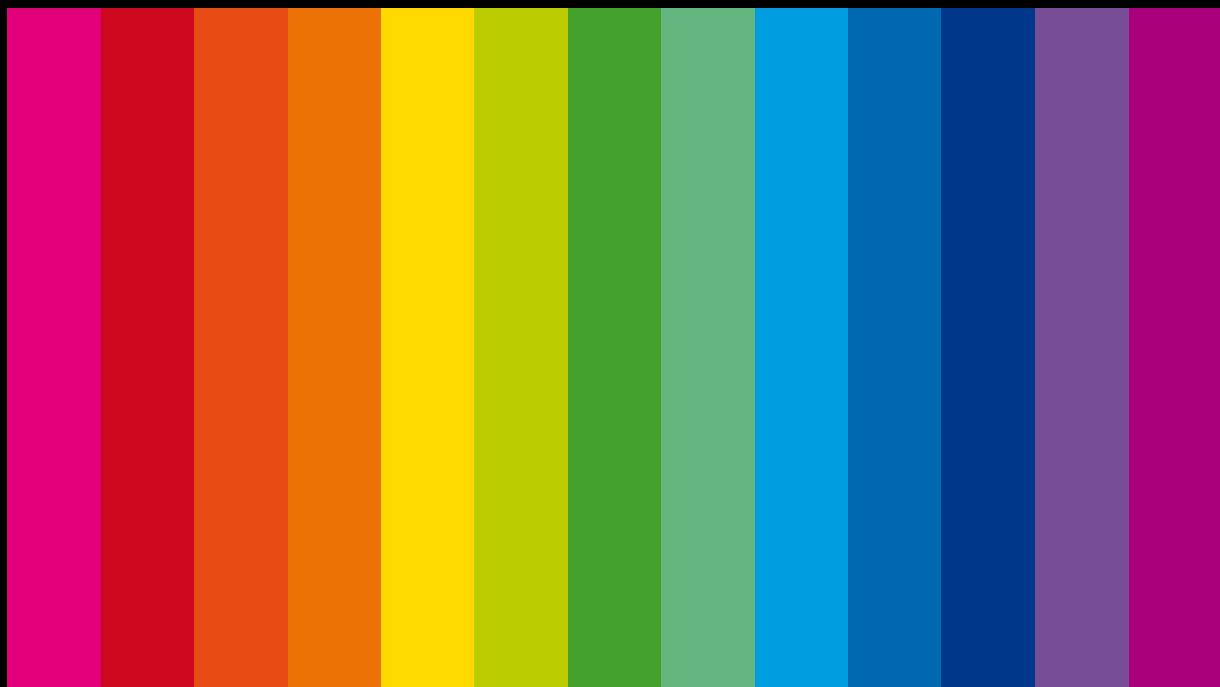


# The Challenge for Change



**Health needs of lesbian, gay & bisexual people in Bradford & District**

**Bradford & District LGB Health Needs Assessment**

**By Shirley Macredie: Consultant & Trainer**

**Supported by Richard Smith from Bradford Metropolitan District Council who organised the electronic version of the questionnaire and carried out the computer analysis.**

Thanks to Rachel Nauwelearts, Jake Braden and Dave Forrest for all their hard work with working with groups and carrying out outreach work and generally encouraging people to complete the questionnaire.  
Also thanks to those who helped me to input the data from the paper copies.

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**Equity Partnership**

**Equity Centre**

**1 Longlands Street**

**Bradford**

**West Yorkshire**

**BD1 2TP**

**01274 727759**

**admin@equitypartnership.org.uk**

**www.equitypartnership.org.uk**

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Copies of this report are available on request or can be obtained as a PDF document from the above website.

NHS Bradford and Airedale commissioned this Health Needs Assessment.

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**EQUITYPARTNERSHIP**



**Bradford and Airedale**

# The Challenge for Change

Health needs of lesbian, gay & bisexual people in Bradford & District

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# Setting the scene

**Health and social care services cannot be 'world class' or 'high quality' without including action to tackle discrimination and promote equality.**

Department of Health: Single Equality Scheme 2009-2012: p.5: June 2009

The Equity Partnership is a Lesbian, Gay and Bi-sexual (LGB) community based and LGB run organisation committed to meeting the needs of the LGB people living, working and socialising in the Bradford and district area. It has also been commissioned to undertake a regional role, to network LGB organisations across the Yorkshire and Humber area. The Equity Partnership is committed to grassroots engagement with LGB people to identify the issues and experiences that concern them, in order to inform its work.

There are no comprehensive official statistics on sexual orientation identity but currently it is estimated that the lesbian, gay men and bisexual population is between 5 and 7 per cent of the total population (<http://www.stonewall.org.uk/>). It can be assumed that there are between 33,446 and 47,780 people in Bradford and district who identify as LGB and yet there is very little data available compared to other geographical or communities of interest.

The Equity Partnership developed the LGB Health Needs Assessment as a tool to gather reliable information from the LGB communities in the Bradford and District area. The first time this was used was in 2007 and Equity Partnership decided to repeat the assessment in 2009. NHS Bradford & Airedale felt that the work was of importance and relevance to them and so commissioned this 2009 Health Needs Assessment.

The initial Health Needs Assessment was deliberately designed around the priorities identified by the key health strategy White Paper, 'Choosing Health (2004)'. This document recognised that health is very much linked to how people live their lives and aimed to tackle the causes of ill health and reduce inequality. The strategy paper also identified specific areas that are known to have some relevance for LGB communities: smoking, alcohol consumption; exercise; diet and nutrition; sexual health and obesity. The Health Needs Assessment also included questions covering a range of health areas identified as important by local LGB communities.

As well as assisting local organisations and partnerships to take forward national policy and legal requirements this LGB Health Needs Assessment will help with the implementation of both the Bradford Commissioning Framework for Health and Well-Being (developed by NHS Bradford and Airedale and Bradford Metropolitan District Council) and the Sustainable Community Strategy: Big Plan. Both of these acknowledge the importance of an integrated approach to health improvement, delivering services closer to home, providing choices in care services and express a commitment to reducing health inequalities.

This Health Needs Assessment can also make a useful contribution to the Joint Strategic Needs Assessment (JSNA) for the District.

The Health Needs Assessment was a questionnaire, which included a range of

question formats from grid based to open ended questions in order to gather both qualitative and quantitative data. The questionnaire was posted on the Equity Partnership website so that an electronic version was available for completion. Information about the questionnaire was placed in the local press and the wider regional LGB press.

The local Equity Radio (LGB radio) provided coverage of the importance of taking part in the Health Needs Assessment and how to complete one. In addition to this paper questionnaires were taken out to the various organised LGB Groups and events that were happening at the time and outreach sessions took place in commercial scene venues asking people to complete a questionnaire.

These factors plus the fact that respondents were self-selecting in choosing to complete the questionnaire gives an element of bias in the findings. All of these methods were essential in order to reach as many different LGB people in the Bradford and District area as possible and it meant that the breadth of respondents was greater than in 2007. Doing outreach in pubs and clubs resulted in some respondents with dyslexia and other reading difficulties to be supported in completing a questionnaire – they stated that they would not have taken part otherwise.

The number of LGB people completing a questionnaire was almost double that of 2007 (**96%** increase). Whilst wider representation was gained a little bit was lost on anecdotal information because of asking people to complete questionnaires in pubs and clubs later on at night. In many of these instances people did not want to complete the more open questions asking about their experiences.

The expectation was that more questionnaires would be completed on-line but this was not the case. 172 paper questionnaires were completed leaving just 40 being completed on-line. It is not clear why this was the preferred method but is an important consideration for any further research with the District's LGB communities.

# The study

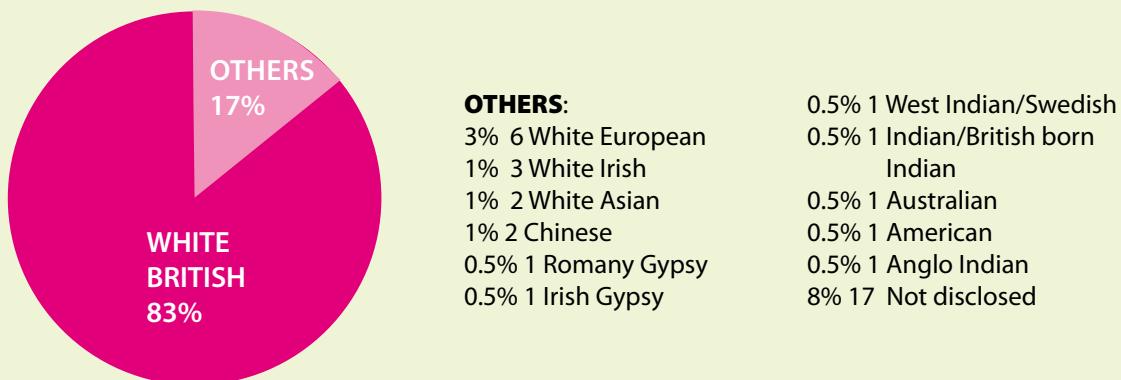
**"I get a lot of discrimination because of being a Gypsy, if they knew I was gay I would be discriminated against even more."**

A total of 217 questionnaires were completed and 5 of these were discounted since they were heterosexual. This means that 212 questionnaires were completed by LGB people: an increase of 102 from the one previously carried out.

**53%** (114) are female and **47%** (103) are male. In both instances one respondent identified as trans.

**45%** are lesbian/gay women, **44%** are gay men; **8%** are bisexual women; **2%** are bisexual men and **1%** is questioning their sexual orientation.

**83%** of respondents are white British, and the rest are from ethnic minorities, which is comparable with the general population of the UK and slightly lower than the rate for Bradford District. Three respondents had arrived from Eastern Europe within the last 2 years.



Respondents cover a wide age-range, with the majority being aged 18 – 65. 5 are under 18 and 5 are aged 65 or over.

**17%** said that they had a disability, including physical and mental disabilities.

**72%** are in employment and **8%** are not in employment. **13%** are students. **6%** are retired. **5%** are in receipt of sickness or disability benefit. **3%** are carers. **5%** carry out voluntary work.

**50%** had an annual income of between £15,000 and £34,999, **24%** between £3,000 and £14,999 and **14%** more than £35,000.

**63%** live in owner occupied accommodation; **29%** live in rented accommodation; **6%** live with family or friends; **2%** are living in temporary accommodation and 1 person (**0.48%**) is homeless.

**48%** have a degree or higher; **13%** have further education certificates or diplomas and the same percentage have 'A' Levels or equivalent. **21%** have GCSE 'O' Level or equivalent or an NVQ. **36%** have no formal qualifications.

**71%** of respondents live in the Bradford District area, the rest living predominately in other parts of West Yorkshire, such as Dewsbury, Halifax, Huddersfield, Wakefield and Leeds.

**71%** of respondents did not complete the questionnaire in 2007 and **18%** did. The remaining **11%** did not complete this particular question.

140 local LGB people (**66%**) make decisions on a daily basis as to whether or not to disclose their sexual orientation. This is almost **20%** less than it was in 2007.

More than half of all respondents feel able to be open about their sexual orientation to friends, however friends is also the only category where respondents totally hide their sexual orientation. Less than half of all respondents are out to their family and work colleagues.

Of significance is that almost a third of respondents (**30%**) 62 are out to a few or no health professionals, which is a slight increase from 2007 (**28%**).

Just over half of all respondents (115) are out to their GP, which is a **10%** increase from 2007.

### **Are you out to other specific health services?**

Respondents accessing specific services in the last 5 years highlights that the majority were not out when doing so. The exception to this was when accessing sexual health services. From those who were out there were reports of health staff being accepting of respondents' sexual orientation and only a few reports of respondents receiving a negative response from health care staff.

### **Smoking, alcohol and drugs**

Well over a third of respondents have never smoked (83) and a little more than a third (73) are currently smokers, which is higher than the smoking prevalence rate for Bradford and also **13%** more than in 2007.

63 (**30%**) of respondents regularly exceed the recommended levels of alcohol and 63 (**30%**) occasionally exceed the recommended levels.

39 (**18%**) of respondents regularly binge drink and 51 (**24%**) occasionally binge drink. By far the majority of respondents have never used other drugs so the percentage using recreational drugs is relatively low. This does not reflect other research, which suggests that drug use within the lesbian and gay communities is higher than amongst heterosexual communities. Of the small minority who do use, poppers and cannabis are the most used.

### **Diabetes, heart disease, respiratory complaints**

71(**33%**) of respondents stated that they had a health condition. The incidence of the conditions experienced by the respondents was generally low. High blood pressure, high cholesterol and diabetes type 2 being experienced the most.

### **Cancer screening and self examination**

Just over half 115 (**55%**) of respondents are not aware that they could access bowel screening services. 17 (**8%**) had made use of these services.

Just over half of female respondents 66 (**59%**) have regular cervical smears and 7 (**6%**) have been refused screening or been advised that it is not necessary, which is half of the rate in 2007.

A significant number of respondents, 22 (**20%**) are not having regular cervical or breast screening or examining themselves for breast lumps and this is higher than for women in general.

More than half of all male respondents 63 (**64%**) regularly examine themselves for testicular lumps and 40 (**41%**) have been shown how to do this. 11 (**11%**) of male respondents do not examine themselves and have not been shown how to do this.

### Mental health

118 (**55%**) of respondents have experienced some sort of mental ill health, which is about the same as the findings in 2007 but higher than that for the general population.

### Domestic violence

82 respondents have experienced domestic violence. 23 (**10%**) experienced it in a previous heterosexual relationship; 52 (**25%**) in a previous same sex relationship and 7 (**3%**) in a current same sex relationship.

### Abuse in the workplace

59 (**34%**) have experienced abuse in the workplace.

### Sexual health

The vast majority of respondents 170 (**80%**) have not been diagnosed with any sexually transmitted infection (STI), HIV or AIDS. From the 42 that have, 38 have had an STI and 5 are HIV+.

### Lesbian fertility and pregnancy

Of the 66 lesbians who responded 10 (**15%**) said they or their current partner had or tried to have a child.

### Well-being and keeping fit

From the 207 respondents the vast majority 135 (**66%**) are generally happy and ok about their weight.

Using the body mass index (BMI) 46 (**29%**) are overweight; 37 (**24%**) are obese and 2 (**1%**) are severely obese.

160 (**77%**) respondents are not taking the recommended at least 5 sessions a week of moderate intensity exercise.

### Specialist support

Respondents identified a need for specialist support workers in sexual health; mental health; HIV/AIDS; domestic violence and hospital matters.

### A good service?

Overall satisfaction rates with health services for lesbian, gay and bisexual people vary, with one service receiving a **50%** satisfaction rate and others ranging from 68 to **100%**.

# 1. Being out

**"Had no contact with my brother since coming out."**

**"He won't accept me as a gay."**

**(34%)** 72 are out and proud in all circumstances and situations, more than double the amount from the last needs assessment survey in 2007.

**(49%)** 104 are out and proud in most circumstances but sometimes choose not to reveal their sexual orientation.

**(15%)** 32 are selective about who they reveal their sexual orientation to.

**(0.47%)** 1 is not out to anyone.

**(1%)** 3 are confused or undecided about their sexual orientation.

Around a third of all respondents feel able to be out and proud in all circumstances, leaving **(66%)** 140 LGB people making decisions on a daily basis as to whether or not to disclose their sexual orientation. This is almost **20%** less than it was in 2007.

More than half of all respondents feel able to be open about their sexual orientation to friends, however friends is also the only category where respondents totally hide their sexual orientation. Less than half of all respondents were out to their family and work colleagues.

**(57%)** 121 out to all or most friends

**(47%)** 98 out to all or most family

**(43%)** 87 out to all or most work colleagues

**(31%)** 65 out to all or most health professionals

**(21%)** 29 out to all or most University/college/school staff

**(6%)** 12 not out to any family

**(0%)** 0 not out to any friends

**(4%)** 8 not out to any work colleagues

**(13%)** 26 not out to health professionals

**(8%)** 11 not out to University/college/school staff

Of significance is that almost a third of respondents **(30%)** 62 are out to a few or no health professionals. The number out to all or most friends and family is more evenly distributed than it was in 2007.

**"Straight friends tried to talk me out of being lesbian and it being a sin, men didn't/couldn't understand why I would want to be a dyke."**

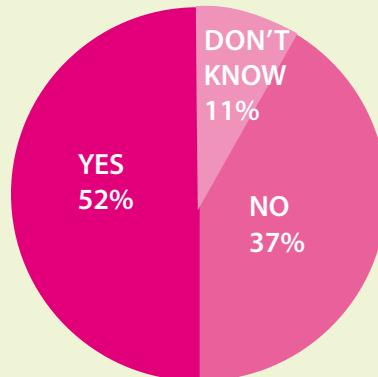
**"They (friends) mainly seem confused and think it's a phase."**

**"My friends have been supportive during the coming out process"**

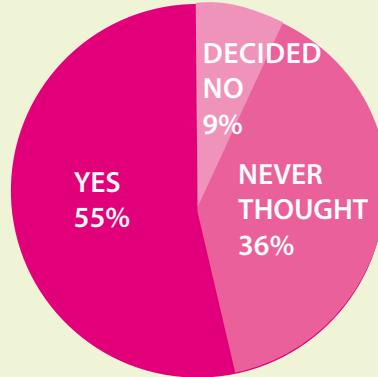
**"They've harassed me for being gay."**

Being out to friends is clearly important and when asked if they had lost friendships because of their sexual orientation the majority (110) felt they had not whilst a little over a third (77) felt that they had.

## Have you lost friendships because of your sexual orientation?



## Are you out to your GP?



Well over half of all respondents have been registered with their GP for 5 years or more (64%) 136. (2%) 5 respondents are not registered with a GP. 80% of respondents changed their GP because of a change of address and 1% changed due to negative responses regarding sexual orientation.

**"It never came up and I didn't feel I needed to tell him."**

**"No because of attitudes, behaviours and judgements."**

Just over half of all respondents (115) are out to their GP, which is a 10% increase from 2007. Of those who were not out a little over a third (77) had never thought about being out to their GP. The remaining 20 had made a decision not to be out to their GP. The following responses are representative of the themes that emerged.

**"I didn't think there was a need to tell my GP"**

**"I haven't told my GP because I'm worried about impact on services."**

**"Because of the stigma and prejudice." "It has never occurred to me to tell them."**

**"I don't want to have to go through a load of abuse if I tell them so I'm not going to."**

**"My GP has never asked me."**

**"GP/Nurse services assume heterosexuality which isn't helpful. Manageable for the minor issues I've been with but would be hard for some health issues."**

**Lack of awareness is not helpful in the context of cervical smears."**

On an encouraging note from those who are out to their GP (47%) 52 reacted in an accepting way to respondents' sexual orientation, although this is 10% less than it was in 2007. Half of respondents (50%) 56 gained a neutral response and (3%) 3 respondents received a negative response.

**"My GP is fabulous and I love her."**

**"One GP is great but the others in the practice assume I'm straight every time and every time I tell them I'm a lesbian. Tedious!"**

**"GP always responds well."**

### **Are you out to other specific health services?**

Respondents accessing specific services in the last 5 years highlights that the majority were not out when doing so. The exception to this was when accessing sexual health services. From those who were out there were reports of health staff being accepting of respondents' sexual orientation and only a few reports of respondents receiving a negative response from health care staff.

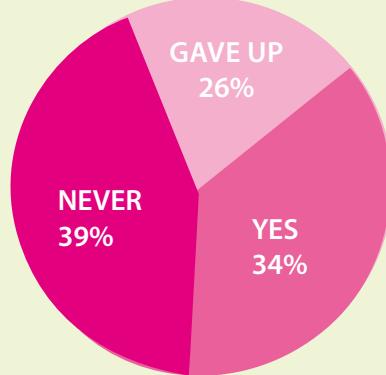
	<b>Not Out</b>	<b>Accepting</b>	<b>Mixed response</b>	<b>Neutral response</b>	<b>Negative response</b>
<b>NHS Dental Service</b>	(45%) 62	(14%) 20	(14%) 20	(24%) 33	(1%) 1
<b>Local Health Centre</b>	(72%) 94	(17%) 22	(2%) 2	(10%) 13	(0%) 0
<b>Airedale General Hospital</b>	(43%) 13	(33%) 10	(10%) 3	(23%) 7	(0%) 0
<b>Any other Bradford &amp; District NHS Hospital</b>	(54%) 38	(21%) 15	(16%) 11	(9%) 6	(0%) 0
<b>Sexual Health Services</b>	(9%) 4	(70%) 31	(7%) 3	(11%) 5	(2%) 1

**"I thought I was (out) but a recent visit led me to rather doubt this."**

## 2. Smoking, alcohol and drugs

Well over a third of respondents have never smoked (83) and a little more than a third (73) are currently smokers, which is higher than the smoking prevalence rate for Bradford and also **13%** more than in 2007. (28) respondents stopped smoking within the last 5 years and the same number gave up more than 5 years ago.

### Do you smoke?



From those who do smoke more than half (**57%**) are concerned about their smoking and **9%** have sought professional help. **43%** are not concerned about their smoking.

64 (**30%**) of all respondents expressed concern about passive smoking and 95 (**45%**) are not concerned at all.

**"After a long-term relationship finished, my life was turned upside down and I started smoking. I now find myself smoking 30+ a day."**

**"I often start coughing when around other people smoking."**

### Alcohol

Only 39 (**18%**) of all respondents never exceed the recommended levels of alcohol consumption and 47 (**22%**) rarely do. Respondents who exceed the recommended levels:

63 (**30%**) regularly exceed levels

**"I'd like not to drink alcohol in order to feel more confident."**

63 (**30%**) occasionally exceed levels

Respondents who binge drink:

39 (**18%**) regularly binge drink

51 (**24%**) occasionally binge drink

If the regular and occasional levels are amalgamated there is a total of 126 (**60%**) of respondents who exceed the recommended levels, **17%** more than in 2007 and 90 (**42%**) of respondents who binge drink, an increase of **6%** since 2007. Both are high levels which gives rise to some concern.

From the respondents who do use alcohol well over half 106 (**64%**) are not concerned about their alcohol use. 57 (**33%**) are concerned and 2 (**1%**) have sought professional help.

From those who binge drink 49 (**36%**) are concerned with their drinking and 2 (**1%**) have sought professional help. A massive 76 (**55%**) are not concerned about binge drinking, which clearly could cause problems with targeting health promotion work.

### Drugs

By far the majority of respondents have never used other drugs so the percentage using drugs is relatively low, similar to the findings in 2007. This does not reflect other research, which suggests that drug use within the lesbian and gay communities is higher than amongst heterosexual communities. Of the small minority who do use, poppers and cannabis are the most used.

**"In a recreational environment I play with drugs and do not see this as an issue as I have lots of self-control and am able to decide in a mature and confident way of what I want to do and what I should do."**

Regular use	Occasional use	Rarely	Never
Poppers: 9 (4%)	18 (8%)	32 (15%)	153 (72%)
Cannabis: 9 (4%)	19 (9%)	29 (14%)	155 (73%)
Prescribed drugs e.g. sedatives, methadone: 6 (3%)	3 (1%)	12 (6%)	191 (90%)
Ecstasy: 4 (2%)	8 (4%)	15 (7%)	185 (87%)
Cocaine: 3 (1%)	11 (5%)	7 (3%)	191 (90%)
Crack: 1 (0.5%)	0 (0%)	1 (0.5%)	210 (99%)
Ketamine: 1 (0.5%)	6(3%)	12 (6%)	193 (91%)
Steroids: 1 (0.5%)	2 (1%)	1 (0.5%)	208 (98%)
Heroin: 0 (0%)	0 (0%)	1 (0.5%)	211(100%)
Crystal Meth: 0 (0%)	2 (1%)	6(3%)	204 (96%)
Other: antibiotics, painkillers 7 (4%)	5 (3%)	2 (1%)	

On the whole, most respondents are not concerned about their drug use and only 1 respondent had sought professional help.

# 3. Diabetes, heart disease, respiratory complaints, cancer

During the last 5 years 71 (**33%**) of respondents stated that they had a health condition. High blood pressure, high cholesterol and diabetes type 2 being experienced the most:

High blood pressure: 29 (**14%**)    High cholesterol: 22 (**10%**)    Diabetes type 2: 9 (**4%**).

0.5 – **1%** of respondents have experienced cancer, heart disease, angina and stroke. None of the respondents reported experiencing chronic obstructive (pulmonary) airways disease and diabetes Type 1

141 (**67%**) of respondents stated that they did not have any of the above conditions.

44 (**21%**) reported other conditions that affected their health and well-being and these were:

**Over-active thyroid, MS, Hepatitis C, Permanent chronic degenerative condition, Osteoarthritis, HIV, Heart attack, Lymphoedema, Chronic lower back and leg pain, ME, Brain haemorrhage, Lasting neurological damage, Fibromyalgia, PCOS, Migraines, Stomach ulcer, Epilepsy, Lupus, Eczema, Thyrotoxicosis.**

## Cancer screening and self examination

Just over half 115 (**55%**) of respondents are not aware that they could access bowel screening services. 17 (**8%**) had made use of these services.

### Women

Just over half of female respondents 66 (**59%**) have regular cervical smears, lower than the rate in 2007 and lower than the average women in general UK rate of **79%**.

7 (**6%**) have been refused screening or been advised that it is not necessary, which is half of the rate in 2007.

**"At my last attendance for a smear test, one couldn't be done because my hymen was tightened and I was told that in the future I could choose if I had smear tests (because of being lesbian) – I find that strange."**

24 (**22%**) have had breast screening and 38 (**34%**) have been shown how to examine their breasts for lumps. A significant number of respondents, 22 (**20%**) are not having regular cervical or breast screening or examining themselves for breast lumps and this is higher than for women in general.

22 (**38%**) respondents have found screening staff to be actively supportive, understanding and helpful whereas 33 (**57%**) have found staff helpful but lacking in knowledge of lesbian and bisexual women. 7 (**12%**) have found staff unhelpful and lacking in knowledge.

### Men

More than half of all male respondents 63 (**64%**) regularly examine themselves for testicular lumps and 40 (**41%**) have been shown how to do this. 11 (**11%**) of male

respondents do not examine themselves and have not been shown how to do this. 65 (**66%**) of men were aware before that men can develop breast cancer and 17 (**17%**) have seen information for men about checking for breast cancer. All the above are an increase on the rates found in 2007.

## 4. Mental health

**"It's pathetic that with all the evidence there is of the benefits of exercise for mental health, so little is done via the NHS."**

A total of 94 (**45%**) of respondents have not experienced any mental ill health over the last 5 years, leaving 118 (**55%**) having experienced some sort of mental ill health, which is about the same as the findings in 2007 but higher than that for the general population.

Of those who had experienced some sort of mental ill health it was further broken down:

		2007
Depression: SAD, PMS, Post natal depression	81 (39%)	<b>83%</b>
Anxiety including panic attacks	44 (21%)	<b>30%</b>
Suicidal thoughts	41 (20%)	<b>26%</b>
Self harm	22 (11%)	<b>12%</b>
Eating disorder	19 (9%)	<b>14%</b>
Other issues including work stress, stress, post traumatic stress, low feelings of self worth & non acceptance, insomnia	18 (9%)	Not applicable
Obsessive compulsive disorder	17 (8%)	<b>15%</b>
Manic depression, bipolar disorder	13 (6%)	<b>8%</b>
Personality disorder	9 (4%)	
Memory loss including Alzheimer's and dementia	8 (4%)	<b>5%</b>

**"Low feelings of self worth as I am not accepted anywhere due to my sexuality and disability."**

**"Depression due to discrimination at work (being gay)."**

For each of the above mental health issues and for those seeking support the vast majority of respondents sought help primarily from their GP, counselling services and the mental health services. Self-help is seen to be important for some respondents particularly for those dealing with issues of self-harm and eating disorders who used self-help just as much as those using their GP.

Of those who had experienced mental ill health several respondents went on to say

that they perceived that their sexual orientation had some sort of impact on their mental ill health:

### Depression: 81

primary cause: 4 + 23 contributory factor = 27 (**33%**)  
negligible: 9 + 42 no influence = 51 (**63%**)

### Anxiety: 44

primary cause: 4 + 6 contributory factor = 10 (**23%**)  
negligible: 8 + 24 no influence = 32 (**73%**)

### Suicidal thoughts: 41

primary cause: 2 + 14 contributory factor = 16 (**39%**)  
negligible: 8 + 24 no influence = 32 (**73%**)

### Self-harm: 22

primary cause: 3 + 9 contributory factor = 12 (**55%**)  
negligible: 2 + 7 no influence = 9 (**41%**)

### Eating disorder: 19

primary cause: 2 + 5 contributory factor = 7 (**37%**)  
negligible: 2 + 9 no influence = 11 (**58%**)

### Obsessive-compulsive disorder: 17

primary cause: 0 + 3 contributory factor = 3 (**18%**)  
negligible: 3 + 11 no influence = 14 (**82%**)

### Manic depression, bipolar disorder: 13

primary cause: 1 + 7 contributory factor = 8 (**54%**)  
negligible: 2 + 4 no influence = 6 (**46%**)

### Personality disorder: 9

primary cause: 1 + 5 contributory factor = 6 (**67%**)  
negligible: 0 + 3 no influence = 3 (**33%**)

### Memory loss: 8

primary cause: 0 + 1 contributory factor = 1 (**12%**)  
negligible: 2 + 5 no influence = 7 (**88%**)

### Other issues – stress etc: 18

primary cause: 0 + 3 contributory factor = 3 (**17%**)  
negligible: 2 + 11 no influence = 13 (**61%**)

In terms of the perceived impact that sexual orientation has had on each of the mental health issues described, the incidence of sexual orientation being either a primary or contributory factor ranges from **12%** to **67%**, with an average of **35.5%**. This represents almost a third of respondents feeling that sexual orientation has had some impact on their mental health well-being.

**"I had a difficult time coming to terms with 'life' before finding my true orientation. ECT for depression at feeling trapped in marriage. Sectioned and 8 months hospitalised. I have lost a period of my life due to ECT."**

**"I used Relate for relationship counselling – been brilliant."**

7 (**6%**) of respondents have experienced work with a therapist where the emphasis was to 'cure' them from being lesbian, gay or bisexual.

## 5. Domestic violence

**"When I was 16 – my family wanted to cure me – now they are accepting. I had a strict up-bringing where I was brought up to think being gay was wrong so when I realised I was, I was scared and self-harmed and did everything in secret. I think this is where the depression started but little help/support was available."**

130 (**61%**) of respondents have never experienced domestic violence. From the 82 that have:

23 (**10%**) in a previous heterosexual relationship

52 (**25%**) in a previous same sex relationship

7 (**3%**) in a current same sex relationship

In each instance there has been an increase in these rates compared to 2007.

In terms of reporting/disclosing the abuse 46 (**71%**) told friends; 20 (**24%**) told someone in their family; 16 (**20%**) reported it to the Police; 5 (**6%**) reported it to a voluntary sector support agency such as Rape Crisis and 6 (**7%**) did not tell anyone.

Of those that reported the same sex abuse to the Police 3 respondents stated that the police took no action; 1 decided to withdraw the complaint and 1 went to court.

### Abuse in the workplace

From 175 respondents more than half 100 (**57%**) felt they have not suffered abuse, harassment or discrimination in a workplace situation, whilst 59 (**34%**) have. 16 (**9%**) were unclear as to whether what they experienced constituted abuse, harassment or discrimination.

From the 59 that have had such an experience:

17 (**29%**) within the last 12 months

19 (**32%**) within the last 4 years

23 (**39%**) more than 4 years ago

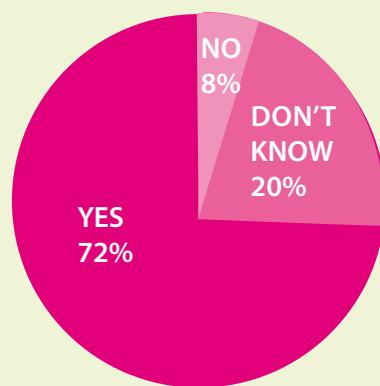
25 (**43%**) reported their experience to their employer/supervisor and 33 (**57%**) did not.

7 (**13%**) of respondents have experienced discrimination in working with children because of being lesbian, gay or bisexual. 4 of these experiences were within the last 12 months.

From 140 employed respondents 101 (**72%**) stated that they would feel safe reporting abuse, harassment or discrimination on the grounds of sexual orientation to their employer. 21 (**15%**) would not feel safe in doing so and 18 (**13%**) are unsure whether they would or would not report it.

113 (**81%**) state that their employer has an equal opportunities/diversity policy that protects them as a lesbian, gay or bisexual person.

### **Do terms and conditions offer same benefits to same-sex partners?**



101 (**72%**) are aware that their terms and conditions of employment offer the same benefits to same-sex partners as to heterosexual partners.

11 (**8%**) state that their terms and conditions do not offer the same benefits to same-sex partners and a further 28 (**20%**) do not know about their terms and conditions of employment.

56 (**41%**) feel that their employer's knowledge or assumption of them being lesbian, gay or bisexual would have no effect on their career prospects.

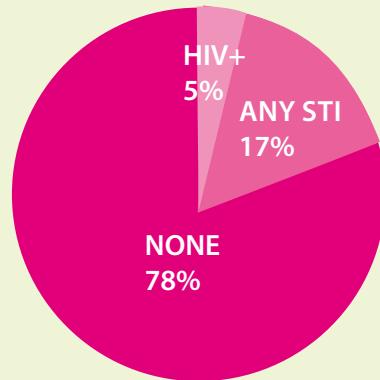
27 (**20%**) feel that it would have a positive effect, whilst 18 (**13%**) believe it would have a negative effect on their prospects. A further 36 (**26%**) are unsure as to what effect it would have.

77 (**55%**) are a member of a union or professional body leaving 62 (**44%**) not being part of one. 47 (**62%**) state that their union/professional body has an active LGB Group with 23 (**30%**) saying that they did not know whether there was such a group. 6 (**8%**) stated that there was no such group.

# 6. Sexual health

The vast majority of respondents 170 (**80%**) have not been diagnosed with any sexually transmitted infection (STI), HIV or AIDS. From the 42 that have, 38 have had an STI and 5 are HIV+. In each instance this is more than was found in 2007.

## Have you ever been diagnosed with STI, HIV or AIDS?



From 209 respondents a massive 190 (**91%**) agreed strongly or agreed with the statement: 'I am fully aware of the risks of STI and HIV'. The same number also agreed strongly or agreed with the statement: 'I know where to go for information, advice and support around my sexual health needs'. This shows a high level of awareness around STIs, HIV and where to go for information.

From 202 respondents more than half 135 (**67%**) agreed strongly or agreed with the statement: 'I always practice safe sex'. This is a significant amount less than those being fully aware of STIs. When asked if their attitude to safe sex varied according to the relationship they were in, there was a reduction of almost a half in the number of responses agreeing strongly or agreeing with the statement: 94 (**48%**).

## "Lesbians don't need to practice safe sex."

Reasons given for not always practicing safe sex:

In a long term monogamous relationship, both tested and don't have any STIs	55 (28%)
In a long term monogamous relationship and believe it is no longer necessary	49 (25%)
In a relationship that is considered to be low risk	46 (23%)
Not really sure exactly what safe sex means	6 (3%)
Sometimes get carried away in the heat of the moment and forget	26 (13%)
Sometimes get drunk/high and forget	24 (12%)
It's sometimes difficult to insist if your partner isn't bothered and refuses to practice safe sex	10 (5%)
Embarrassment at discussing the subject	7 (4%)
Other reasons: total 5 with 1 identifying rape and another identifying abusive relationship	5 (3%)

In the past 12 months:

86 (**41%**) had sex with only women

95 (**45%**) had sex with only men

8 (**4%**) had sex with men and women

16 (**8%**) had sex only with themselves

6 (**3%**) none of the above

**"I can't find any (information) and the clinics don't have any."**  
**"It's hard to get information that's relevant to us (Lesbians)."**

From 114 women respondents **30%** do not feel that they have enough relevant information about sex and relationships between women and **70%** feel that they do have enough. From the 114:

26 (**23%**) find it very easy to get relevant information

44 (**39%**) find it fairly easy

37 (**32%**) do not find it easy

7 (**6%**) are unable to find any

In the main respondents would prefer to get the information from websites and leaflets. A small percentage would like to be able to get information via a telephone help line.

### **Lesbian fertility and pregnancy**

Of the 66 lesbians who responded 10 (**15%**) said they or their current partner had or tried to have a child:

5 used informal donor arrangement

2 attended a clinic for artificial insemination procedures

4 attended a clinic for IVF treatment

6 had or were having a baby

**"Several clinics refused to treat me as a single lesbian (including Leeds). Shortage of donors! Also felt clinics exploiting women because of the prices. Clinic not homophobic but controlling idea that sperm should be rationed and lesbians lucky to access their service."**

**"Not clued up on non-traditional family: mum and mum parenting."**

**"In committed relationship but I had to lie and say I was single – decided not to proceed."**

**"Ignorant staff, especially the doctors who apply fertility treatment protocols to us; we do not have fertility issues but we have to go through all the same procedures as straight people who do have issues. No-one seems to know why. Lesbians have such bad luck at getting pregnant"**

**"I've seen homophobic practice at Airedale and Bradford Royal Infirmary maternity services."**

# 7. Well-being and keeping fit

From the 207 respondents the vast majority 135 (**66%**) are generally happy and ok about their weight.

When asked how they would describe their weight at the moment they described it as:

- 41 (**20%**) very overweight
- 102 (**49%**) a little overweight
- 51 (**25%**) just right
- 13 (**6%**) slightly underweight

The majority of respondents 90 (**42%**) had not attempted to lose weight in the last 2 years. 74 (**35%**) of respondents had attempted to previously and 48 (**23%**) are currently trying to lose weight.

When analysing the results of the body mass index 157 respondents provided the necessary height and weight data to estimate a healthy body weight based on height: the body mass index (BMI). The findings show that:

- 6 (**3.8%**) are underweight
- 66 (**42%**) are at a normal healthy weight
- 46 (**29%**) are overweight
- 37 (**24%**) are obese
- 2 (**1%**) is severely obese

On the whole there is a slight increase in most categories compared to the findings in 2007 with the exception of the obese category, which is twice as many. These findings do however, mirror rates found in national surveys.

There is some discrepancy between participants' perception and the reality of their weight as defined by their BMI. The main discrepancy is with regards to what people define as overweight since 143 respondents felt they are very or a little overweight and yet according to the BMI only 85 are defined as overweight or obese.

In terms of dieting 74 (**35%**) had attempted to diet in the past and 48 (**23%**) are currently dieting to lose weight.

When asked about how many days per week they undertook moderate physical activity amounting to 30 minutes or more a day the 206 respondents undertook exercise:

- 23 (**11%**) 0 sessions
- 19 (**9%**) 1 session per week
- 44 (**21%**) 2 sessions per week
- 45 (**22%**) 3 sessions per week
- 29 (**14%**) 4 sessions per week
- 42 (**20%**) 5 or more sessions per week

4 (2%) Not sure/don't know

These are very similar results to the ones found in 2007 (**78%**) in that 160 (**77%**) respondents are not taking the recommended at least 5 sessions a week of moderate intensity exercise.

When asked if respondents would like to increase their physical activity levels 151 (**72%**) stated that they would but 107 (**66%**) stated that they are unable to increase their levels due to a range of barriers.

**"Gyms and things are not LGB friendly."**

**"I feel uncomfortable and out of place at the gym. It's very hetty (heterosexual)."**

When asked to identify which barriers were a major reason or a consideration the following emerged (note that respondents may have identified more than one option):

87 lack of time

66 cost

51 not interested in sports or exercise

49 lack of LGB only facilities/activities

48 no-one to go with

41 transport issues

36 lack of appropriate facilities

21 other reasons including disability; chronic illness; feeling uncomfortable and out of place at the gym; gym not LGB friendly; generally lazy; feel too dykey in most gyms; I cycle to work

14 other caring responsibilities

6 childcare problems

8. Specialist support

**"An LGB Sports Centre – dream on!"**

Respondents were asked for which services they felt it was essential or preferable to have specific LGB workers. Five areas clearly emerged as priorities and in the main support those identified in the 2007 survey.

138 out of 194 (**71%**) said it is essential or preferable to have LGB specialist sexual health worker

135 out of 191 (**71%**) said it is essential or preferable to have LGB specialist HIV/AIDS worker

129 out of 190 (**68%**) said it is essential or preferable to have LGB specialist domestic violence support worker

117 out of 191 (**61%**) said it is essential or preferable to have LGB specialist mental health worker

112 out of 184 (**61%**) said it is essential or preferable to have LGB specialist health worker for hospital matters

**"Very good session at the Equity Partnerships on weight management."**

**"The yoga sessions I've been to at the Equity Centre are in a different league in terms of increasing my sense of well-being and energy levels. I wish I could continue the class every week."**

## 8. A good service?

Respondents were asked for their overall satisfaction with the health services that they had accessed, The numbers accessing some services are lower than others so caution must be taken when looking at percentages.

14 out of 14 (**100%**) are very satisfied/satisfied with HIV/AIDS services

32 out of 36 (**89%**) are very satisfied/satisfied with sexual health services

**"GUM clinic on Trinity road – efficient and professional staff who treat you with respect and do everything they can to ensure information you get is accurate."**

15 out of 18 (**83%**) are very satisfied/satisfied with cancer screening services

156 out of 190 (**82%**) are very satisfied/satisfied with their GP

**"My local health centre is superb; I couldn't ask for better."**

94 out of 122 (**77%**) are very satisfied/satisfied with their local health centre

89 out of 112 (**79%**) are very satisfied/satisfied with their NHS dental service

38 out of 56 (**68%**) are very satisfied/satisfied with any other Bradford & District NHS Hospital

**"A+E at Bradford very good and accepted my partner and explained things well. Unfortunately I then had to use the assessment ward where staff were poor. Was discharged without canula being taken out."**

18 out of 36 (**50%**) are very satisfied/satisfied with Airedale General Hospital

When looking at areas of dissatisfaction a number of issues were revealed that are national common concerns when discussing the NHS and these are long waiting times for hospital appointments, quality of NHS dentistry, reception staff, quality of information given out and not being able to get in to see your own GP.

**"Reception staff at Health Centres seem to be universally rubbish at dealing with all comers."**

**"I am dissatisfied with cervical screening services nationally and not being allowed to get tested under age 25."**

**"Diet management – info given out is still very much focused on women of my age being providers of food for their men and children."**

Further respondents' comments about the quality of health services that they have accessed include:

**"Smoking cessation at Shipley Health Centre – the Nurse was excellent. I could not have done it without her. Her level of skill was of a very high standard."**

**"On account of the sexual health people working out of Windhill health centre seeming ill at ease with my sexuality I arranged to get my Hep B vaccination through my GP."**

**"My stay in the BRI was, on the whole, a positive one but the communication between individuals and departments seemed appalling and instead of writing in my notes 'injects insulin' they wrote 'injects heroin!'"**

**"Motley dental centre: nothing to do with sexual orientation they're just crap."**

**"St Luke's and BRI need to get better towards gay people and overweight disabled people."**

**"Trinity Centre – always good friendly nurses and medical centre in Bingley has very good GPs."**

When asked if respondents had ever decided not to complain when receiving poor services 122 (**64%**) stated that they had not, leaving 69 (**36%**) making a decision not to complain. When asked why this was the following detail was provided:

- 24 (**36%**) feeling that it would not make any difference
- 15 (**23%**) fear of not receiving other services needed
- 14 (**21%**) having a low expectation of being heard
- 9 (**14%**) other reasons such as it being only one member of staff and all the others were okay; feeling it wouldn't make any difference; it takes time and effort, which I don't always feel like; too busy; got struck off by GP when complaint was made in the past; too much hassle and just didn't want to
- 4 (**6%**) fear of being stigmatised

**"NHS dentistry free would be good. For some of us it is our primary health care need and the level of service is appalling."**

**"Long waiting times for hospital appointments and treatments. Inefficient practices and lack of communication."**

**Comments relating to mental health services:**

- "My current counsellor has been very good at talking about LGBT issues. This may be because it is a counselling service for young people."**
- "Lost faith in seeking help from professionals"**
- "I am still waiting to see a psychologist – I was assessed 1 year ago and referred 2 years ago and still waiting!"**
- "My GP was not able to offer me anything other than anti-depressants."**
- "GP and counselling at my workplace both very helpful."**
- "Mind and Shipley medical centre both fantastic. Mosaic crap."**
- "CBT therapist was hopeless, GP fab and counsellor ok."**
- "The CPN service – the nurse was very unhelpful and made spot (inaccurate) judgements/diagnosis."**
- "I don't feel that counselling is useful unless practitioner understands discrimination, LGBT family and community or I can't discuss relationships etc."**
- "Relate sex therapist wonderful"**
- "Crisis were negative and I found them unhelpful."**

**Good practice:**

- "Psychotherapy department at Lynfield Mount and Shipley GP practice – very accepting/encouraging of sexuality and exploring it. Had in-depth understanding of complexities of being gay/coming out etc. Somerset House mental health services very supportive of sexuality and self harm/mental health issues."**
- "Staff at GUM in Bradford are non-judgmental and always act professionally and deal with the current situation very well giving me all the necessary information and guidance I require."**
- "The Hepatitis specialist at Calderdale NHS is very supportive."**
- "The Equity Centre is good."**
- "Bradford Primary Care Trust mental health referring to partner."**
- "The doctor at Priesthorpe Medical Centre. Very supportive and helpful in terms of my partners' desire to have a child and accessing a donor."**
- "Bradford Mind health trainers are excellent."**
- "Shipley Medical Centre really good on teenage health and doctors are outstanding."**
- "Neuro rehab team: staff supportive open and welcoming and have never queried the fact that much of my informal care is provided by lesbian friends."**
- "Equity Partnership health services."**

### **Bad practice:**

"Sexual health clinic on Trinity Road – told that lesbians don't need sexual health screening as not at risk; didn't know about dental dams or safe sex."  
"At the sexual health clinic being asked 'are you sure you're a lesbian'."  
"Well meant but patronizing attitude – it's fine my sister is gay' when not relevant."  
"Ignored and seen as lower class."  
"I have been verbally abused, discriminated against and treated with contempt at a GP practice."  
"Negative remarks made whilst having cervical screening."  
"Not LGB friendly."  
"Assumes heterosexuality."

### **Suggestions**

- Advice and education around alcohol
- Have a dedicated afternoon at sexual health clinic for men who have sex with men and women who have sex with women
- Have after work health/keep fit sessions for gay people
- Women's health drop-in at the Equity Centre and/or a phone number
- Continence issues
- After hours appointments with health professionals

## **9. Gender analysis**

### **Sexual orientation**

Almost 4 times as many women identify as bisexual compared to men (15 and 4).

### **Age**

There is a fairly even spread of men and women between the age ranges under 18 through to aged 44. However, in the 45 – 54 age range there are just over twice as many women (16 men and 30 women) and five times as many women in the 55 – 64 age range (4 men and 20 women),

### **Ethnicity**

There is no significant difference in the ethnicity of men and women, the majority describing themselves as being of a white background.

### **Disability**

Twice as many women state that they have a disability compared to men (24 and 12).

## **Employment, income, housing and qualifications**

85 women are working full or part-time compared to 68 men. 10 women and 8 men are not employed. Three times as many women are retired compared to men (10 women and 3 men). 52 men are homeowners compared to 76 women. Men and women have similar levels of income up to £24,999. Lesbians and bisexual women have greater earning power with more women earning £34,999 (28 and 19 men). Twice as many women than men earn £35,000 - £44,999 (11 and 5). However, more gay and bisexual men earn £45,000 or more compared to women (6 and 4). Almost twice as many women have a degree or higher compared to men (65 and 34).

## **Being out**

Almost twice as many men are out and proud in all circumstances (45) compared to women (27). Almost twice as many women than men are selective about who they reveal their sexual orientation to (21 and 11). Twice as many women are out to health professionals compared to men.

## **Smoking, drinking and drugs**

There is very little difference in the incidence of smoking amongst men and women but more women have given up smoking compared to men (37 and 18) and this reflects the national picture. More men than women exceed the recommended levels of alcohol (70 and 55) and binge drink (50 and 39). There are similar levels between men and women of cannabis and cocaine use. However, twice as many gay and bisexual men than women use poppers (40 and 19), Ketamine (12 and 6) and Ecstasy (18 and 9).

## **Diabetes, heart disease, respiratory complaints and cancer**

Twice as many men have diabetes type 2 compared to women. More women than men describe a range of other chronic conditions that affect their daily lives such as fibromyalgia and osteoarthritis. Otherwise there is no other significant difference between men and women with these illnesses.

## **Mental health**

Overall slightly more women than men have mental ill health. When looking at specific mental health issues men were more likely to have suicidal thoughts than women (24 and 16). More women than men have sought help from their GP (65 and 56) and almost twice as many women have sought help by accessing counselling (54 and 29).

## **Domestic violence**

22 women have experienced domestic violence in a previous heterosexual relationship.

32 women and 20 men have experienced domestic violence in previous same sex relationships. 7 men compared to 0 women have experienced domestic violence in a current same sex relationship. Women are more likely than men to tell family and friends and almost 4 times as many women than men have reported domestic violence to the Police.

Men and women have experienced similar levels of abuse in the workplace but more men have been discriminated against with regards to working with children because of being gay (6 and 1).

### **Sexual health**

Twice as many men than women have been diagnosed with a sexually transmitted infection (25 and 12) and 5 men are HIV+ compared to 0 women being HIV+. Almost twice as many men than women state that they always practice safe sex (40 and 25). Other than these areas overall experiences and attitudes to sexual health were relatively similar between men and women.

### **Well-being and keeping fit**

There are very similar perceptions and experiences between men and women in well-being and keeping fit. More women than men are unhappy about their weight (43 and 29). Women exercise more frequently than men but there are similar levels between men and women in taking moderate exercise for 30 minutes 5 times a week (23 and 19).

## **10. Recommendations**

### **1. Train staff in LGB Equalities and Understanding LGB Needs**

Training and awareness raising for staff at all levels on heterosexism, stereotyping, challenging homophobia and understanding the different needs of LGB people.

### **2. Understanding LGB Health Needs**

Increase the knowledge and skills amongst professionals from different agencies about the health needs and experiences of LGB people and how sexual orientation may impact on their health and well-being. This can be achieved by Equity Partnership taking a more strategic role with key agencies, ensuring that the results of this health needs assessment are widely shared and implementing some short 'knowledge and nosh' sessions to put key messages across.

### **3. Improve Monitoring of Sexual Orientation**

Equity Partnership to develop and implement further training and consultancy with different agencies around monitoring sexual orientation of all staff and service users. Without monitoring LGB people's exclusion will continue to be ignored.

#### **4. Encourage Organisations to Come Out as LGB Friendly**

Equity Partnership to explore the idea of a charter mark that organisations can sign up to showing that they are at least LGB friendly and welcoming.

#### **5. Develop Health Information for LGB People**

Service providers need to tell LGB people what they need to know about specific health issues such as smoking, alcohol, drugs, breast and cervical cancer and how sexual orientation impacts on these.

#### **6. Increase Visibility**

Different agencies and service providers need to have up-to-date information on display to create a welcoming and safe atmosphere for LGB people. This could include posters showing racially and ethnically diverse LGB people, disabled LGB people and same sex parents. Positive images of LGB people could be used in general publicity materials. Increased visibility would mean that LGB people would feel more included and therefore be able to discuss their health needs with a healthcare worker.

#### **7. Develop Tailored Services**

Agencies and service providers to explore the possibility of holding specific LGB sessions, lesbian and bi-women only, gay and bi-men only. This would lead to more health concerns being identified and dealt with at an earlier stage.

#### **8. Review and Make Complaints Procedures Clear**

All agencies and service providers need to ensure that LGB people can make a complaint without the fear of some sort of backlash. Service providers need to review their complaints procedure and make appropriate changes. This should happen with more involvement of service users and improved links with the Patient and Public Involvement and LINKs.

#### **9. Employment of Specialist LGB Workers**

Equity Partnership and service providers need to work together and with the wider LGB communities to look at ways of employing specialist LGB workers in the prioritised areas of:

- Domestic violence
- HIV/AIDS
- Hospital matters
- Mental health
- Sexual health

It may also be useful to explore the idea of having one or two LGB advocacy workers who could act as a link between the LGB specialist workers and the wider LGB communities.

#### **10. Provide Feedback to the Wider LGB Communities**

Equity Partnership must ensure that the wider LGB communities as well as its own membership receive accessible feedback from this health needs assessment.

## **11. Provide Tailor Made Interventions**

Tailored alcohol and smoking prevention and cessation interventions should be developed and targeted at LGB people.

Tailored promotion of cervical and breast screening services should be targeted at lesbian and bisexual women.

## **12. Develop Services for Men Experiencing Domestic Violence**

There is a clear need for some provision for gay and bisexual men experiencing domestic violence and abuse. Work needs to take place around what exactly is needed and the best way of achieving such provision.

## **13. Develop a LGB Mental Health Initiative**

The Mental Health Services need to explore ways of targeting mental health promotion work to LGB people. There is scope to develop a specific LGB Mental Health promotion initiative. It is essential that mental health workers have an understanding of sexual orientation and the potential impact it can have on mental health and well-being whilst at the same time not assuming that sexual orientation is necessarily a causal factor of mental ill health.

## **14. Raise Awareness of LGB Communities to Their Rights**

There is a need to work with the wider LGB communities to raise awareness of their newly found and newly created legislative rights to receive quality services.

## **15. Commissioners and Providers to Look at How Services Are Delivered**

One of the Core principles of the 2002 NHS Plan is to challenge discrimination and this includes challenging on the grounds of sexual orientation. This means that all commissioners and providers should look closely at how services are developed and delivered and just as importantly how the services are perceived by LGB people.

## **16. Equity Partnership to Present this Report**

Equity Partnership must ensure that they present this report to NHS Bradford & Airedale and the Health and Well-being Partnership: this needs to happen with a representative from Equity Partnership attending the meeting.

## **17. Review the Health Needs Assessment Tool**

Equity Partnership to review the Health Needs Assessment Tool and look at ways of making improvements before using it again. This review should include ways of consulting with young people (up to the age of 25).

# Glossary

**Coming Out/Out:** the complex process of acknowledging to yourself and telling others about your sexual orientation is referred to as 'coming out'. LGB people may have to come out many times during their lives and often several times within a day. Not everyone is 'out' or 'out' all of the time.

**GCSE:** General Certificate of Education

**HIV:** human Immunodeficiency Virus

**LGB:** abbreviation used for lesbian, gay and bisexual.

**LGB Communities:** LGB people come from many backgrounds and have a range of different life experiences – we are not all the same. We are parents, sons, daughters, disabled people, people from Black and Ethnic Minority communities, employed and unemployed, in a civil partnership or married to someone of the opposite sex. There are LGB people in all of Bradford's cultures, communities and geographical areas.

**ME:** Myalgic Encephalopathy/Chronic Fatigue/Post Viral Syndrome

**MS:** Multiple Sclerosis

**NVQ:** National Vocational Qualifications

**PCOS:** Polycystic Ovary Syndrome

**PMS:** Pre-menstrual Syndrome

**SAD:** Seasonal Affective Disorder

**Trans people:** is an umbrella term for people whose gender identity and/or expression differs from the sex they were assigned at birth. The term may include but is not limited to transsexuals, cross dressers and other gender variant people. Many trans people identify as female to male (FTM) or male to female (MTF). Trans people may live their lives with or without the use of hormones and/or surgery. Some trans people also identify as LGB. The letter 'T' is used as an abbreviation for transgender.



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