

## TABLE OF CONTENTS

Executive Summary .....	1
Strategic Priorities .....	3
Background .....	4
The Case for LGBT Inclusion .....	5
LGBT Resilience .....	6
Framework .....	7
Methodology .....	8
Key Themes .....	9
Theme 1: Core Recommendations .....	10
Theme 2: Diverse and Inclusive Communities .....	13
Creating Diverse and Inclusive Communities .....	13
Priority 1: Community Building .....	15
Priority 2: Diversity .....	16
Priority 3: Culture and Arts .....	18
Theme 3: Education, Training and Enterprise .....	19
Priority 1: Prevention and Retention (Primary and Secondary Schools) .....	21
Priority 2: Participation (Adult Education and 3 <sup>rd</sup> Level Institutions) .....	23
Priority 3: Development (Enterprise and Employment) .....	25
Theme 4: Health and Safety .....	28
Priority 1: Mental Health .....	29
Priority 2: Physical Health .....	31
Priority 3: Sexual Health .....	33
Priority 4: Safety .....	35
Theme 5: Transgender Health .....	37
Implementation of the Strategy .....	41
Endnotes .....	42
Appendix 1: Organisations Involved in Developing the Strategy	
Appendix 2: Bibliography	

## EXECUTIVE SUMMARY

In recent years, there have been significant improvements for lesbian, gay, bisexual and transgender (LGBT) people in Ireland. In the South East, community organisations, local development companies, and statutory agencies have been working collaboratively in reaching out to the LGBT community to provide support, with varying levels of success.

Until recently, there has been no cohesive plan in place for the long term development of supports for LGBT people in the South East. Over the last two years, Local Development Companies (LDCs) in the South East came together to form a network of support for LGBT groups and individuals. The expansion of this LDC network to include LGBT representatives and other organisations has had significant impact and has resulted in the formation of the LGBT SE Regional Strategy Group, whose aim is to develop a five year strategy for LGBT support in the region.

The LGBT SE Regional Strategy Group has reviewed research done over the last decade in Ireland, consulted with LGBT community representatives, and met regularly over an eight-month period to develop Strategic Objectives, Key Themes and a list of Recommendations, which are contained within this document. The Strategy Group believes that, over the coming years, this document will enhance and build on the existing work, both by and for the LGBT community and their family and friends.

The overall Strategic Objectives are outlined overleaf. Within those broad aspirations, the Key Themes and Recommendations identified were as follows:

**Theme 1: Core Recommendations.** While drafting the final strategy, it became apparent that a number of core recommendations were being repeated across all themes, and these were pulled out and identified as Core Recommendations. These Core Recommendations include awareness and visibility, capacity building, implementation of the strategy, and the development of a structure for sharing information and resources.

**Theme 2: Diverse and Inclusive Communities.** Three priorities were identified under this theme to bring the community together, expand it into other diverse communities, and address isolation in the region: Community Building; Diversity; and Culture and Arts.

**Theme 3: Education, Enterprise and Training.** In order to assist LGBT individuals to fully access mainstream economic and social opportunities, three priority areas were identified: prevention and retention, focusing on preventing discrimination and retaining LGBT students in primary and secondary education; participation, dealing primarily with adult education and training; and development, focusing on further development through enterprise and employment opportunities.

**Theme 4: Health and Safety.** Health needs were broken into three main priorities: mental health, which affect all aspects of an individual's life; physical health, including such issues as smoking, alcohol and cancer screening; and sexual health. Recommendations under Safety include physical and psychological abuse, both from outside and within the LGBT community.

**Theme 5: Transgender Health.** The key issues identified for transgender people in the South East were mental health and lack of access to relevant health care in safe clinical spaces. Along with personal development for transgender individuals, it was identified that there was a need for an

endocrinologist with knowledge of transgender health needs and a database of transgender aware and transgender friendly GPs in the South East.

The Regional Strategy group identified the following values and principles of operation for the South East Network:

- To promote and use collaborative and partnership approaches to the work
- To ensure that the vision of empowerment informs all strategies and outputs
- To root and embed actions in the richness and resources of the LGBT community, using the skills and qualities inherent within that community
- To recognise, respect and value diversity in a meaningful and practical way
- To foster and encourage inspiration, creativity, positivity and innovation
- To actively foster a sense of urgency around issues and needs for the LGBT community, both amongst collaborative partners and the wider community
- To adhere to the principle of building on existing work and models of best practice, and to seek to add value to same
- To proof all work to ensure that actions and strategies incorporate the diversity of individuals within the LGBT community

## STRATEGIC PRIORITIES

### LGBT SE REGIONAL NETWORK

Our **VISION** is that LGBT (Lesbian, Gay, Bisexual and Transgender) people are equal, visible and active participants in all aspects of family, social, political, cultural, and economic life in the South East

Our **MISSION** is to work together to create a cohesive and diverse South East collaboration, comprising LGBT and mainstream representatives, that shares resources and maintains a regional approach to LGBT support, development and integration

#### BUILD SUPPORTS FOR A MORE INCLUSIVE LIFE

Facilitate LGBT groups in building sustainable supports that lead to inclusion, sharing and diversity

Build capacity in groups through training and guidance

Empower individuals and facilitate them in having control over their own lives and health

#### EDUCATE THE MAINSTREAM

Provide awareness training to mainstream organisations

Increase LGBT visibility in mainstream organisations

Provide information brochures and posters to LGBT groups and individuals

#### CREATE A DIVERSE AND INCLUSIVE SE COMMUNITY

Bring LGBT groups together through sharing of resources and joint ventures

Reach out to Minority LGBT groups and individuals

Reach out to other minority groups

#### SECURE AND MANAGE SUSTAINABLE RESOURCES

Develop structure for implementation of LGBT SE Strategy

Secure funding and ongoing support for implementation of LGBT SE Strategy

Secure additional funding for local and regional groups

## BACKGROUND

In recent years, there have been significant improvements for lesbian, gay, bisexual and transgender (LGBT) people in Ireland. Homosexuality was decriminalised in 1993. Equality legislation (Employment Equality Acts 1998-2011 and Equal Status Acts 2000-2011) prohibits discrimination in employment, vocational training, advertising, collective agreements, and the provision of goods and services, including health, on nine grounds. Lesbian, gay and bisexual individuals can claim protection from discrimination under the ground of sexual orientation. As recently as 2011 the Civil Partnership Bill was passed, formally recognising relationships between same sex couples, and signs are looking positive for full Civil Marriage for LGBT people in the near future.

Improvements for transgender individuals are also progressing, albeit at a slower rate. Ireland is one of the few remaining countries in the European Union that does not allow for legal recognition of transgender people. This is despite a High Court ruling in 2007 that found the State to be in breach of its obligations under the European Convention on Human Rights (ECHR) in failing to recognise Dr. Lydia Foy in her female gender and provide her with a new birth certificate. In 2011, Louise Hannon took a gender identity unfair dismissal case to the Equality Tribunal and won. While there is now case law, there is no explicit protection, which leaves transgender people in a vulnerable position. The positive outcome of the Foy case is that the Irish government must now introduce gender recognition legislation. Once enacted, this legislation will enable transgender people to achieve full legal recognition of their preferred gender. To date, its status is still unclear.

Important progress has also been made in terms of ensuring mainstream services are LGBT inclusive, nationally as well as regionally. The HSE's 2009 report, *LGBT Health: Towards Meeting the Healthcare Needs of Lesbian, Gay, Bisexual and Transgender People*, recommended that a national strategy and action plan be implemented for LGBT people that will address reported gaps in service, particularly in rural areas.<sup>i</sup> This resulted in LGBT people being a named group in the HSE *National Service Plan 2012* and guidelines on good practice for health care providers being produced.

An Garda Síochána has appointed a number of liaison officers for dealing with issues that members of the LGBT community may have. The Garda liaison officers' remit has recently been widened to include diversity issues in general, including the tasks previously performed by ethnic liaison officers. The National Office of Suicide Prevention has funded research by BeLonG To into the suicidal behaviour of young LGBT individuals.

Regional work has often spearheaded national initiatives. The code of practice produced by a network of Family Resource Centres supporting LGBT communities in the west of Ireland region was rolled out nationally by Pobal and GLEN to more than 300 state-supported community development organisations as the *Code of Practice for Community Development Projects, Family Resources Centres and Urban Partnerships/Integrated Companies* for supporting LGBT communities.

In 2010, LGBT Diversity's Steering Committee identified the South East region as having limited supports for the LGBT community. A Development Worker was appointed for the region and, following initial links with local development companies, organised a meeting to discuss developing a regional approach to support provision. Following a number of meetings and with the commitment of local development companies (LDCCP and Leader partnerships) to engage in a South East collaborative approach, invitations were extended to LGBT community organisations in the same counties.

Now in its third year, the South East Network has established a strong foundation through collaborative actions, like PR Campaigns and training of community leaders. This is strengthening bonds between LGBT community organisations and local development companies in their areas. Waterford Area Partnership provides ongoing support in the form of skills training and funding to the local LGBT group, sOUTH. Wexford Local Development have worked closely with the LGBT community to initiate the first ever Visibility Week in the region, and have come together with other statutory and community organisations to start two new LGBT youth groups in the county. Other Local Development Companies provide support to local LGBT groups. All Local Development Companies in the region came together to fund the printing of a poster aimed at increasing LGBT visibility in the region, and propose developing a regional visibility campaign. The HSE has provided significant support for capacity building in the region.

Although the LGBT SE Regional Group has been meeting since 2010, it has not, until now, developed a cohesive plan to address ways that LGBT groups and individuals can work together with mainstream organisations to advance LGBT equality in the South East over the next five years.

## THE CASE FOR LGBT INCLUSION

According to the 2011 census figures, the South East region as defined for this strategy (Carlow, Kildare, Kilkenny, Waterford, Wexford and Wicklow) is vast, making up approximately a sixth (756,000) of the population of Ireland<sup>ii</sup>. Even allowing that a conservative estimate of 5% of the population is LGBT, this amounts to a large number of people. While much of this population leads happy and healthy lives, the lived experience of some still remains one of fear, exclusion and isolation, particularly in rural areas.

Social exclusion is more complicated than lack of resources, or having poor mental health. It is defined in the *LCDP Programme Guidelines* as:

Cumulative marginalization from production (employment), from consumption (income poverty), from social networks (community, family and neighbours), from decision-making and adequate quality of life... individuals may be socially excluded without necessarily being at risk of poverty<sup>iii</sup>

As a joint Equality Authority and HSE survey reports, “People who suffer from discrimination feel excluded or marginalised from society, find their ability to access the goods and services they need to live a healthy life is compromised and the control they have over their lives diminishes.”<sup>iv</sup>

Social exclusion is exacerbated by the lack of LGBT awareness and visibility in mainstream services. In a survey conducted in 2008, half of all respondents reported that they were presumed heterosexual in health care. This “presumed heterosexuality” is present in mainstream services to varying degrees, and functions as a barrier to LGBT people accessing mainstream services and supports.<sup>v</sup>

Social exclusion is further exacerbated by homophobia and transphobia. Almost half of those surveyed in *Supporting LGBT Lives* reported homophobic bullying in school<sup>vi</sup>. In the *LGBT West* survey, 69% of respondents had experienced some form of discrimination because of their sexual orientation; 50% of those had been verbally abused and 20% physically attacked.<sup>vii</sup> A HSE report

points out that, “LGBT people are at a heightened risk of psychological distress because of the stresses created by stigmatisation, marginalisation and discrimination”.<sup>viii</sup>

LGBT people have less access to “social capital,” which is very important in the development of healthy and positive life outcomes. Social capital is the expected collective or economic benefits resulting from preferential treatment and cooperation between individuals and groups in any society. It includes personal connections, like family, friends, teachers; and social connections, like community groups, neighbours, church, and civic engagement. It is not equally available to all, as geography and social isolation can limit access to this resource.

It is not being gay or transgender that causes problems for LGBT people, but society’s attitude and response to it. This societal attitude and treatment can in turn create minority stress, the psychosocial stress associated with being part of a stigmatized minority group in a society, where conditions in the social environment, not personal events or factors, are sources of stress that may lead to mental and physical ill effects.<sup>ix</sup> LGBT young people, older LGBT people, rural LGBT people and transgender people are particularly vulnerable to minority stress.

## LGBT RESILIENCE

Resilience and its effects on mental health has been widely researched and acknowledged. In a 2010 article by Dmitry Davydov of the Department of Neurophysiology in Moscow, resilience is described as a defence mechanism that enables people to thrive in the face of adversity. According to Davydov, understanding resilience is an important means of developing interventions to prevent or treat common mental disorders.<sup>x</sup>

Research in *Supporting LGBT Lives* indicates that, while LGBT people’s lives are negotiated under varying degrees of adversity, many LGBT people go on to develop happy and healthy lives. This is due in large part, it claims, to LGBT resilience.<sup>xi</sup>

LGBT resilience is the ability to achieve positive outcomes, to experience success and happiness in the face of minority stress, and is the outcome of “negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse.”<sup>xii</sup>

LGBT resilience, thus, is a coping strategy, a continuous process of negotiation to develop positive LGBT identities. It is facilitated by a number of positive environmental issues, including:

- Acceptance and support from family and friends.
- Strong social networks and supports.
- Support from LGBT community organisations and services.
- Support from mainstream services
- Development of a positive LGBT identity, good self-esteem and positive coping strategies.<sup>xiii</sup>

Opportunities to meet and socialise with other LGBT people, to feel part of a community, are vital to developing a positive self-image and healthy life. The importance of local LGBT groups in providing support to LGBT people is apparent and supported by all the research done to date. Much of the work involved in supporting LGBT people in Ireland, particularly in rural areas, is carried out by these

volunteer-led support and social groups. The stronger these groups are, the more likely they are to be able to carry out actions in their communities. The more they are connected to each other, the stronger they are. And the more they are supported by mainstream services, the stronger they can be.

It is with this resilience in mind that the LGBT Regional Strategy Group embarks on the development of a strategy to address minority stress and social exclusion in the LGBT community in the South East over the next five years.



## FRAMEWORK

This Regional Strategy is informed and driven by two key principles: Community Development, and Social Capital. These principles were fundamental to the approach taken by the Regional Strategy Group as they developed this plan, and are fundamental to the recommendations made within the body of the report.

The Community Development approach achieves positive change through participation, empowerment and collective decision making. Following the guidelines set out in *The Community Workers Cooperative's Towards Standards for Quality Community Work*, the Regional Strategy Group based all recommendations solidly on the interests of the LGBT community, on empowering the community to work together and with others to influence change, on presenting alternative ways of collaborative interaction, and on developing strategies that confront prejudice and discrimination in the long term.

The Strategy Group aimed to engage LGBT groups and individuals from the beginning of this process, actively involving them in the design and implementation of the strategy, and providing a strong positive message regarding the capacity of LGBT groups and organisations to be positive advocates and active ambassadors in the South East. This strategy will also help provide the statutory and community sector with the ability to support community-based action.

Taking a Social Capital approach to the strategy complements and expands the capacity of the community development approach. A Social Capital approach broadly refers to recognising the value of social relations, and the potential benefits of co-operating to get collective results. Geography and social isolation can limit access to social capital. However, the more interconnected LGBT groups and individuals are with each other, and with community and statutory organisations, the stronger their social capital potential.

By working through a social capital approach, there is a potential to do more with less through co-ordinated and collaborative efforts, which has been a strong focus of this Strategy Group in these challenging economic times. As with a Community Development approach, a Social Capital approach requires the active and willing engagement of the community, but it also requires the willing and active engagement of all relevant organisations, builds on mutual trust and respect, and emphasises the sharing of knowledge, expertise, resources, spaces, and events.

## METHODOLOGY

The Local Development Company network identified community consultation as a first and necessary step in determining the needs of the community in the South East, so the first two meetings held were LGBT only and were attended by representatives of various LGBT groups around the region. All following meetings of the LGBT Regional Strategy Group were attended by representatives of the LGBT community and Local Development Companies.

**Phase 1 (January-March 2012) LGBT only:** Representatives from LGBT groups in the South East met twice to explore possible needs in the region and to begin the process of developing themes and recommendations for inclusion in a Regional Strategy. The overarching theme that arose as discussion progressed was that of LGBT groups being part of active and inclusive communities, with an emphasis on pride in diversity. Members of the group felt that they wanted it to be known that they were more than their sexual orientation or gender identity; that they were active citizens and members of all communities.

**Phase 2 (April-June 2012) Whole Group.** Representatives from Local Development Companies joined the LGBT representatives to discuss and amend themes and recommendations. After two of these meeting, smaller working groups were set up around specific themes. The working group on structure and implementation proposed that the need for a full or part-time regional development worker to drive the strategy forwarded needed to be clearly articulated in the strategy.

**Phase 3 (July 2012) Working Groups.** Five working groups were set up, four around themes and one around the structure and implementation of the strategy. Final draft reports under each of the four themes were completed and submitted to the whole group. The workshop on structure agreed that the need for a full or part-time regional development worker to drive the strategy forwarded needed to be clearly articulated in the strategy.

**Phase 4 (August 2012) Whole Group:** A facilitated session was held with the whole group, where the basic strategy was agreed and where specific actions for Year 1 of the strategy were identified by Local Development Companies and LGBT organisations.

**Phase 5 (October 2012) Launch and Seminar:** Planned launch of the strategy, followed by a seminar inviting community and statutory organisation representatives to attend and articulate places where the LGBT SE Regional Strategy overlaps their own workplans, and identify actions that could be added to the list compiled in the August meeting.

## KEY THEMES

Four key themes were initially identified by the LGBT SE Regional Strategy Group. While drafting the final strategy, it became apparent that a number of core recommendations were being repeated across all themes, and these were pulled out and identified as Core Recommendations.

Recommendations within each theme are, thus, specific to that theme, but also include those listed in the Core Recommendations.

The key themes identified were as follows:

**THEME 1: CORE RECOMMENDATIONS**

**THEME 2: DIVERSE AND INCLUSIVE COMMUNITIES**

**THEME 3: EDUCATION, ENTERPRISE AND TRAINING**

**THEME 4: HEALTH AND SAFETY**

**THEME 5: TRANSGENDER HEALTH**

## THEME 1: CORE RECOMMENDATIONS

When developing recommendations under the four themes named in this strategy, patterns began to emerge. Some recommendations, like the provision of awareness training to mainstream organisations, were common across all themes.

Recommendations that were common to all themes have been removed from the specific sections and are listed here. These core recommendations are overarching strategies that support all the work, and should be read as applying to each of the subsequent thematic sections.

During the development of the Strategy, it was acknowledged that many Local Development Companies were already engaging with, and supporting, LGBT groups in their counties. Whilst there is no doubt that the commitment of the stakeholders will ensure that some recommendations are progressed, the success of the overall strategy in a meaningful and sustainable manner will require a worker to be in place to oversee, carry out and coordinate actions. Consequently, one of the key recommendations in this section, and a core recommendation to ensure the implementation of this strategy, is the recruitment and funding of a paid development worker. The LGBT SE Network feels that without this, full implementation of the strategy will be very difficult.

### Information Needs and Recommendations

- A dedicated South East website be set up and maintained to support the implementation of this strategy and the sharing of information and resources. This website will contain information on all groups and supports in the region, as well as downloadable PDFs of brochures, posters, pamphlets and other relevant materials.
- LGBT Information be collected and provided to relevant mainstream organisations, including community organisations, enterprise boards, clinics, hospital waiting rooms, libraries, and other statutory agencies.
  - *Code of Practice* for Partnerships, CDPs and FRCs
  - GLEN's *Good Practice Guide for Healthcare Professionals*
  - GLEN's *Good Practice Guide for Sexual Health Clinics*
  - GLEN's *Good Practice Guide for Mental Health Staff*
  - *Guidelines for School Counsellors*
  - *Guidelines for Principals*
  - GLEN'S *Lesbian, Gay and Bisexual Diversity in the Workplace*
  - GLEN's *Excellence in Diversity* online tool
  - *LGBT people are....* Poster
  - TENI's transgender posters and brochures
  - HSE's brochure on bereavement
  - LINC's women's health brochure
- LGBT Information specific to the South East be collected, printed and disseminated to LGBT groups and individuals, which would include:
  - Up to date directory of LGBT services and supports in the South East
  - List of LGBT- and trans-friendly GPs, counsellors, and other care providers
  - Pamphlet on being LGBT in the South East and supports available throughout the region

## Service and Supports Needs and Recommendations

- Training be developed and provided that promotes LGBT inclusive and affirmative service provision. This training would include raising awareness of the issues facing LGBT individuals, would provide guidance on how to create safe spaces and an environment that is conducive to respect and inclusiveness, and would constructively challenge discriminatory attitudes, beliefs and practices. The training would look at the content, delivery and culture of all services being offered. This awareness training would be offered to all specialised and frontline staff, including:
  - Healthcare professionals (GPs, nurses, counsellors, carers in elder care, frontline staff in community health, STI/GUM clinics, students, etc.)
  - Community and Statutory Organisations (Local Development Companies, FRCs, SIM, RDTF, Gardaí, Enterprise Boards)
  - Primary, Secondary, 3<sup>rd</sup> level and medical institutions (Principals, SPHE staff, Teachers, students)
  - VEC School Completion and Early School Leaver Programmes
  - FAS instructors and students
  - Enterprise training instructors and trainees
  - Community groups

## Community Development Needs and Recommendations

- LGBT groups are facilitated to build sustainable support services and safe community spaces
- Training is provided to build capacity in LGBT groups (committee skills; leadership skills; media; building cultural communities)
- Training is provided to support LGBT individuals (personal development; health and wellbeing)

## Policy and Leadership Needs and Recommendations

- Paid Development Worker be funded and recruited (through direct funding or, failing that, through JobsBridges or other program) on a regional and local basis.
- Strategy be developed to continue current work and drive the SE Strategy forward:
  - Draft letter to Atlantic Philanthropies and LGBT Diversity, highlighting work done to date, next steps, and need for ongoing support
  - Representatives from network give presentation to Atlantic Philanthropies, LGBT Diversity Steering Committee, and HSE
  - Other regional approaches to securing development worker be explored
  - Explore opportunities for engagement with other organisations in region to determine who will buy in to strategy.
  - Engage with all LGBT groups and individuals in region
- South East regional committee be developed to implement the SE Regional Strategy:
  - Two (2) members from each LGBT group (approach each county/group; bring together; develop targeted actions)
  - Representatives from key mainstream organisations
  - Meet 4 times a year.
  - Rotating chair from various groups.

- In order to emphasise the regional nature and scope of the work being done in the South East and support requests for funding and support from other organisations, develop a Regional Visibility Week. Each county will commit to one day of events and all events will be coordinated and publicised as a regional event.
- Healthcare professionals get continuing education professional points for attending LGBT and transgender awareness training workshops

## THEME 2: DIVERSE AND INCLUSIVE COMMUNITIES

*Supporting LGBT Lives* emphasises that, while so many LGBT people's lives are negotiated under varying degrees of adversity, many LGBT people manage to develop happy and healthy lives. This is due, in large part, to LGBT resilience, and this is an outcome of strong and inclusive communities.

LGBT resilience, the ability to end up a healthy human being, to experience success and happiness in the face of minority stress, is "the achievement of positive outcomes in the context of adversity" and the outcome of "negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse".<sup>xiv</sup> LGBT resilience, thus, is a coping strategy, a continuous process of negotiation to develop positive LGBT identities.

Nevertheless, isolation remains a risk for LGBT people in rural parts of the South East, as in other parts of Ireland. In *LGBT West's* Needs Analysis, 90% of survey respondents reported "sometimes or always" feeling isolated because of their sexuality.<sup>xv</sup> Local LGBT groups are an important part of providing support in the community and in outreaching to vulnerable LGBT individuals.

### CREATING A DIVERSE AND INCLUSIVE COMMUNITY

This working group has identified further diversity and inclusion work that needs to be done in the region. At initial discussions by LGBT representatives on a strategy in the South East region, the overarching theme that kept arising was that of LGBT groups being part an inclusive and integrated society that accommodates and fully respects its own diversity and the diversity of cultures and ideas around it. Members of the group emphasise that they are more than their sexual orientation or gender identity; that they are active citizens, members of a wider community, and that they have as much to give back to the community as they have to ask of it.

The LGBT community is interested in being part of a larger, more diverse community that includes all individuals. The importance of integrated communities is highlighted by the *Waterford City Integration Strategy 2012–2016*, which states that "Irish society, indeed any society, continually changes on the basis of both internal and external influences and ongoing changes in attitude in relation to a variety of fundamental issues."<sup>xvi</sup> The real challenge for any integration process is to engage with and influence such change in positive ways to ensure a more equal and inclusive society emerges, and one that reflects the myriad of values and perspectives held by its residents.

Discrimination exists, not just against the LGBT community, but also within it. Older LGBT individuals face multiple invisibilities<sup>xvii</sup>. Bisexual and transgender individuals are not always welcome in LGBT groups. Work needs to be done to educate the LGBT community on these issues and to create a more welcoming and proactive approach to inclusion within the community.

The same discriminations that can exist in mainstream Irish society can also do so in the LGBT community, such as Racism, Traveller discrimination, disability discrimination and attitudes towards older individuals. The LGBT community is well poised to understand the impact of discrimination on communities and individuals and, as a community active for many decades in Ireland, this LGBT group feels it can reduce discrimination, and encourage acceptance, by reaching out to minority communities and getting buy-in from them. They feel that, by working together:

- all minority groups will benefit from an integrated approach to awareness raising and visibility.
- the prejudices that can exist within minority groups against other minority groups will dissipate over time.
- the attitudes and behaviours of the various cultures and communities will mingle and merge, thereby demystifying minority communities and debunking myths about each other.

While recognising that it takes time to challenge and change attitudes, the working group directs that a policy of inclusivity and diversity should be applied to all themes in this strategy, but most especially to the community building theme.

The working group has thus identified that it needs to develop a strategy for creating diverse, inclusive and creative communities in the South East.



## PRIORITY 1: COMMUNITY BUILDING

Isolation continues to be an issue, and outreach from existing LGBT community groups is an integral part of providing ongoing support to rural individuals. While work needs to continue in building capacity in these groups so that they can deliver on this, a more collaborative approach to community building is envisaged for the South East where groups are strengthened through shared resources and expertise.

### Information Needs and Recommendations

- The various LGBT groups in the South East continue to operate websites and social media sites to provide information on community and social events and supports
- LGBT groups obtain further training in social media use, in order to maximise its use as a tool for supporting the community.
- LGBT and community groups share resources, including *How to deal with the Media, Radio interviews* and Web Design.

### Service and Supports Needs and Recommendations

- Annual LGBT awareness and visibility events are supported and promoted (IDAHO, PRIDE, LGBT History, Arts events, Social Inclusion Weeks, etc.)
- LGBT groups outreach to isolated rural LGBT groups and individuals, supported by mainstream organisations

### Community Development Needs and Recommendations

- An LGBT South East Community be explored and developed:
  - Bring groups together through events, seminars
  - South East Discussion Forum online, like on Queer ID, Gaire
  - Shared information and skills database (writers, media people, arts people; graphics)
  - Actively promote inclusion of SE in current *National* organisations and events (GALAS, GCN)
  - Further develop South East LGBT Annual Awards
  - Develop Regional Pride? (Pride in Diversity, that includes all marginalised groups)
- Advisory groups of mainstream and LGBT representatives, similar to those set up for BeLoNG To youth groups, be set up in each county to function as resource for LGBT groups
- Use of interns to function as dedicated development workers for main LGBT groups, supported by Local Development Companies and, where possible, other CDPs or FRCs in area (to sponsor them; to provide support and supervision; to provide office space and admin support)

### Policy and Leadership Needs and Recommendations

- LGBT groups participate in Community Fora in all counties.

## PRIORITY 2: DIVERSITY

The working group strongly identified reaching out to other minority communities as a priority for this strategy and for the sustainability and inclusiveness of LGBT groups into the future. LGBT groups in the region felt that they had something to give back to the community at large, and had a lot to learn from other minority communities.

### Information Needs and Recommendations

- Distribute LGBT posters to Integration Committee and to other minority groups
- Where possible, make information available in a variety of languages.
- Bridge information gap through distribution to rural communities.

### Service and Supports Needs and Recommendations

- A Diversity Awareness day be organised in the region every year.
- Support and work with GCN and interested parties in producing a yearly *Older LGBT* edition, not unlike the current youth edition.
- Support and work with GCN and interested parties to produce Diversity in LGBT/Pride in Diversity edition.

### Community Development Needs and Recommendations

- Connect with other marginalised LGBT communities
  - Older LGBT communities (including intergenerational LGBT and mainstream communities)
  - LGBT Youth
  - Outreach through mainstream organisations (Older Voices, Older and Bolder, GAA, ICA, Waterford Integration Strategy Group)
- Develop connections with other minority communities
  - Outreach to minority community groups (Travellers, New Communities, Physical and Intellectual Disability)
  - LGBT and minority groups meet to discuss shared issues and experiences (using Waterford City Integration Committee initiative as guide)
  - Develop Pride in Diversity Festival that includes all minority communities
- Interact with mainstream community
  - LGBT groups be supported in linking and forming partnerships with mainstream community and charity organisations
  - The work already being carried out by LGBT group in support of mainstream community and charity organisations be highlighted
- Develop think tank, open to all communities, on overcoming barriers to involvement:
  - LGBT involvement in LGBT community
  - LGBT involvement in other communities
  - Other communities' involvement in LGBT community
  - Rural and isolated LGBT individuals
- Local and Regional Pride events be reframed as Pride in Diversity events.

### **Policy and Leadership Needs and Recommendations**

- Each county develops a strategy to ensure that the work of bringing communities together continues between LGBT groups and other minority groups.
- Waterford City Integration Group work closely with LGBT groups in Waterford and surrounding areas to explore ways of working together and expanding remit to entire region.
- Local Development Companies and county councils refer to the Waterford City Integration Strategy with a view to promoting it in all counties in the South East.

### **PRIORITY 3: CULTURE AND ARTS**

The universal nature of art can bridge gaps between cultures, change attitudes and, when used in community fora, encourage participation and involvement. The use of artistic and cultural media as an expressive means to interrogate homophobia and transphobia within communities can also pave the way for conversation and dialogue to happen around discrimination, difference and acceptance.

#### **Information Needs and Recommendations**

- Information on community-based art courses and events be distributed to all LGBT and community groups in the region.

#### **Service and Supports Needs and Recommendations**

- Mainstream community organisations respond to the needs of the LGBT community in supporting community art projects that build the capacity and confidence of LGBT people in the region to become actively involved in their own and other communities.
- LGBT groups be encouraged to work together and with other minority groups to create large scale Diversity Art Pieces in the region.
- LGBT participation in Social Inclusion Weeks, Arts Festivals, and Cultural Events be supported and encouraged.

#### **Community Development Needs and Recommendations**

- A regional approach to queer history be explored (e.g., Queer Archives yearly events in the region, in a different county each year)
- LGBT groups work with mainstream organisations to develop a creative approach to recording the stories of the LGBT community (e.g., an Anthology of Writing and Arts; LGBT Voices in South East book; photography exhibits; theatre and music events, etc.)
- The LGBT community holds a seminar to explore what it means to be LGBT and spiritual/religious
- The LGBT community works closely with LGBT youth groups and mainstream organisations to create intergenerational opportunities that reach out to older LGBT individuals, particularly those in rural areas. (e.g., older LGBT individuals talk to youth groups about their story and experiences; youth groups/individuals visit older LGBT individuals; intergenerational events around themes)
- Mainstream organisations respond to the needs of the LGBT community for artistic and cultural training and education (e.g., Building Cultural Communities courses; engaging communities through art; etc.)

#### **Policy and Leadership Needs and Recommendations**

- Arts organisations, including local arts councils, be engaged with to encourage the inclusion of LGBT voices in regional art events and festivals.

### THEME 3: EDUCATION, TRAINING AND ENTERPRISE

The mental health effects of homophobic discrimination and bullying in Ireland are documented in most of the research that has been carried out over the last decade. This research shows that there is a strong correlation between increased levels of self-harm and suicidal ideation and LGBT identity amongst young people in particular and these factors are strongly associated with increased levels of early school leaving and educational disadvantage. The *LGBT Lives* national study, in which over 1000 LGBT people participated, indicated that 80% had experienced verbal abuse and 25% had experienced physical abuse as a result of their sexual identity<sup>xviii</sup>. Half of all respondents who were school goers at the time reported the existence of homophobic bullying in their schools. Over half of those aged 25 or younger at the time of completing the survey admitted to having given serious consideration to ending their own lives, while just under 20% reported having attempted suicide.

The depression, isolation and low self-esteem in LGBT young people caused by homophobic and transphobic bullying can impact academic achievement and contribute to drop-out rates. Low academic achievement and high dropout rates affect the lifelong potential of individuals, both in careers and in further education. Fear of being discriminated against blocks many young people from taking a chance on furthering themselves.

Previous learning experiences influence participation in lifelong learning. When that previous experience is negative and disrespectful, even adult and community education programmes begin to look suspect. Recent research carried out in the West of Ireland indicated that, while the majority of LGBT individuals surveyed were aware of adult education services operated by the VEC and were interested in LGBT-specific personal development courses, only 9% availed of the service. Those who did engage said that their sexual orientation was not relevant to the content of the course, but it did prohibit them from fully engaging in group and social dimensions of the programme. A number also reported homophobic comments and discussions that resulted in some not completing the course.<sup>xix</sup>

The 1995 study of the economic and social effects of discrimination carried out by GLEN and the NEXUS Research Cooperative provides further support for these findings. That research indicated that experiences in primary and post primary schools can have a negative effect on participation in 3rd level and adult education. Of the LGBT people surveyed, three-fifths (57%) experienced various problems at school, mainly as a result of being lesbian or gay. A similar proportion (59%) of respondents who had gone to college and a third (36%) of those who had been on training courses reported the same experiences.<sup>xx</sup>

The LGBT West report recommends that “Adult education courses should consider course content and teacher and adult learner responsibility” and goes on to say, “It is therefore very important that the adult education learning environment is conducive to respect and inclusiveness both in the content, delivery and culture of the course.”<sup>xxi</sup>

Discrimination and prejudice can also disadvantage LGBT individuals and exclude them from full participation in society. The GLEN/Nexus research reported that “many respondents’ job opportunities were severely narrowed because they avoided work for which they were qualified (21%) or categories of work (39%) through fear of discrimination, both of which can lead to downward mobility.”<sup>xxii</sup>

There are other, lasting effects of discrimination. The GLEN/Nexus research pointed out that almost half of respondents had moved within Ireland, the majority of whom cited being LGBT as a determining factor in their decision. In addition, three-fifths of respondents had emigrated at some stage, and over half of them indicated that their sexual orientation was a key factor in that decision.

In order to assist LGBT individuals in fully accessing mainstream economic and social experiences, three priority areas were identified: Prevention and Retention, focusing primarily on Primary and Secondary Schools; Participation, focusing primarily on Adult Education and Training; and Development, focusing on Enterprise and Employment.

## **PRIORITY 1: PREVENTION AND RETENTION (FOCUS ON PRIMARY AND SECONDARY SCHOOLS)**

Young LGBT individuals need to be able to remain in school in order to optimise who they are and who they can become. Because a safe educational environment is paramount to retention of LGBT young people in our schools, everyone must work towards preventing the development of environments that will cause them to drop out. This means that all agents must work towards influencing school policy and raising the awareness of educators so that we can ensure all educational environments are safe, supportive and free from bullying and discrimination.

### **Information Needs and Recommendations**

- Local Development Companies and other community organisations will regularly liaise with BeLonG To for materials and posters around Stand Up and other anti-bullying campaigns.

### **Service and Support Needs and Recommendations**

- Mainstream organisations (Local Development Companies, VECs, community organisations) and LGBT activists use their contacts to encourage all schools-based programmes to support a positive view of LGBT community and identity, through:
  - Developing appropriate policies within schools
  - Embracing BeLonG To's campaigns to address homophobia and transphobia in schools (e.g., Stand Up Campaign)
  - Initiating LGBT awareness training for frontline staff, teachers, counsellors and principals of all schools in the region
- Early School Leaver Programmes and VEC School Completion Programmes be targeted to address homophobia and transphobia as contributing factors in young people leaving the educational system prematurely.
- VEC and education networks respond to the needs of the LGBT community by encouraging school principals to embrace education around homophobic and transphobic bullying.
- Best practice models of organisations who have tackled the issue of homophobic bullying in schools be explored, reviewed and replicated in the South East. Specifically, reports on the Comhairle na nOg seminar in Wicklow in May 2012 and the South Tipperary Horse and Jockey initiative in 2011/2012 be collected and reviewed to this end.
- Regional seminar be organised, based on outcomes of Wicklow and South Tipperary Comhairle and youth events.

### **Community Development Needs and Recommendations**

- LGBT activists in the region be provided with the skills and support they need in order to effectively carry out awareness training sessions for Principals, SPHE instructors, teachers and counsellors in educational establishments. Support would include (but not be limited to) Personal Development, Confidence Building, Public Speaking, and specific LGBT awareness raising train-the-trainer programmes.
- Develop regional approaches to LGBT youth and educational supports and ways to deal with bullying in schools.

### **Policy and Leadership Needs and Recommendations**

- LGBT Policies already in place in all organisations be strengthened and supported.
- Funding options be explored to pay for training and awareness raising.



## PRIORITY 2: PARTICIPATION (ADULT EDUCATION AND TRAINING; 3<sup>RD</sup> LEVEL INSTITUTIONS)

Too often, the Primary and Secondary educational system fails LGBT individuals. The post-secondary and 3rd level options available to them often contain the very discrimination that caused them to drop out or achieve badly in the first place. This section attempts to address the needs of those who have fallen through the Primary and Secondary educational system by encouraging the provision of safe spaces, enhancing the community aspects of education, and allowing individuals to fully access mainstream experiences in the short and long term. It will place emphasis on the importance of education providers ensuring that the adult education learning environment is conducive to respect and inclusiveness in the content, delivery and culture of the course or training being offered so that the discriminatory conditions that led to their drop-out from the educational system will not be replicated in adult education. It will also place strong emphasis on community organisation, integrated training programmes and career progression pathways.

### Information Needs and Recommendations

- Relevant visibility information (posters, stickers, brochures) on how to create safe space for LGBT individuals be circulated to training and education centres and third level institutions.

### Service and Support Needs and Recommendations

- A three-pronged approach to inclusion and support of LGBT groups and individuals in training, education and employment be developed.
  1. Targeted (training specifically for LGBT groups and individuals)
    - When numbers are sufficient to dictate an LGBT-only course
    - When “safe spaces” are required (training in personal development, awareness training, peer mentoring, sexual health, transgender training)
    - When collaborating with other counties and regions to provide LGBT-specific training (LGBT Leadership and Advocacy Training, Train the Trainer)
  2. Integrated (cost-neutral provision of services):
    - LGBT groups and individuals be targeted when rolling out all training
    - Preference be offered to LGBT individuals/groups for a number of places on each course.  
*These could include courses currently being offered, like Social Media Skills, Building Cultural Communities, Arts in the Community, and other courses as identified.*
  3. Collaborative (Creation of Career Progression Pathways, with emphasis on individuals):
    - Mainstream education and training encourage engagement by providing life supports that will address the gap between where individuals are now and where they are aiming to be
    - Local Development Companies and VECs will play a critical role in coordinating Progression Pathways for individuals, from education and training to employment and enterprise
    - A connected set of supports that develop progression pathways be provided to individuals by Local Development Companies and VECs
- Students in the major third level institutions be provided with awareness raising sessions every year, particularly students in the social, psychological and health care studies programmes.

### **Community Development Needs and Recommendations**

- Best practice and content from the LGBT Diversity Community Leadership Pilot Course be used to explore the development and delivery of Regional Leadership and Advocacy Training, using expertise and funding from Local Development Companies, VEC and HSE.
- All educational organisations (VECs, HSE, Local Development Companies, Enterprise Boards) promote formal/informal training to LGBT groups and individuals.

### **Policy and Leadership Needs and Recommendations**

- Department of Education and VEC be encouraged to develop an LGBT identifier in order to provide more accurate information on access to and use of adult education services by the LGBT community.
- Funding options be explored to pay for training and awareness raising.

### **PRIORITY 3: DEVELOPMENT (ENTERPRISE AND EMPLOYMENT)**

For those LGBT people who have had a compromised education, the development of progression routes that address their gaps in education and training, and in life skills, are necessary to create employment and enterprise opportunities for them. This strategy will emphasise these progression routes, which will lead individuals to employment and enterprise opportunities.

For individuals who are dislocated from the employment experience, enhancing entrepreneurial skills can also be a natural next stage in helping them develop as robust human beings with the ability to negotiate their own employment experience. For some, creating one's own business guarantees a safe place of employment. For others, tapping into the "Pink Euro" ensures they can capitalise on the community's own spending power. For those further out on the margins, starting one's own business may be the only option remaining.

The role of Local Development Companies and VECs in coordinating the career progression pathways arm of this strategy will be significant, as they can provide a connected set of supports and networks within their communities. VECs provide training and community education. Local Development Companies can progress individuals and groups through all four goals of their LCDP programme, and can work towards creating an inter-regional Rural Development Programme (RDP) that will address these needs in all counties.

It is also important to build on what is already there. There are many employers of LGBT individuals in the region (for example, Financial Services are a major employer of LGBT people in Kilkenny) who will benefit from increased awareness. Everybody wins: local economies benefit from the increased enterprise activity, and the LGBT community benefits from increased job availability.

#### **Information Needs and Recommendations**

- Information sheets on the enterprise development options available through Local Development Companies, Enterprise Development and other relevant boards be collected and disseminated to LGBT groups and individuals in the region.
- Relevant visibility information (posters, stickers, brochures) on how to create safe space for LGBT individuals be circulated to enterprise boards and training centres.

#### **Service and Support Needs and Recommendations**

- Develop a three-pronged approach for inclusion of LGBT individuals in SYOB and enterprise training:
  1. Targeted (training specifically for LGBT groups and individuals):
    - When numbers are sufficient to dictate an LGBT-only course
    - When "safe spaces" are required (e.g., Personal Development in Business, Confidence Building)
    - When collaborating with other counties to provide LGBT-specific enterprise and leadership training
    - When developing community-based enterprise or alternate economies training.
  2. Integrated (cost-neutral provision of services):
    - LGBT groups and individuals be targeted when rolling out all enterprise training
    - Preference be offered to LGBT individuals/groups for a number of places.

3. Collaborative (Creation of Career Progression Pathways, with emphasis on individuals):
  - Mainstream education and training encourage engagement by providing life supports that will address the gap between where individuals are now and where they are aiming to be
  - Local Development Companies and VECs play a critical role in coordinating Progression Pathways for individuals that will lead them to enterprise and employment opportunities
  - A connected set of networks and supports be provided by Local Development Companies to individuals in developing progression pathways.
  - Connect LGBT individuals with supports already in place, locally and regionally
  - Create spaces in which individuals can think about enterprise development (seminars, workshops)
  - Work with local businesses to promote LGBT visibility and awareness:
    - Offer awareness raising training to local businesses, including multinationals
    - Encourage businesses to see the advantage of creating safe spaces and targeting LGBT clients
    - Encourage businesses to display LGBT-friendly stock (GCN, Pride products)
    - Explore value of accreditation system for LGBT and LGBT-friendly businesses
- To address the needs of the lower-waged LGBT community, explore the possibility of introducing alternate economies, such as Trading Sites, which will have the added advantage of enhancing connections within the communities.
- Promote Pride as a year-round event:
  - Explore ways to expand Pride Festivals to avail of enterprise and tourism facilities and developments.
  - Tap into mainstream through use of growth areas (Tourism, Arts, Finance, Energy, Food)
  - Include family and friends of LGBT more determinedly in Pride events.
- Coordinate with Local Development Companies and Tourism and community organisations to tap into the Hospitality Industry's development of Tourism corridors in the region and explore ways to target existing LGBT businesses and individuals.

### Community Development Needs and Recommendations

- With the cooperation of Local Development Companies and Enterprise Boards, consultative seminars be held in the region with LGBT individuals who have, or can visualise having, a business. These seminars to explore the needs of the community in terms of skills deficits, enterprise and employment needs, tourism opportunities, the Pink Euro, Pride and Safe Space events, alternate economies, the use of safe zone stickers or a system of accreditation for LGBT friendly businesses, and the need for a strategy around these issues.
- An information seminar be held on the enterprise supports available to LGBT individuals in the region who wish to start their own business.
- LGBT participation in enterprise development and training be promoted, using links with LGBT groups
- LGBT business networking events be organised to provide new LGBT business start-ups and interested parties with information on where to go for support and information.

### **Policy and Leadership Needs and Recommendations**

- Equality Legislation and Human Rights training be rolled out in all SYOB and enterprise courses.
- Funding options be explored to pay for training and awareness raising.
- By the end of Year 3 of this overall strategy, a strategic plan specifically addressing Enterprise and Employment in the Region be developed.

## THEME 4: HEALTH AND SAFETY

Despite the progress being made in Ireland in the areas of policy and law, the presence of homophobia and transphobia in Irish society can contribute to minority stress, the psychosocial stress associated with being part of a stigmatized minority group in a society. The resulting isolation, exclusion and harassment experienced by some LGBT people can lead to mental health issues, risk-taking behaviours and problematic drug use. According to GLEN's 2012 *Good Practice Guide for Healthcare Professionals*, "Irish and international research highlights that LGBT people continue to face significant challenges in accessing and receiving appropriate healthcare, and that health services are often not inclusive of LGBT patients."<sup>xxiii</sup> This lack of awareness of LGBT issues within the health service can cause many LGBT individuals to further delay in seeking healthcare, putting them at even higher risk of health problems.

Priority 1 under this theme is mental health, as it affects all aspects of health in the LGBT community. The other priorities covered are physical health, sexual health, and safety.

## PRIORITY 1: MENTAL HEALTH

Social capital (social supports like family, friends and other people in the community) is very important in the development of healthy and positive life outcomes, and is well known to be linked to positive health outcomes. Discrimination, victimisation and harassment create minority stress, and lack of social capital can inhibit the development of resilience and of coping mechanisms. This places individuals “at higher risks of developing mental health problems”.<sup>xxiv</sup> Mental health problems, in turn, affect all aspects of an individual’s life, including physical and sexual health.

The HSE’s own report, *LGBT Health*, points out that “lesbians were 2.3 times more likely and gay men were 6 times more likely to have mental health problems”<sup>xxv</sup> as a result of this minority stress. “Although societal attitudes to homosexuality have changed markedly, anti-homosexual bias can still result in LGBT people experiencing negative feelings towards themselves,” placing LGBT individuals at higher risk of alcohol and drug use, self-harm, suicide ideation and suicide.<sup>xxvi</sup>

In rural communities, the risks increase, as LGBT people can be isolated both in terms of their geographical location and by a lack of access to LGBT services. According to *LGBT Health*, LGBT individuals “can be more socially isolated and marginalised, which can have a knock-on effect on their mental health”.<sup>xxvii</sup> A survey commissioned by LGBT West in 2008 found that 90% of respondents said they “always or sometimes felt isolated because of their sexual orientation,” while half said that “their sexual orientation had stopped them sometimes or always from taking part in social activities in their local communities”.<sup>xxviii</sup>

LGBT young people also have an additional set of burdens unique to their sexual identities that can have serious physical and mental health implications. The rates of drug use, self-harm and suicide among LGBT young people in Ireland are significantly higher than among their heterosexual counterparts. According to *LGBT Health*, 65% of LGBT young people had some experience of drug use, compared to 24.9% of the general youth population<sup>xxix</sup>. LGBT people are a named at-risk group in *Reach Out*, the government’s 10 year strategy on suicide prevention.

Older LGBT people are an invisible and isolated minority who “have lived a greater proportion of their lives within a more punitive legal and social environment” and “have experienced greater exposure to anti-homosexual bias”.<sup>xxx</sup> The *Visible Lives* survey, published in 2011, indicates that most older LGBT individuals first came out to another person at age 31, meaning that they “went through the whole of their adolescence and early adulthood without disclosing their LGBT identity to anyone and without contact with other LGBT people”.<sup>xxxi</sup> Even now, 28% are not out to any of their neighbours, 10% are not out to close family, and 7% are not out to anybody at all. Ten percent (10%) of respondents to the survey report surviving the death of a same sex partner, and the “disenfranchised grief” that resulted from the relationship not being fully recognised or acknowledged. Forty-three percent (43%) are single (twice the national average) and 45% live alone (over three times the national average). Fear of homophobia in nursing homes compounds the sense of invisibility, isolation and loneliness experienced by older LGBT people. As they enter the later years of their lives, older LGBT people are faced with a double invisibility both as older people and as LGBT people.<sup>xxxii</sup>

Transgender people are one of the most socially isolated and least understood groups. Transgender people are faced with discrimination on a daily basis, particularly if they undertake the journey to transition. *LGBT Health* points out that “transsexual people have specific health needs related to

their diagnosis of Gender Identity Disorder (GID)” and “still face unpredictable and sometimes negative responses from practitioners”<sup>xxxiii</sup>. According to *Supporting LGBT Lives*, “over a quarter of those who identified as transgender indicated that they had attempted suicide at least once, most of whom had tried to take their lives on more than one occasion”.<sup>xxxiv</sup> Recommendations relating specifically to transgender health will be covered in the final theme of this document.

### Information Needs and Recommendations

- Research into the needs of LGBT carers and older LGBT people in residential care in the South East be undertaken

### Service and Support Needs and Recommendations

- HSE be approached to actively promote LGBT inclusion and visibility in health care settings
- HSE be encouraged to respond to need for awareness training for all frontline mental health staff
- Counselling and mental health services be encouraged to promote available mainstream and community supports to LGBT individuals
- The National Office for Suicide Prevention (NOSP) be approached to respond to the needs of the community for suicide prevention training in the counties of the South East.
- In response to the needs of the older LGBT community, support be provided in the area of loss and grief, bereavement, loneliness, and other areas as identified by the community. Links to Age and Opportunity, Older Voices and other community groups be created.

### Community Development Needs and Recommendations

- To counteract the impact of minority stress in the community, positive mental health initiatives be explored:
  1. Personal development training days for members of the LGBT community
  2. Free or pro-rated counselling services already in place be supported by mainstream organisations
  3. Free or pro-rated counselling services already in place be promoted within the community
- Older LGBT individuals be targeted

### Policy and Leadership Needs and Recommendations

- Regional approaches to provision of mental health services be developed.
- Best practice on setting up non-profit counselling support services be sourced from groups already doing this in the region (*It's Good To Talk* in Wexford; *Living Life* in Wicklow) and rolled out in each county in the region.



## PRIORITY 2: PHYSICAL HEALTH

The HSE report, *LGBT Health*, identified elevated levels of recreational drug use, alcohol consumption and smoking as having a significant impact on both physical and mental health in the LGBT community.

According to a 2007 survey on drug use amongst LGBT young adults in Ireland, “most drug use first begins between the ages of 12 and 18, at a time when young LGBT people are particularly vulnerable”.<sup>xxxv</sup> The research also indicates that the prevalence of drug taking is significantly higher amongst LGBT young people than the general youth population. LGBT young adults are between 2 and 5 times more likely to consume drugs than their heterosexual counterparts, and international research suggest that this is consistent in older LGBT people.

It is generally accepted that drug use often first occurs (and later becomes habitual) as a result of a desire to escape from some negative aspect of life, and it is widely held that the isolation, exclusion and harassment experienced by many LGBT people can lead to risk-taking behaviours and drug use<sup>xxxvi</sup>.

According to *Supporting LGBT Lives*, 21% of LGBT drug users are polydrug users, 65% of young respondents surveyed had some experience of drug use (compared to 25% of the general youth population), 40% had consumed drugs in the previous month (compared to 6.9% general youth population), and 11% had been sexually assaulted while “incapacitated due to drugs.”

Almost 30% of respondents in a 2006 survey carried out on gay men, *Real Lives 3*<sup>xxxvii</sup>, said that they were worried about their levels of alcohol consumption. The 2011 *Visible Lives* survey on older LGBT individuals highlighted the continuing issue in older age, with over 14% worried about their drinking and a number of respondents indicating that their mental health problem was alcohol related.<sup>xxxviii</sup>

Evidence would also tend to suggest that, while drug and alcohol consumption levels decrease with age amongst the general population, amongst the LGBT community levels remain high at all ages. There are many reasons for this, including the lack of LGBT dedicated social spaces in rural Ireland, which leads to an over-dependence on pubs and clubs as meeting places. Another suggestion is that the LGBT population have not had the opportunity to experience specific lifestyle stages to the same extent as the general adult population (e.g., marriage, children), further exacerbating the issues for them.

Smoking, alcohol and recreational drugs are directly linked to a number of serious health issues, including but not limited to cancer and heart disease. According to *LGBT Health*, there are “significantly elevated levels of smoking among lesbian, gay and bisexual people, when compared to their heterosexual peers.”<sup>xxxix</sup> This report suggests that smoking is one of the risk factors in contributing to lesbians being more at risk of ovarian cancer. In addition, “lesbian and bisexual women delay in seeking healthcare”, which leads to “higher levels of cardio-vascular disease ... and a higher prevalence of polycystic ovarian syndrome”.<sup>xl</sup>

### Information Needs and Recommendations

- Health and cancer screening information be distributed to the LGBT community

### Service and Support Needs and Recommendations

- HSE be requested to respond to the needs of the LGBT community and actively promote LGBT inclusion and visibility in health care settings and printed documents
- HSE is encouraged to respond to the need for awareness training for all frontline health care staff
- Support is provided to ensure GPs, public health nurses and frontline staff promote available mainstream and community supports to LGBT and minority communities (i.e., poster stating “This clinic welcomes ...” and lists all minority groups, including LGBT)
- Drugs Task Forces be approached to respond to the need of the LGBT community for drugs awareness training
- HSE Smoking cessation programs be approached to respond to the need of the LGBT community for smoking cessation programs in the community

### Community Development Needs and Recommendations

- Alcohol-free environments be promoted as safe meeting spaces
- Social and cultural events be promoted in alcohol-free environments (arts settings, cafes, outdoor picnics and walks, book clubs, sports)
- Prevention/screening programs be promoted in the LGBT community (smear tests, mammograms, testicular cancer)
- LGBT community be encouraged to submit at least one LGBT article of interest and quality is submitted for inclusion in every edition of the HSE’s *Sexual Health News*
- HSE’s Health Promotion be encouraged to include at least one LGBT article of interest and quality in every edition of the HSE’s *Sexual Health News*

### Policy and Leadership Needs and Recommendations

- Inclusion of LGBT data indicators on National Drugs Task Force forms
- Regional approaches to provision of drugs and alcohol awareness, and smoking cessation, be developed for LGBT community.

### PRIORITY 3: SEXUAL HEALTH

According to GLEN's 2012 *Good Practice Guide for Healthcare Professionals*, "[i]n recent years there has been a marked increase in the level of HIV and sexually transmitted infections (STIs) diagnosis rates amongst gay and bisexual men and other MSM [men who have sex with men]".<sup>xli</sup> This is of particular concern as the rates are decreasing over the same years among heterosexual men.

As for women, there is a distinct lack of information on woman-to woman STIs and sexual health information targeting lesbians and bisexual women. According to *LGBT Health*, there is "a general lack of relevant health information [for women], in particular in the area of sexually transmitted infections (STIs) that can be spread by woman-to-woman sex".<sup>xlii</sup> Consequently, lesbian and bisexual women are often completely forgotten in sexual health discourse under the false assumption that they may not be at risk.<sup>xliii</sup> This perception of low risk, coupled with the lack of information, results in fewer lesbian and bisexual women accessing health screening programs.

The prevalence of homophobic and transphobic attitudes, the lack of awareness on the part of health professionals, and a lack of information within the LGBT community all impact on LGBT individuals' take-up of sexual health services within an already limited framework. These barriers to appropriate information and treatment in the area of sexual health can further lead to unsafe practices, lack of treatment and lack of referral to appropriate services.

Whether barriers are real or imagined, or both, is of little consequence in relation to the outcomes for LGBT individuals:

Even if a barrier is based on a perception that may not be true in practice, if that perception results in certain people deciding not to access, or engage fully with, available sexual health services then the perception has a real impact on health outcomes and needs to be addressed on that basis. The impact of these barriers can include people choosing not to access sexual health services or not being totally forthcoming with a full sexual practices history if they do attend. This can leave the clinician in a situation where they are disadvantaged due to not having the full information on which to make a diagnosis.<sup>xliv</sup>

Some of the barriers identified as problematic for LGBT individuals are fear of anti-gay bias; not being out to healthcare professionals; previous negative experiences dealing with healthcare professionals; presumption that healthcare professionals will have little or no knowledge of LGBT issues; fear of lack of confidentiality at GUM/STI clinics, particularly for young people; HIV fear and stigma; lack of knowledge about health services available; and so on.

### **Information Needs and Recommendations**

- Community organisations and LGBT advocates disseminate and promote the use of the literature already available
- Booklets on safe sex practices for men and women be developed and printed (using booklets already available outside the region, where possible).

### **Service and Support Needs and Recommendations**

- HSE be requested to respond to the needs of the LGBT community and actively promote LGBT inclusion and visibility in health care settings and printed documents
- HSE is encouraged to respond to need for awareness training for all frontline sexual health care staff
- GPs, public health nurses and frontline staff be encouraged to promote available mainstream and community supports to LGBT and minority communities (i.e., poster stating “This clinic welcomes ...” all minority groups, including LGBT)
- Lesbian and bisexual women be targeted to consider STI screening
- Gay and bisexual men be encouraged to regularly test for HIV and STIs
- HIV and STI education programs be promoted in the region

### **Community Development Needs and Recommendations**

- Safe sex materials (condoms, dental dams, gloves, lube) be made available in healthcare settings and GUM/STI clinics
- Free sexual health clinics be encouraged to expand to cover more counties in the region
- Sexual Health and Wellness education and discussion forums be carried out in LGBT community
- Personal development, self-esteem and healthy relationship training be provided for LGBT community

### **Policy and Leadership Needs and Recommendations**

- Continuous professional development points be awarded to HCPs/GPs for attendance at LGBT workshops and conferences

## PRIORITY 4: SAFETY

The *Supporting LGBT Lives* survey in 2009 reports that 80% of LGBT people experienced verbal abuse, 40% experienced physical violence, and 25% were punched, kicked or beaten as a result of their LGBT identity. Almost half of those surveyed reported homophobic bullying in schools.<sup>xlv</sup> Similarly, half of all respondents over 55 in the 2011 *Visible Lives* survey reported that they had been verbally insulted, while 20% had been punched or kicked.

Many lesbian, gay and transgender hate crimes do not get reported due to victims' fears of further discrimination, their shame, or fear of intimidation by police. Fifteen years ago, An Garda Síochána appointed LGBT Liaison Officers, who formed strong relationships with community groups and representatives. Still, only a minority of incidents are reported, for fear of escalating the situation or bringing retribution, or because they feared the Gardaí would not treat the matter seriously.

The issue of safety in the LGBT community is not restricted to hate crimes by those outside the community. Violence can also happen within the LGBT community in the form of domestic violence, or partner abuse, and is rarely reported. Domestic violence, or partner abuse, includes physical, psychological, sexual, financial and homophobic abuse:

- Physical abuse includes pushing, slapping, punching, kicking, choking, throwing objects, or destroying personal property.
- Psychological/emotional abuse includes verbal abuse, isolation, jealousy and possessiveness, control over appearance, and threats to kill.
- Sexual abuse includes sexual coercion, withholding affection and forced sex.
- Financial abuse can include theft of cash, unauthorised use of credit cards and cheques, blackmail, and being unable to freely access or spend own money.
- Homophobic abuse in a relationship usually involves partners disclosing, or threatening to disclose, their sexuality to others.

Many of the barriers to LGBT individuals seeking and receiving effective support are similar to those of heterosexual individuals, and include shame, self-blame, isolation, fear of repercussions or not being believed, and lack of recognition of the relationship as abusive. However, LGBT individuals face an additional set of barriers, including experienced homophobia, lack of confidence in response of the Gardaí, and common assumptions about domestic abuse (that women who experience domestic violence do so from a male perpetrator; that there are 'male' [butch] and 'female' [femme] roles in women's same-sex relationships, and the perpetrator is the partner who looks or behaves like the 'man'; that men can take care of themselves in a domestic fight; and so on).

Because of the lack of reporting of violence in the LGBT community, and the lack of awareness of the issues in the Gardaí and mainstream organisations, the rates of gay bashing and LGBT domestic violence are likely much higher than statistics indicate. Awareness of this as an issue needs to be highlighted to Gardaí and domestic violence supporters.

### **Information Needs and Recommendations**

- Hate crime and domestic violence posters be provided for all public spaces, especially Gardaí and domestic violence resource centres
- Information on the role, responsibility and contact details of LGBT Liaison Officers in the South East be provided on all websites, social media sites and public spaces
- GCN be encouraged to publish articles on Domestic Violence in the LGBT community
- GCN be encouraged to publish lists of LGBT Liaison Officers

### **Service and Support Needs and Recommendations**

- Poster campaign and leaflets on hate crime and domestic violence in the LGBT community be developed and rolled out to Gardaí and community organisations in region
- All Garda stations display LGBT friendly symbols and relevant information on hate crime and LGBT domestic violence

### **Community Development Needs and Recommendations**

- A regional based information and education program on hate crime and domestic abuse be developed for the South East
- Personal development, self-esteem and healthy relationship training be provided for LGBT community
- National initiatives aimed at improving the reporting of incidents are supported and promoted locally by community organisations and Gardaí

### **Policy and Leadership Needs and Recommendations**

- Gardaí and Justice Department be encouraged to collect LGBT indicators and Hate Crime statistics
- An Garda Síochána, in collaboration with community organisations and LGBT activists, be encouraged to develop an LGBT community safety strategy.

## THEME 5: TRANSGENDER HEALTH

Poor mental health amongst Irish LGBT communities is well known and documented; for the most part this is ascribed to “minority stress”, the emotional and mental health problems that can arise from experiencing discrimination on a regular basis. This is as true, and even more pervasive, in the transgender community as in the LGB community.

Transphobia is “the fear of, aversion to, or discrimination against transgender people or people who transgress (or are perceived to transgress) norms of gender, gender identity or gender expression.”<sup>xlvi</sup> Transphobia excludes, marginalises and discriminates against transgender individuals and negatively affects their capacity to fully access and enjoy their rights as citizens. The stigma and discrimination experienced by many transgender individuals reduces self-esteem, which can affect relationship building, heighten risky sexual behaviour and substance abuse, and cause chilling levels of self-harm and suicide.

Transgender figures are double the lesbian and gay figures for self-harm and suicidality. According to *Supporting LGBT Lives*, over a quarter of those who identified as transgender had attempted suicide at least once, compared to 17% of the larger LGBT population and 11% of the mainstream population. In addition, almost half of transgender survey participants had self-harmed at some point in their lives, with 11% self-harming in the previous year.<sup>xlvii</sup> Compare this to the figures for gay or lesbian individuals: a quarter self-harmed at some point in their lives, and less than 5% in the previous year.

The link between self-harm and suicide in Ireland is well recorded. Recent figures indicate that, of those who completed suicide, 45% had a history of self-harm and, of those, over half had engaged in self-harm in the year prior to suicide.<sup>xlviii</sup>

We can posit a relationship between mental and sexual health; that poor mental health, and its impacts on self-esteem, may also impact on risky sexual behaviour. Transgender women, like many other women, face complicated power and gender dynamics in their sexual relationships, and this is exacerbated by feelings of reduced self-worth and inability to assert themselves safely in sexual relationships, mostly a result of transphobia.<sup>xlix</sup>

Transphobia exists in all aspects of life, but is significant in the treatment of transgender individuals within the Irish statutory and service system. According to a recent report, “trans people are invisible and continue to go unrecognised because formal policies, supports and services do not exist in Ireland that address their specific needs.”<sup>1</sup>

Research carried out in 2009 further highlighted the lack of protections for transgender individuals within the system. Transgender individuals are not protected by the Prohibition of Incitement to Hatred Act 1989, and gender identity is not considered an aggravating circumstance when sentencing an assault committed. Because of the institutional invisibility of transgender people, there are no official statistics on the number of hate crimes committed against transgender individuals, even though “homophobic and transphobic incidents and crimes are believed to be among the most under-reported and under-documented, and the perpetrators of such crimes often go unpunished”<sup>li</sup>. In fact, the research pointed out that no government departments or services had a policy in place to deal with transgender individuals or the issues that affect them.

The health care system is no exception, resulting in complicated power relations between transgender individuals and health care providers. A European study points out that “the location of transexualism in the category of mental disorder ... mars the relationship.... Trans people then anticipate a negative response from healthcare professionals when accessing non trans-related healthcare”<sup>lii</sup> Negative and disrespectful attitudes by healthcare providers to transgender individuals create a level of mistrust that cause many transgender people to withhold relevant personal information, even when accessing general care. In addition, the culture of ignorance that can exist in many healthcare professionals may lead transgender people to avoid using healthcare services.

The non-recognition, and resultant invisibility, of the transgender community in health care is further exacerbated by the pathologisation of the transgender experience. Transgender individuals wishing to be recognised often have to do so through various layers of the medical profession: first, psychiatrists, who diagnose gender identity disorder; second, medical doctors, who prescribe interventionist treatment, like hormone replacement; third, counsellors, to deal with society’s attitude to transitioning; and finally, surgeons, for those who choose gender reassignment. According to a 2008 European study “this places transgender people in a position with healthcare providers which has all the hallmarks of a difficult relationship: power and control; desire and need coupled with vulnerability; pathologisation and protocol”<sup>liii</sup>.

The lack of confidence transgender individuals have in being treated respectfully by the Health Care system reduces their interactions with it, thus making them more vulnerable and less likely to solicit care. Even for those who do interact, “a relationship of mistrust between health care professionals and transgender people means that even when accessing care, some transgender people withhold information which may be relevant to their [general] health”<sup>liiv</sup>.

Transgender rights in Ireland are generally considered to be about 30 years behind LGB issues, though the work of TENI over the last few years has had a huge impact on the rights of transgender individuals. More individuals are feeling safe to come out because there are brave leaders who have shown the way and because they have hope that they will be treated with some semblance of respect. The problem is now that there are few supports available for transgender individuals who do come out, particularly in rural areas.

There is no endocrinologist in the South East who has knowledge of transgender issues and health needs. In fact, there is only one endocrinologist specialising in transgender care in Ireland, based in Loughlinstown, Co Dublin, and he can be difficult to get an appointment with. There are few GPs who are transgender aware or transgender friendly. Recent statistics in the UK indicate a four-fold increase in demand for transgender aware endocrinologists, and there is no reason to believe the situation will not be similar in Ireland in the very near future.



## RECOMMENDATIONS: TRANSGENDER HEALTH

The main issues of concern for transgender individuals in the South East over the next five years are mental health and access to relevant health care in safe clinical spaces. To that end, it is imperative that there be an endocrinologist in the South East who has knowledge of transgender issues and health needs, that there are GPs who are transgender aware and friendly, and that there are counselling services and supports available to transgender individuals. It is also imperative that health care providers ensure their environments are conducive to respect and inclusiveness of transgender individuals.

### Information Needs and Recommendations

- A transgender information leaflet be created, and distributed in all public and private clinics.
- A survey of general practitioners and counsellors in the region who are, or who are willing to be, transgender supportive so that a list of these can be compiled and distributed to the transgender community in the region
- Transgender people have information on, and access to, practitioners and counsellors in the South East region who have exhibited good practice in the treatment of transgender health issues.

### Service and Supports Needs and Recommendations

- There is an increase in public awareness, acceptance of and attitudes to transgender individuals, and a resultant increase in transgender individuals who can perform as positive mentors for others who are transitioning.
- All counties in the South East run a TransAction Health Day, supported under Goal 1 of Local Development Companies.
- A directed effort be made to engage with endocrinologists in the region to educate them on transgender health issues and the need for endocrinologists with transgender health training/education.
- There is at least one GP in each county who is transgender aware and transgender friendly by the end of year 3 of this strategy.
- There is at least one endocrinologist in the South East who is transgender aware and transgender friendly by the end of year 3 of this strategy.

### Community Development Needs and Recommendations

- Transgender individuals have access to counselling services that will address self-esteem issues and sexual power dynamics and that will enable them to develop the skills and confidence to negotiate and enjoy safer sex.
- There is a campaign to encourage LGBT groups to outreach to the transgender community, to function as transgender Allies and to develop coalitions with transgender groups.
- There is a community based campaign to create positive transgender role models for youth who are transitioning, so that they can envision a successful and happy life for themselves and avoid the traps of reduced self-worth and risky behaviour.

- There is an increase in the proportion of transgender people who perceive the local LGBT community as supporting them, and their mental and sexual health.

### **Policy and Leadership Needs and Recommendations**

- Funding for transgender awareness training and awareness raising health days be sourced through Local Development Companies, HSE, Regional Drugs Task Forces and other local, regional and national funders.
- All medical and health care teaching colleges in the region be lobbied to include transgender awareness training in their core materials and training.

## IMPLEMENTATION OF THE STRATEGY

While it was agreed that the presence of LGBT Diversity in the region targeted LGBT and increased the level of inclusion in the region, it was acknowledged that many Local Development Companies were already engaging with, and supporting, LGBT groups in their counties. However, this is the first time that a coordinated and cohesive approach to LGBT support in the region has been developed, and a structure to continue this work and drive the strategy forward was suggested:

1. ***Paid Regional Development Worker:*** The LGBT SE Regional Strategy Group has identified that, while there is no doubt that the continued commitment of the stakeholders will ensure some actions are progressed, the success of the overall strategy in a meaningful and sustainable manner will require a worker to be in place to oversee, carry out and coordinate actions. Consequently, the key priority for the Group is securing the necessary funding for this post.
2. ***Best Practice:*** The LGBT SE Regional Strategy and the collaborative Local Development Company model will be developed as best practice that can be replicated in other regions.
3. ***Engagement of other stakeholders in the region:*** A seminar on the implementation of the plan will be held after its launch. Round table discussions on the various themes will be carried out and will attempt to get key stakeholders and partner organisations to examine the recommendations and identify actions that could be implemented under their current workplans, or within their remits. This process will be repeated each year to develop the following year's work plan.
4. ***Meetings:*** The network will meet four (4) times a year and have responsibility for directing the work of the Strategy.
5. ***Work Plans:*** The group will adopt an annual work plan, based on consultation with Strategy Group, linking with LCDP Program 2013, and consultation with key stakeholders. The first of these, for 2013, will be initially drafted by the Strategy Group, and will be expanded after consultation with key stakeholders after the launch of the Strategy.
6. ***Realism:*** The group recognises the need for realism with regard to the level of work required for the implementation of the Strategy, which is exciting but ambitious.
7. ***Five Year Plan:*** It was agreed that this Strategy is better suited to a Five Year Plan to accommodate the scale of the work required.

## ENDNOTES

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- <sup>ii</sup> Population Classified by Area. CSO 2011.
- <sup>iii</sup> *Local and Community Development (LDCP) Programme Guidelines*. Pobal, 11
- <sup>iv</sup> *Recognising LGB Sexual Identities in Health Services*. Equality Authority/HSE. 2007.
- <sup>v</sup> Gleeson & McCallion. *A needs analysis of the Lesbian, Bisexual and Transgender population in Galway, Mayo & Roscommon*. GLEN / LGBT West, May 2008.
- <sup>vi</sup> Maycock et al. *Supporting LGBT Lives: A study of mental health and wellbeing*. Commissioned by GLEN and BeLongTo and funded by the HSE National Office for Suicide Prevention. 2009, 17
- <sup>vii</sup> Gleeson and McCallion. *A needs analysis of the Lesbian, Bisexual and Transgender population in Galway, Mayo & Roscommon*. GLEN / LGBT West. May 2008.
- <sup>viii</sup> *LGBT Health: Towards Meeting the Health Care Needs of Lesbian, Gay Bisexual and Transgender People*. HSE. 2008, 24
- <sup>ix</sup> Maycock et al. *Supporting LGBT Lives: A study of mental health and wellbeing*. Commissioned by GLEN and BeLongTo and funded by the HSE National Office for Suicide Prevention. 2009
- <sup>x</sup> Davydov, Dmitry M., Robert Stewart, Karen Ritchie and Isabelle Chaudieu. "Resilience and Mental Health." *Clinical Psychology Review* 2010;30(5):479-95.
- <sup>xi</sup> Maycock et al. *Supporting LGBT Lives: A study of mental health and wellbeing*. Commissioned by GLEN and BeLongTo and funded by the HSE National Office for Suicide Prevention. 2009
- <sup>xii</sup> *ibid*, 36
- <sup>xiii</sup> *ibid*, 23-24
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- <sup>xv</sup> Gleeson and McCallion. *A needs analysis of the Lesbian, Bisexual and Transgender population in Galway, Mayo & Roscommon*. GLEN / LGBT West. May 2008
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- <sup>xvii</sup> Higgins, et al. *Visible Lives: Identifying the experiences and needs of older Lesbian, Gay, Bi sexual and Transgender people in Ireland*. GLEN 2011
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- <sup>xix</sup> Gleeson and McCallion. *A needs analysis of the Lesbian, Bisexual and Transgender population in Galway, Mayo & Roscommon*. GLEN / LGBT West. May 2008, 63-64
- <sup>xx</sup> GLEN/NEXUS. *Poverty: Lesbians and Gay Men*. Combat Poverty, 1995
- <sup>xxi</sup> Gleeson and McCallion. *A needs analysis of the Lesbian, Bisexual and Transgender population in Galway, Mayo & Roscommon*. GLEN / LGBT West. May 2008, 63-64
- <sup>xxii</sup> GLEN/NEXUS. *Poverty: Lesbians and Gay Men*. Combat Poverty, 1995. xiv
- <sup>xxiii</sup> *Good Practice Guide for Healthcare Professionals*. GLEN 2012, 3
- <sup>xxiv</sup> Maycock et al. *Supporting LGBT Lives: A study of mental health and wellbeing*. Commissioned by GLEN and BeLongTo and funded by the HSE National Office for Suicide Prevention. 2009, 16
- <sup>xxv</sup> *LGBT Health: Towards Meeting the Health Care Needs of Lesbian, Gay Bisexual and Transgender People*. HSE 2008, 24
- <sup>xxvi</sup> *ibid* 24-25
- <sup>xxvii</sup> *ibid*, 25-26
- <sup>xxviii</sup> Gleeson & McCallion, *A needs analysis of the Lesbian, Bisexual and Transgender population in Galway, Mayo & Roscommon*. GLEN / LGBT West. May 2008, 7-9
- <sup>xxix</sup> *LGBT Health: Towards Meeting the Healthcare Needs of Lesbian, Gay, Bisexual and Transgender People*, HSE. 2009, 23
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- <sup>xxxix</sup> *LGBT Health: Towards Meeting the Healthcare Needs of Lesbian, Gay, Bisexual and Transgender People*, HSE. 2009, 22
- <sup>xl</sup> *ibid*, 27
- <sup>xli</sup> *Good Practice Guide for Healthcare Professionals*. GLEN 2012, 4
- <sup>xlii</sup> *LGBT Health: Towards Meeting the Healthcare Needs of Lesbian, Gay, Bisexual and Transgender People*, HSE. 2009, 26
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<sup>xlix</sup> Keatley, JoAnne MSW, CAPS, Pacific AETC and Walter Bockting PhD, University of Minnesota; UCSF Center for Aids Factsheet 41: September 2008.

<sup>l</sup> Mcllroy, Cat. *Transphobia in Ireland*. TENI 2009, 14

<sup>li</sup> *ibid*, 16

<sup>lii</sup> Whittle, Prof Stephen OBE, Dr Lewis Turner, Ryan Combs, Stephenne Rhodes. *Transgender EuroStudy: Legal Survey and Focus on the Transgender Experience of Health Care*, April 2008, 13

<sup>liii</sup> *ibid*, 13

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