless it is seen as particularly relevant for health service providers dealing with high level of demands.

LGBTI Ireland has developed a training model to support LGBTI champions in older people services. A valuable development, reflecting the recommendations in the Rainbow Report, has been agreement for this national model to be piloted in the south east. One worker is a member of the LGBT Champions Programme Expert Group set up by LGBTI Ireland to provide expert guidance and support on the on-going and sustainable development and embedding of this training programme.

Regional: LGB Awareness Training and GIST

The regional training initiatives are aligned with the HIQA Standards for Safer Better Health Care. They contribute under Theme 6 and its focus on the workforce. This includes a specific standard of: "Service providers ensure that their workforce has the competencies required to deliver high quality, safe and reliable healthcare". They contribute to Theme 1, its concern with person-centred care and support, and the specific standards of: "The planning, design and delivery of services are informed by service users identified needs and preferences"; and "Service users experience healthcare which respects their diversity and protects their rights".

Participation in each strand over the period from 2017 to 2019 was:

	Trainees	HSE clinical	HSE non-clinical	Community & voluntary clinical	Community & voluntary non-clinical	Tusla	Boston Scientific	Other
Transgender training	64	53	2	0	1	5	0	3
LGB training	246	36	33	9	69	4	68	
Total	310	89	35	9	70	9	68	30

LGB Awareness Training

LGB Awareness Training is delivered by the two workers and by the SECH health promotion officer. Tutor's notes are available to support the training which takes place over three and a half hours. The goals identified for the training are to:

- develop participants' knowledge and skills in LGB health awareness;
- inform their direct work with service users/clients;
- improve the overall health outcomes for service users; and
- raise awareness among staff to create an inclusive working environment for colleagues.

The **content of the training programme** covers: terminology and definitions; LGB history; LGB health needs; challenges facing LGB; and inclusive practice in relating to LGB clients. The content does not have a focus on discrimination and equal treatment legislation, which might be important. The focus on skills is more limited, emphasising use of language and ways of relating.

There is some **follow-up to the training**. This is useful and is based on handing out stickers and posters that participants could use, providing personal contact points, and responding to calls where issues arise. There could be a need to further develop this, given the difficulty busy people can have in applying their training or the barriers to apply learning from the training in work settings that are not geared up to value and support new approaches. It is noted that it is difficult to secure some ongoing focus for the training messages in the workplace.

A high level of **demand for the training** is identified from a wide range of organisations. These encompass the HSE, Tusla, the community and voluntary sector, and the private sector. The audience is slightly skewed towards the community and voluntary sector and the private sector (Boston Scientific). There is a regional coverage with training provided in

Kilkenny, Waterford, Wexford, and South Tipperary in 2019. Six sessions were provided in 2019 and a further six two-hour sessions with Boston Scientific staff. Around 20 participants are included in each session. This training is a theme for the 2020 Operational Plan with a target of five workshops.

While a significant number of HSE staff have participated, it is noted that participation by those in management positions has been limited, and hospital staff have not participated in numbers. There is a challenge noted to reach GPs given the nature of their work and contractual arrangements. A more detailed breakdown of participant background might assist in tracking the participation of these different groups. It was noted that some service providers do not see the need for training, given the low level of demand from LGBT+ people in their service.

There is a concern that the training might only be reaching those already well-disposed to the issues. There is no specific targeting or promotion for the training, beyond global email. There have been initiatives to seek to embed the training in mainstream training provision in the HSE, including induction training. However, this could not be progressed in the current COVID-19 context.

Some work has been broached with those providing coaching to signpost the LGB Awareness Training and GIST and to explore diversity issues in their provision, and there are plans to provide the training to these staff members to support this. There is an interest in inserting the LGB Awareness Training and GIST in mid-career support and training provision by the HSE.

Participants complete a background form prior to training and an evaluation form after training. The SECH Health Promotion Officer currently manages evaluation of the training and summarises learning from this. This work may now be taken over by one of the workers, and the other worker manages applications and waiting list.

It is reported that training has had an **impact** in changing mindsets and attitudes. People have got an understanding of the specific needs of LGB people and the subtleties in these. It is suggested that understanding has increased across the services, with increased appreciation of the complexities for LGB clients.

There are plans to **further develop this training** offer with a Train the Trainers programme. This is a theme for the 2020 Operational Plan. There is an interest in evolving the training and there is discussion of: refresher courses; and providing selected personnel with more skills-based training to give leadership on and champion implementation of an equality agenda in the workplace. The focus on skills has emerged out of the work of Training Managers in Boston Scientific.

GIST

GIST is national in reach. It is organised by the HSE Social Inclusion SECH along with clinicians and the Transgender Equality Network Ireland. It takes place over two-day lecture-based sessions and a further one-day case-study discussion session. It aims to develop the knowledge and skills of participants for their direct work with children, adults and family members with regard to their gender identity.

There is a focus on knowledge and awareness in the training alongside a strong focus on skills development. Topics of relevance to a wide range of clinicians are addressed,

including: assessment of children and adolescents; co-occurring mental health issues; practical aspects of working with gender variant youth; physical interventions; transitions; and fertility and sexual health.

There is significant **demand for this training**. Participants are predominantly clinicians based in the HSE, and include GPs. The training has been repeated twice and a third programme is under preparation. The funding request for this iteration was successfully put to the national Social Inclusion office by SECH Social Inclusion and came down to SECH for dissemination. The documentation and delivery of GIST is a theme for the 2020 Operational Plan.

A review of the GIST programme was undertaken after the first programme was run. This concluded that GIST “had proven itself in terms of relevance, efficiency, effectiveness, impact and sustainability” and had “an **impact** on the knowledge, skills, and confidence of participants”. Recommendations made from this review, emphasised the importance of continuing “pre-GIST work of informing and developing attitudes on transgender issues of personnel within the health services”. **Follow-up action** on foot of the training to secure a sustainability for the learning was recommended.

Transgender Awareness Training is provided on request and has been taken up, but this is not funded through SECH.

4.4 Community Infrastructure

The importance of LGBTI participation and networking is reflected in the recommendation of the Rainbow Report on supporting the LGBTI community infrastructure and empowering the voice of the LGBTI community.

One of the two workers is located in FDYS with a youth work brief alongside her brief on LGB Awareness Training. She **convenes two groups of young LGBT+ people**:

- Cloisters Youth Space, involving about twenty young people.
- Enniscorthy, involving about five young people in a recently initiated group.

The purpose of the groups is to empower and engage young LGBT+ people aged 14 to 24 years. The young people take the lead in identifying what they want to do and learn, and there is space for peer support. Older young people in the groups act as guide and support. People previously involved have now been enabled to come forward to play roles as facilitators. Health services are signposted and people are informed about these in the groups. There is a lot of one to one support and information work involved in this for the worker.

The dominant focus of this work is individual empowerment. However, initiatives have been taken to build a more collective empowerment, using once-off funding. These have included initiatives to:

- develop an ambitious FDYS LGBTI+ youth strategy 2020-2024³, with five main objectives based on the LGBTI+ National Youth Strategy 2018-2020⁴ and aligned

³ [FDYS LGBTI+ Youth Strategy 2020-2024](#), Ferns Diocesan Youth Service, Wexford, 2020.

⁴ Op. Cit., Department of Children and Youth Affairs, 2018.

with the Better Outcomes Brighter Futures⁵ national policy framework for young people. Workshops were convened for young LGBTI people to have an input into this FDYS strategy.

- develop resources, available as a QR code, for health service providers and health service users, based on what young people want and expect from health professionals. These are to inform professionals coming into contact with LGBTI people and to inform LGBTI people of service pathways.

Activities include networking, building relationships, and organising events with other organisations, including LGBT+ groups, such as Youth New Ross and LGBT+ Youth Gorey.

The groups are viewed as important for individuals under pressure. The support provided is valued. Mental health impacts are noted with young people supported to connect, be visible, and feel validated. Young LGBT+ people have a space to be themselves and access to social activities together. They give young people a voice as issues raised are brought to other committees the worker is a member of, including the LGBT+ Health Steering Group.

The second worker, based in Clonmel Community Resource Centre, has been involved in establishing and supporting a **LGB Support Group** since 2018, alongside his training brief. A **Transgender Support Group** for adults was established in December 2016 and supported by TENI, which was facilitated by the worker along with a Psychotherapist as volunteer facilitator. Both groups are based in Clonmel but include participants from the wider regional catchment area.

The LGB support group has a peer support function. It has been important in addressing issues of isolation, in particular for older men. It provides support to members and is a platform for social activities. There are two volunteer facilitators for the group. The worker remains directly involved in running this group. There is a significant amount of one to one support and information work involved. It gives LGB people a voice, as issues raised are brought to other committees the worker is a member of, including the LGBT+ Health Steering Group.

The Transgender Support Group is now a peer-led peer-support group. Two transgender volunteers emerged from the group to play facilitator roles. A Psychotherapist has been a volunteer facilitator since the establishment of the group. Transgender people have a space to support each other through issues and to pursue social activities together. They have access to the worker to link into supports and health service pathways. There is a significant amount of one to one support and information work involved on the part of the worker. The group gives Transgender people a voice, as issues raised are brought to other committees the worker is a member of, including the LGBT+ Health Steering Group.

Parents of transgender children were initially included in this group. This was changed and bi-monthly meetings were organised for parents. This did not work out as attendance was poor. The worker has kept up links to provide ongoing support. Parents have access to the TransParenCI peer support group in Waterford. It was noted that in the context of the COVID-19 pandemic this group has been effectively transferred online and that this might hold future potential as an approach.

⁵ [Better Outcomes Brighter Futures](#), The National Policy Framework for Children and Young People 2014-2020, Department of Children and Youth Affairs, Government of Ireland, Dublin, 2014.

CCRC coordinate Coffee and Chat sessions have been organised in a local coffee shop every second Saturday. This serves as a less formal and more accessible arena for LGBT+ people to engage with and can serve as an entry point to the more formal groups. This is positively evaluated and there are requests to bring this initiative to other areas. The importance of raising awareness about the groups is noted.

Once off funding was secured to host health awareness events, in a number of towns across Tipperary, with speakers from different aspects of health and from different LGBT+ organisations. An anti-bullying campaign was implemented with a Clonmel youth group, using a poster campaign in schools. A weekend of workshops was organised in the south east for transgender people focused on pre-surgery, funded through the CYPSC.

Arts classes and art exhibitions were organised with members of both groups. These were important not only for the group members but also for being public facing and contributing to greater and positive visibility for LGBT+ people.

The representational work done by the two workers across a range of committees in the region offers further potential for collective empowerment and LGBT+ issues to be placed on a variety of organisational agendas.

Overall across both areas, there is evidence of growth in the scale and ambition of the groups. Members of the groups have emerged to play roles as volunteer facilitators. There have been initiatives to focus on collective empowerment and to strengthen the voice of LGBT+ people in articulating their issues.

The focus on collective empowerment and advocacy will need greater attention, as capacity builds. It is noted that it would be important for LGBT+ people, representing themselves as a community or an organisation, to serve effectively as members of various local committees. This might demand new skills and knowledge and, thus, require capacity building. TENI are implementing an empowerment programme in various regions, but not yet in the south east.

The need for more even coverage across the region of this community infrastructure is noted with some gaps indicated. The need for a greater coverage of older LGB people and of Trans people in particular is noted. A transgender group has been developed by TENI in Waterford and is operating online.

An intersectional approach is evident, which could be further developed. Links are made by the workers with the Intercultural Health Hub in Waterford. The hub engages with Roma, Refugees, and Protection Applicants. LGBT+ issues are emerging in these communities, but still remain largely hidden. There are plans to have the supervisor of the Intercultural Health Hub on the LGBT+ Health Steering Group and the SECH strategy for intercultural health identifies actions and needs in the area of sexual health that has an intersectional relevance.

A focus on older people is emerging in piloting the LGBTI Ireland training in the region and the involvement of the worker in the expert group supporting this. A current focus on LGBT+ Travellers in the work was noted. The need for a focus on LGBT+ people with disability was also identified.

4.5 Resources Developed

Specific resources have been developed that underpin implementation of the recommendations of the Rainbow Report.

A **regional fact file** was prepared by one of the workers as an early step. It is targeted at both the LGBTI community and health sector service providers. It provides:

- information on the issues facing LGBTI people, including a specific focus on LGBTI school experiences, older LGBTI people, and drug use among LGBTI people;
- information for Carlow, Kilkenny, South Tipperary, Waterford and Wexford on: population; schools; LGBTI groups; STI clinics; substance misuse services.

The regional fact file was, usefully, updated in 2019 by one of the workers.

An **'Information booklet for General Practitioners working with Transgender People: Including Children and Adolescents and Their Families'** was published by SECH and TENI in 2016. This provides information on:

- transgender terminology and transgender resources;
- transgender prevalence and transgender mental health;
- treatment options for transgender people;
- specific transgender assessment and care services for children and adolescents, and for adults, with some suggestions for family support; and
- guidance on the GP role and on relating to transgender patients and their families.

The booklet was evaluated in 2019. This concluded that it is "meeting a real need, particularly in the absence of any other accessible and readily available materials and in a context of limited training on these issues. A particular value is identified in terms of identifying the various options available for treatment, thus supporting appropriate referrals in a manner that enables a response to different individual needs, at a moment when GPs are facing increasing demand in this area".

The booklet is now being updated with the Irish College of General Practitioners. It will be available on their website and as a QR code. It should have a relevance beyond GPs. This resource is a theme for the 2020 Operational Plan.

LGB information booklets are being developed to inform LGB people of service pathways, and health service providers of LGB needs and issues. These will be available as a QR code. These resources are a theme for the 2020 Operational Plan.

4.6 Adapting to Context of Covid-19

The initiatives developed on foot of the Rainbow Report have demonstrated a valuable flexibility and determination in adapting to the difficult context created by the Covid-19 pandemic. The work is progressing in an organised and effective manner. An increased demand on the workers is noted alongside a concern at particular issues of loneliness and isolation for LGBT+ people.

The LGBT+ Health Steering Group and Education and Training Group meetings have been redesigned to take place virtually. The bi-annual meetings continue and the key pieces of work are progressing. A feasible plan on the delivery of LGB Awareness Training is being progressed.

The LGBT+ Lead has offered HSE support to staff to develop Psychological First Aids skills for the online working environment; ensured staff are keeping a log of the work undertaken in remote working; maintained a Covid-19 log of work for accountability within HSE; and engaged with S39 agencies for review and redesign of their service delivery in the new context.

Support provided by the workers to the LGBT+ community have been adapted and made available online. One to one conversation and support continues to be provided via phone, video, Google Hangouts, and Zoom, along with support via WhatsApp, text message, and email.

The LGB and transgender adult support groups now operate online via zoom on a bi-weekly basis. These have included mindfulness sessions. The coffee and chat sessions are hosted online via zoom and are also bi-weekly. There has been some innovation in trying to bring social activities online with show-and-tell and quiz events and with plans to bring a book club and art classes online. Instagram, Twitter, and a Facebook page are used to update people on the supports available.

The weekly youth groups have transferred to Google Hangouts over video call at the same time as the regular face to face groups would have taken place to maintain as much familiarity as possible. Young people are creating a plan for a virtual pride celebration on June 27th over Google Hangouts with an evening of games, ice breakers and talent shows planned as well as a Kahoot quiz. In order to carry out our work in such a way, consent was obtained from parents/ guardians and guidelines to all participants were sent to ensure the safety of the group.

There are some gains noted from new ways of working. Transport barriers are avoided with online activities. The groups and the individual support are more easily accessible and participation, particularly by young people, is noted as having increased. The choice of options through which to get support is noted as having increased the likelihood of young people engaging and reaching out, as they have control over how they wish to interact.

5. Conclusions and Recommendations

5.1 Conclusions

The institutional infrastructure established for implementing the Rainbow Report recommendations encompasses leadership, structure, plan, and staff. It is positively evaluated and impressive in its operation and strategic nature. There is potential in improving the operation of the Steering Group, making the LGBT+ Health lead a full-time post, and increasing the employment hours of the two workers.

The fit, within the HSE, between national and local action on LGBT+ issues, is noted as an issue. National leadership on, responsibility for, engagement with these issues needs strengthening.

The focus on intersex people has not progressed and the label LGBT+ was adopted for the work of the Steering Group. A scoping exercise identified that presentation of intersex people in the region was in very small numbers. The issue was brought to national level for attention and response and further developments are awaited.

SECH Social Inclusion Department has taken a leadership role in implementing the public sector equality and human rights duty. This is positively evaluated. There remains a gap in bringing the work done and the tools developed into the wider planning processes of SECH.

Institution building initiatives have focused on developing standards, creating a welcoming profile, and capacity building. The progress made is positively evaluated though challenges remain in relation to the focus on standards. There are particular challenges in relation to programme development in terms of outreach from sexual health and mental health services in a context of constrained resources. A new focus under this theme on the working environment for LGBT+ staff has usefully been opened up.

There has been a significant body of work done in the provision of training and capacity building. This is positively evaluated, is clearly a flagship in the follow-up on the recommendations of the Rainbow Report, and is foundational for further progress. The training includes online training, LGB Awareness Training, and GIST. There are concerns to expand the range of people participating, secure a follow-up to the training, and further evolve the content of the training.

There has been a significant body of work done in supporting an LGBT+ community infrastructure, in particular through the initiative of the two workers. This is positively evaluated, is clearly a second flagship in the follow-up on the recommendations of the Rainbow Report and is foundational for further progress. Four LGB and transgender groups are supported, predominantly as spaces for peer support and social activity. This has been important for mental health and addressing isolation. There is an emerging agenda of collective empowerment and advocacy which could be further developed.

Resources have been developed or are in development on LGB and trans issues for health service providers. These are positively evaluated and their planned increased availability, in partnership with ICGP in one instance, is positive.

The context of the Covid-19 pandemic presents challenges to the work being done. There is evidence of determination and creativity in overcoming these challenges. Adaptations have enabled positive continuity in the work.

5.2 Recommendations

The key recommendation from this evaluation is that the strategy and operations developed on foot of the Rainbow Report should continue on the basis of this positive evaluation. There are recommendations to further strengthen this strategy and these operations, and to build on the achievements to date. These are to:

1. Sustain and continue to strengthen the institutional infrastructure established through:
 - a. Giving consideration, as part of the commitment in the current plan to the further development of the Steering Group, to:
 - i. expanding its membership to include other relevant sectors;
 - ii. expanding its brief to include drawing in, expanding, and coordinating what are currently piecemeal funding sources available to the LGBT+ groups supported;
 - iii. exploring means of securing a stronger ongoing attendance; and

- iv. providing for moments of strategic thinking and reflection in the design of agendas.
 - b. Building on the recent success in expanding staff hours to sustain the hours available and further extend these for both workers.
 - c. Expanding the role of the LGBT+ Health lead to a full-time post.
 2. Sustain and build on the work done and leadership shown in implementing the public sector equality and human rights duty through:
 - a. Undertaking, as part of the commitment in the current plan to bring a focus on the duty into other service areas of SECH, an assessment of equality and human rights issues relevant to the functions of SECH, building capacity in other service areas to implement the duty, and advancing implementation of the duty coherently across SECH.
 3. Sustain and advance the work on institution building through:
 - a. Finalising a working draft of the LGBTI equality policy, piloting its take-up across health services in the region, as an integral part of implementing the public sector equality and human rights duty, and supporting its implementation through the training being done.
 - b. Developing links between specific relevant trusted staff within the sexual health and mental health services and the groups established by the two workers as an initial form of outreach from these key service areas.
 - c. Developing and implementing a strategy to support health service providers to be LGBT+ friendly for their LGBT+ staff, building on and further complementing the work done to be LGBT+ friendly to their LGBT+ service users.
 4. Sustain and evolve the provision of training on LGBT+ issues, as part of the commitment in the current plan to further develop the training, through:
 - a. Intensifying the follow-up from the training provided by:
 - i. advancing the action as recommended above on completing work on the LGBTI equality policy for health service providers;
 - ii. developing training provision for workplace champions for LGBT+ equality, which could include a focus on the values statement of SECH and the LGBTI equality policy, and enabling key personnel with the skills to champion LGBT+ equality in their work settings;
 - iii. engaging health service provider managers in specific training initiatives adapted to their roles and time available to enable their leadership for LGBT+ equality; and
 - iv. providing training and support to those playing coaching and staff development roles to enable them to include a focus on LGBT+ equality in their work.
 - b. Promoting and expanding the take up of the training by staff from mental health services, sexual health services, and hospitals and by general practitioners.

5. Sustain and further evolve the LGBT+ community infrastructure that has been developed and supported, through:
 - a. Enabling an expansion of the work of collective empowerment by the groups with a focus on building advocacy and representational skills, securing resources for public facing activities to enhance positive visibility, and developing shared agendas for change towards greater equality to be advanced.
 - b. Continuing to engage with the diversity of LGBT+ people by taking an intersectional approach and engaging with those organisations that can offer access to this inclusion, with a particular focus on LGBT+ refugees and asylum seekers, people with disabilities, older people, and Roma and Travellers.

6. At an appropriate moment, review the adaptations in the programme of work to extract the learning from the new ways of working developed and to establish the implications of this learning for the longer term health service response to the needs and experience of LGBT+ people.



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