



# **Evaluation of Pacesetters Wave 1 Local Change Ideas**

NHS Sheffield Sexual Orientation and Gender Identity Project

## **Reducing Health Inequalities for LGBT Service Users through Awareness Raising of Health and Social Care Workers**

Evaluation Report prepared by  
Sarah Thomas

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Centre for International Development & Training (CIDT)  
University of Wolverhampton  
Telford Campus, TF2 9NT  
Telford, Shropshire

UK

Tel: 01902 323219

[cidt@wlv.ac.uk](mailto:cidt@wlv.ac.uk)

[www.wlv.ac.uk/cidt](http://www.wlv.ac.uk/cidt)

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**NHS Sheffield Sexual Orientation and Gender Identity Project  
Reducing Health Inequalities for LGBT Service Users through  
Awareness Raising of Health and Social Care Workers**

**1. Context and Background**

The purpose of this project was to reduce health inequalities as they relate to the Lesbian, Gay, Bisexual and Trans-gender communities by raising awareness of related health issues amongst clinicians and the wider health and social care professions.

The rationale for the project is powerfully illustrated in the Problem Tree on the following page, which was developed by the project team at a participatory evaluation workshop in November 2008.

The project began to take shape in August 2007. The idea for the work originated with the PCT who contacted the Centre for HIV and Sexual Health, who have been working with the LGBT communities in Sheffield for many years, to see if they could identify a community based organisation to take the idea forward. The Centre enlisted the support and participation of SHOUT! – a health advice and support service for men who have sex with men in Sheffield, and the project was developed and implemented in partnership.

The project team recognised straight away that the issues affecting the LGB communities were very different to those affecting the Trans community and that no single training programme could address the issues for all four communities. It was decided therefore to develop the project with two discrete strands. The core training programme for GPs and GP Practice staff would be developed to focus on issues affecting LGB communities and a seminar would be organised to raise awareness of the health inequalities experienced by the Trans community.

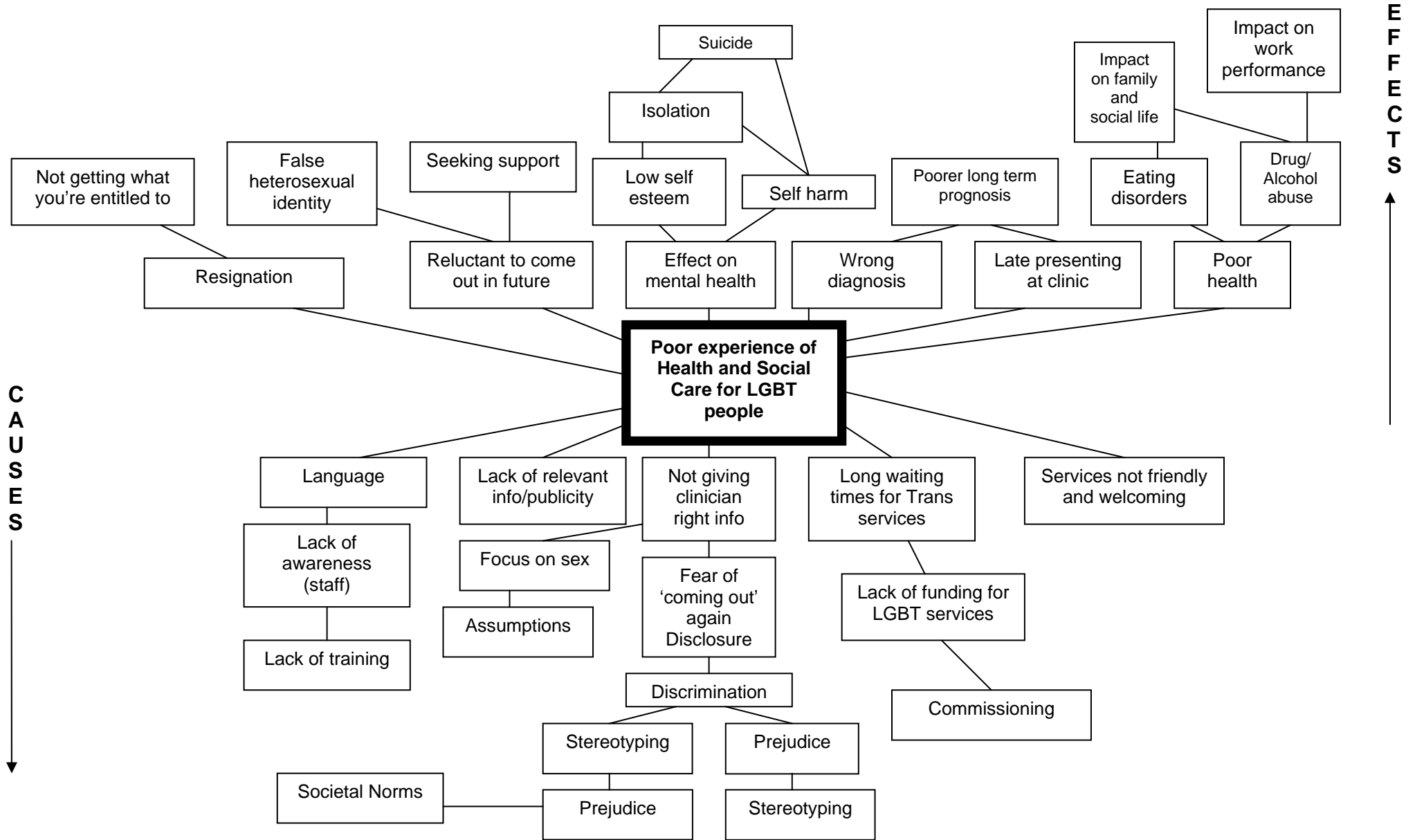
**2. Inputs and Activities**

**2.1 Seminar Events**

The Centre for HIV and Sexual Health brought together a team of trainers/consultants from the Trans community to lead the half day 'Time for T' event in June 2008.



Facilitation Team for 'Time for T' seminar



The event was widely advertised and attended by 62 health and social care professionals.

**TIME FOR 'T'**  
 FREE SEMINAR - REDUCING HEALTH INEQUALITIES FOR TRANS PEOPLE  
 THURSDAY 12TH JUNE 2008, 9.00AM-1.30PM, SHEFFIELD  
**FREE TO ORGANISATIONS IN YORKSHIRE AND HUMBERSIDE**

As part of the Department of Health's national Pacesetters Programme, the Centre for HIV & Sexual Health is hosting a seminar for health and social care commissioners, managers and practitioners to explore ways of reducing health inequalities for trans people. It will offer an opportunity to celebrate good practice, highlight improvement opportunities in service provision, and agree practical steps to implement positive change in organisations.

**OUTLINE OF THE SEMINAR**

**Chair:** Dr Kevan Wylie - Porterbrook Clinic, Sheffield Care Trust

**Keynote Speeches:**

- Hal Barraclough - a:gender
- Carol Robson - Training and Consultancy

**One-hour Workshop:** Facilitated workshops to identify good practice and to look at ways of improving service provision for transgender people.

**Networking opportunities and a buffet lunch will also be provided.**

For further information please contact Tony Atkin, Sexual Health Promotion Specialist on tel:0114 229 1908 or Matt Harrison, Sexual Health Support Worker on tel: 0114 229 1919

Please note that places will be offered on a geographical and professional discipline basis to ensure a wide selection of agencies in attendance from across the Yorkshire and Humberside region.

NAME: \_\_\_\_\_ Job Title/Role: \_\_\_\_\_  
 ORGANISATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
 TEL/FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 ANY SPECIAL REQUIREMENTS: \_\_\_\_\_

Please return completed forms to Matt Harrison, Centre for HIV & Sexual Health, 22 Collegiate Crescent, Sheffield S10 2BA  
 Fax: 0114 229 1901/e-mail: matt.harrison@chiv-afhs.uk by Friday 16th May 2007  
 (all places will be allocated after this date)

Logos: Sheffield NHS, Sheffield Care Trust NHS, Pacesetters, Centre for HIV & Sexual Health, Transgender, NHS, Sheffield Care Trust NHS, Mental Health and Wellbeing.

The seminar included keynote speeches from Carol Robson and Hal Barraclough, both leading advocates and consultants on Trans issues, and an opportunity for attendees to explore the issues further in a one hour facilitated workshop.

Feedback from the event was extremely positive, with all participants rating the event as either 'Excellent' or 'Good'. Particularly appreciated was the opportunity to hear first hand personal experiences of the health service from the trans facilitators.

Comments included:

*"Appreciated the openness and honesty – thanks to everyone that spoke."*

*"Informative and relevant."*

*"Very interesting, especially hearing personal trans experiences."*

Participants were also asked at the end of the seminar to take with them a postcard which they would complete and return to the Centre for HIV and Sexual Health 6 months later, stating what they had done as a result of attending the event.

A further initiative within the Trans component of the project was the design and distribution of a 'Top Tips' card for health and social care workers on how to make their services inclusive and welcoming for trans people.

**Top Tips**  
 10 top tips for health and social care workers on how to make your service inclusive and welcoming for trans people

1. Treat trans people as individuals and with respect - trans people are as unique and diverse as everyone else.
2. Display information about trans support groups - this gives a clear visual statement that your service/practice is welcoming of trans people.
3. Always use the name and title (e.g. Mr, Mrs, Miss, Ms or none of these) that the trans person deems correct and make sure that medical notes/register are clearly marked with their name and preferred title.
4. Remember that being trans is not a mental illness or psychological condition, though being trans may be a contributory factor for other psychiatric conditions e.g. depression.
5. Include trans people in screening programmes on the basis of organs present rather than their perceived gender. Some trans men will need to prostate screening programmes and some trans women in breast screening etc.
6. Do not comment on a trans person's general appearance or 'passability' unless they ask for your opinion.
7. Trans people can be heterosexual, lesbian, gay, bisexual or asexual - don't make assumptions about sexual orientation or sexuality.
8. Don't use terms like 'disorder' (e.g. gender disorder) or 'choice'. People who are transitioning are bringing their biological sex in line with their gender. It is not a choice, they are not changing to the gender they want to be, but to the gender they are.
9. Get informed. Invite trans people in to talk with your staff team about their experiences and how your service could be more inclusive of and welcoming to trans people.
10. Becoming a smile and a 'hello' on arrival makes everyone feel welcome - this will make trans people feel much more comfortable too.

Produced by the Centre for HIV & Sexual Health, 22 Collegiate Crescent, Sheffield S10 2BA  
 Tel: 0114 229 1900 Fax: 0114 229 1901 e-mail: chiv@chiv-afhs.uk  
 www.chiv-afhs.uk

Listing instant ways of improving the patient experience for trans people and printed in a punchy, accessible format, these cards proved extremely popular.

A week after the 'Time for T' seminar, and timed to support the introduction of the Department of Health briefing papers on reducing health inequalities for LGBT people, a one day conference entitled 'All Things Equal' was held.



The aim of this second event was to provide an opportunity for health and social care commissioners, service planners and frontline staff to consider the needs of LGBT communities and how best to use the evidence and good practice highlighted in the Department of Health briefings to improve services.

The event was attended by 74 participants and again was highly evaluated.

## 2.2 Design and Delivery of Awareness-Raising Training for GP Practices

This second strand of the project was coordinated and delivered by SHOUT! and supported by the Centre for HIV and Sexual Health. The PCT requested that SHOUT! provide a project lead for 1 day a week over 6 months. Nik Thoren, SHOUT! Manager, took on this coordinating role.

The first stage of the process was a review of training materials already developed by the Centre for HIV and Sexual Health to assess which could be used and where new materials would need to be developed. After this the process of recruiting volunteers as potential trainers to the project began. This process lasted around 5 months; SHOUT! used its own network to gauge interest, produced and distributed a flyer and held a consultation session at the 'Spring Out' conference.



By May 2008 – 8 potential volunteers from the LGB community had expressed an interest; 4 volunteers successfully completed the 3 day Training of Trainers course in June 2008.

The Training of Trainers course was run by SHOUT! staff and helped volunteers explore some of the key health issues and inequalities affecting the LGB community, as well as developing volunteers' skills in delivering training sessions and facilitating discussion of these issues.

The volunteers also played a key role in reviewing and developing the training

material to be used during the sessions.

With the materials prepared and the team of volunteer trainers ready to begin delivery, invitations were sent out to all 120 GP practices in Sheffield, offering free training sessions for all staff groups, delivered at the practice or at a venue of choice. The practices were given the option of 90, 120 and 180 minute sessions. Most GP practices in the city have a half day closure for staff development each week and the project hoped this might provide an opportunity for them to be invited to practices to deliver the session to staff.

Unfortunately, the response from Practices to the invitation was very poor: only 2 of the 120 expressed an interest in receiving the training. For the project team, this was both disappointing and surprising – particularly given the fact that the training was free, could be provided ‘in situ’ and the apparent importance of the equality and diversity agenda.

In preparation for delivering sessions, a pilot session was arranged for Public Health staff at Sheffield PCT, as well as the Regional Pacesetters Programme Manager for Yorkshire and the Humber. This went smoothly and the feedback from participants was constructive and largely positive. As a result of this the team were able to make minor adjustments to the session – helping to make it speak more directly to GPs and Practice Staff. At this stage, the project team was ready to roll out the training and had one session booked. It was hoped that interest in the training would pick up as practices became more aware. The team also delivered a number of workshop-based sessions at conferences and events, including ‘All Things Equa’l’, ‘Sex and the City’ and ‘Everybody Counts’, adapting exercises from the sessions to raise awareness of the health inequalities experienced

In October 2008, the project delivered its first session at a GP Practice: Foxhill Medical Practice. The Practice requested the training be delivered during a 1 hour lunch slot. Nik remembers the session as feeling ‘rushed’ and the participants ‘distracted’ – but feedback was positive.

For a while after this session nothing else happened and the project sent out a second batch of invitations to all 120 practices; two further responses were received. In February 2009 – one further session was delivered to staff at Darnall Community Health, this time a full 2 hour slot during the Practice’s training day. This session went extremely well and the feedback from participants, as for the previous sessions delivered, was very positive.

Good break out into groups that allowed for discussion  
**(Sheffield PCT)**

Facilitators were warm, open, friendly and approachable  
**(Sheffield PCT)**

Covered range of issues well  
**(Foxhill Medical Practice)**

I found the training very informative, covering a range of issues well. I particularly enjoyed the

group discussions. Thanks!  
**(Foxhill Medical Practice)**

Great session, really enjoyed it and learned a lot  
**(Darnall Community Health)**

Really eye-opening, there's lots of stuff that can improved  
**(Darnall Community Health)**

However, despite the positive comments received, 18 months after the project was first conceived and almost a year since the volunteers were first recruited only 2 sessions and one pilot session had been run. By this time the team of volunteers had been reduced for a variety of reasons, including lack of activity, remuneration and other work commitments. Nik discussed with the Pacesetters Trust Lead and Regional Programme Manager how best to proceed with the project.

The decision was subsequently made to reframe the project; instead of the outcome being a certain number of GP practices trained, it was decided that the outcome would now become 'a piloted and professionally produced training tool' which could be used by training providers in Sheffield as well as other areas, as part of awareness-raising training across the health and social care sectors.

Consequently, the team focused their attention on developing and expanding the existing training material to create a robust and comprehensive package that could be rolled out in a variety of settings to all health and social care professionals. The package was designed to allow facilitators the flexibility to put together sessions that best responded to their target audiences' needs.

In July 2009 a focus group was held, attended by 10 community members, to review and feedback on the work in progress.

**under the spotlight:  
lgb people's health**

**Focus group evening to discuss:  
How can health and social care  
organisations provide better services  
for lesbian, gay and bisexual people?  
Tuesday 21 July 6.30 - 9.00 pm**

Come and tell us what you think would make services more LGB friendly  
and review the training material developed by the Pacesetters LGB Project.  
Participants will be paid £20 for attending the meeting. Places are limited.  
To register e-mail support@shoutinsheffield.co.uk or  
text 'SPOTLIGHT' to 07974 971577

Pacesetters

Overall the comments were really positive, for example:

*"It [the training] should be made mandatory".*

*"If [the training] is done well by people in the know it could have an excellent impact".*

Areas of improvement included time management, increased interaction and emphasising the cultural and societal context. Following modifications and changes, the final product is to be completed in early November 2009.

### 3. Outputs

Despite a late change of direction for the training component of the project, the project as a whole has delivered a number of outputs:

- 62 health and social care practitioners attended the highly successful ½ day 'Time for T' seminar, raising awareness of health inequalities for trans people.
- A further 74 participants attended the 1 day 'All Things Equal' conference, enabling them to better utilise the Department of Health briefing papers to improve services for LGBT communities.
- 20,000 'Top Tips' cards listing advice for making services more inclusive for trans people have been printed and the majority distributed across a range of health and social care settings in Sheffield and beyond.
- 4 LGB volunteers have received facilitator training enabling them to deliver awareness-raising training to GP practices.
- The staff of 2 GP practices have received training in improving LGB service users' experience of health and social care.
- 1 pilot training session has been delivered for Public Health staff
- 6 workshop based sessions have been delivered at conferences, events and staff training days, attended by in excess of 70 participants
- A comprehensive package of training materials has been developed and piloted.

### 4. Outcomes

Some of the longer term outcomes generated by the project can be captured through the 6 month feedback from participants at the 'Time for T' seminar, detailing what they have done as a result of what they learned.

"All staff have undergone training to broaden their understanding of trans issues."  
(**Preston Road Women's Centre**)

"In the days after the seminar, I met with the staff team and shared the knowledge I had learnt. We will be inviting a trans person to give a talk to our staff at the practice. "  
(**Buchanan Road Surgery**)

"I prepared a briefing from the event that was disseminated to all our key internal and external contacts including chief officers, staff and community forums. One of the speakers from the event has been invited to talk with our LGBT staff network."  
(**Leeds City Council Equality Team**)

"We now include trans in data monitoring sheets."  
**(NHS Sheffield Equality & diversity Lead)**

"I have shared the information I learnt with work colleagues and am looking at further training for more employees."  
**(Hull City Council)**

"Included feedback from the event at weekly team meeting."  
**(Sheffield Social Worker)**

"Shared information at a team meeting and put together a pack/ resource for all workers on trans issues."  
**(Specialist Nurse for Looked After Children, NHS Sheffield)**

"I have raised awareness at staff meetings and now include trans issues in induction programme."  
**(Doncaster PCT, CYP Directorate).**

"Have checked the policy and procedures for the City Council to ensure that they reflect and are inclusive of trans issues – they are."  
**(Hull City Council)**

"Have had several informal discussions with various members of our team."  
**(OHN Counsellor – South Yorkshire Fire Service)**

"I feel more understanding of the various issues facing transgender people and have taken extra time to talk with patients while they are waiting for further appointments."  
**(Sheffield Porterbrook Clinic)**

"We are exploring our capacity to support Trans people with the help of Gender Shift."  
**(Sheena Amos Youth Trust)**

"Have included specific gender questions on contact sheet forms."  
**(Sheffield Fruitbowl)**

"We have set up a young people's LGBT group in the East Riding and have consulted with transgendered young people & taken their suggestions on board."  
**(East Yorkshire Council).**

For the LGB training course, through delivering the training sessions and workshop activities, awareness of the health inequalities experienced by LGB people has been raised amongst health and social care professionals. Both GP practices identified measures they could implement, including displaying LGB friendly posters and information, using gender neutral language, improving data capture, increasing awareness of local support agencies, and attending cultural awareness and equality and diversity training.

In addition, a key outcome, resulting from the poor uptake of the course on the part of GP practices, has been the adaptation of the course to a comprehensive training package which can now be distributed free to training providers in the health and social care sectors. This, it is hoped, will still get the important message of the project across, whilst overcoming the difficulty of scheduling time for training to be delivered.

One final 'spin-off' of both this project, and another Pacesetters LGBT project in Leicester PCT has been the adoption and revision in Sheffield of 'In the Pink', a leaflet produced in Leicester which aims to provide GPs, health workers and community groups coming into contact with people from LGBT communities with a better understanding of the issues often faced by patients.

## 5. Key Learning

The first strand of this project, the awareness-raising seminar events, were well-organised and successful and clearly produced impact at both a personal and organisational level (as evidenced by the 6 month feedback from participants). Factors in the success of these events include **the role of the Centre for HIV and Sexual Health in promoting and organising them**. The Centre was able, through its **extensive networks**, to bring together an **excellent team of speakers and facilitators who were able to share their own personal experiences** with participants. The impact of this was clearly powerful.

For the second training strand of the project, the learning is more difficult to unravel. On one hand, the project did not achieve what it set out to achieve, which was to deliver 15 sessions, and this was clearly disheartening for the project coordinator and the team who had invested a great deal of time and energy in the programme. SHOUT! recruited volunteers, trained them, developed the materials and promoted the training. However, it had no way to influence the uptake of the training on the part of Sheffield's 120 GP practices.

Initially, the question was asked whether Sheffield PCT could perhaps have done more to influence the situation by encouraging or applying gentle pressure 'from above' on practices to take advantage of the training opportunity. On further reflection, however, the feeling amongst the project team is that even this may not have made a difference; GP practices were under no obligation to undertake the training and already have a host of competing demands on their limited staff development time.

This does, however, highlight **the importance of publicity and raising awareness and visibility of a project using a range of different methods**, and more importantly that direct contacts, either face to face or via telephone, are often far more effective than mail outs in attracting interest. These methods are, however more time consuming, and in this case the project lacked sufficient resources to undertake such activities. The coordinator, Nik Thoren, is employed on a sessional basis and the other team members were contributing in a voluntary capacity. Having a staff member employed on a fixed term contract would certainly have been beneficial.

Furthermore, working with volunteers on a project of this nature can be challenging, as demonstrated by the decline in volunteer numbers during the project. All sessions were delivered during the normal working day, which inevitably clashes with the existing commitments of the vast majority of the

population. Providing remuneration or compensation for potential loss of earnings might have gone some way to addressing this issue.

A final key learning point that does emerge from the project is **the importance of flexibility**. The willingness on the part of the team to change direction, to build on some of the work already done and to adapt the 'product' in response to the obstacles it faced, has meant that a project which initially appeared to be failing was eventually able to deliver some clear, tangible outputs.

## **6. Next Steps**

The training package and the 'In The Pink' leaflet will be launched during an event in Sheffield in late January 2010. The training package will be offered for free to training providers in health and/or social care organisations nationwide.

Report prepared by Sarah Thomas, on behalf of and in partnership with the Project Team.

October 2009