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The inclusion of LGBTQ+ health needs and concerns within nursing and midwifery pre-registration programmes

RESEARCH TEAM

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CONTENTS

CONTENTS Contd.

EXECUTIVE SUMMARY

WHAT ARE THE ISSUES?

LGBTQ+ people experience a range of physical and psychosocial issues and concerns, with important contributions required from nurses and midwives. However, despite the identification of significant health needs and health inequalities, the inclusion of the LGBTQ+ population in nursing and midwifery pre-registration programmes appears limited.

WHAT DID WE DO?

This one-year project had three phases.

Phase one involved a survey across all Schools of Nursing and Midwifery in the United Kingdom and Ireland to identify the current content within nursing and midwifery pre-registration programmes in relation to LGBTQ+ health.

Phase two involved in-depth interviews with 12 academics who deliver LGBTQ+ health content within their curriculum to identify best practice and education innovation regarding LGBTQ+ health within nursing and midwifery pre-registration programmes.

Phase three involved the integration of data from phase one and phase two to identify themes emerging from the complete data set. The collective findings and experiences of developing, implementing and delivering LGBTQ+ health content were used to inform a Best Education Practice Guide regarding LGBTQ+ health within nursing and midwifery pre-registration education programmes.

WHAT WE FOUND OUT?

• Some examples of LGBTQ+ health within nursing and midwifery pre-registration programmes with a need for systematic development by all universities

• Universities appear to be addressing wider equality and diversity issues with a need to develop a stronger focus on LGBTQ+ health issues and concerns

• Teaching activity varies considerably and ranges from 'little seeds to acorns' with involvement from students, staff and service users

• There is a longing by academics for direction and guidance on teaching content as there is uncertainty about what to include.

WHAT NEEDS TO HAPPEN NOW?

• LGBTQ+ health should be reflected as part of what is currently being delivered and approved for future curriculum inclusion within nursing and midwifery pre-registration programmes

• Theory, practice and assessments need to focus on learning aims and outcomes

• Best education practice guidance needs to be made available as a tool to raise awareness and support academics

RECOMMENDATIONS

The evidence from the survey and qualitative interviews with nursing and midwifery academics identified best practice strategies for effective implementation and delivery of LGBTQ+ health within nursing and midwifery pre-registration programmes through six main evidence-based recommendations:

RECOMMENDATION 1

Strategic level planning and commitment is required from Nursing and Midwifery regulators and the Royal College of Nursing and the Royal College of Midwives in the United Kingdom and Ireland to ensure LGBTQ+ health is fully integrated within the standards for pre-registration programmes across all approved programmes.

RECOMMENDATION 2

Programmes should be reviewed to ensure that LGBTQ+ health needs are reflected and incorporated across the wider nursing and midwifery curriculum within all pre-registration approved programmes.

RECOMMENDATION 3

Learning aims, outcomes and assessments related to LGBTQ+ health should be developed, visible and incorporated across nursing and midwifery programmes in collaboration with practice partners and local LGBTQ+ organisations.

RECOMMENDATION 4

This LGBTQ+ best education practice guide should be used as a tool to support nursing and midwifery academics to review and develop their programmes to ensure the needs of LGBTQ+ people are visible and incorporated.

RECOMMENDATION 5

All Schools of Nursing and Midwifery should establish LGBTQ+ health resource groups including local LGBTQ organisations, students and service users to support the review and development of LGBTQ+ health within approved programmes.

RECOMMENDATION 6

Academics in Schools of Nursing and Midwifery should undertake continuing professional development regarding LGBTQ+ health needs to develop their knowledge to enable the integration of the topic within approved programmes.

DEFINITIONS

LGBTQ+

LGBTQ+ stands for Lesbian, Gay, Bisexual, Transgender, Queer, and recognises the existence of additional sexual orientations and gender identities.

PERSON-CENTRED PRACTICE

Person-centred practice focuses on the needs of the individual rather than the needs of the service by engaging the individual in the process of personalisation, enabling them to express their preferences and needs and responding to those while ensuring the individuals are kept safe from physical, emotional or financial harm.

MINORITY STRESS

Minority Stress is due to adverse mental health experiences resulting in stress that originates from and is influenced by discrimination, stigma and victimisation experienced by sexual minority groups.

UNITED KINGDOM

United Kingdom (UK) is a country that is a union of the countries on the island of Great Britain, comprising England, Scotland, Wales and Northern Ireland.

ACKNOWLEDGEMENTS

"I still think midwifery academics have got a way to go. Some of the language that we use makes assumptions about sexuality".

INTRODUCTION AND CONTEXT

BACKGROUND

Internationally, there has been a concerted effort to ensure access to healthcare for all people (World Health Organisation, 2013). However, significant obstacles and barriers exist due to health inequalities and the associated factors including gender, ethnicity, income, employment and housing (Barreto, 2017). In terms of equity, human rights and inclusivity, members of sub-populations such as individuals with mental health issues, older people, people with intellectual disabilities may be adversely affected when attempting to access or use support services (Elmalik et al., 2018). This can lead to further marginalisation and social exclusion. There should be equality of access to services, including healthcare, to successfully address pertinent health inequalities.

A further population to experience significant health inequalities and barriers when accessing care and support are LGBTQ+ people (Royal College of Nursing, 2017; Stonewall, 2017). However, discrimination, stigma and negative past experiences may deter LGBTQ+ people and their families from accessing and utilising relevant healthcare support and services specific to their individual needs (Karakaya and Kutlu, 2021). Whilst policy makers and some government bodies have attempted to pay some attention to pertinent issues, the research evidence indicates that there remain significant shortcomings in terms of accessing available support services and treatments for LGBTQ+ people (Bonvicini, 2017). As well as gaps in general healthcare, there are concerns around the psychological and social impact of experiencing *minority stress*, homophobia, biphobia and transphobia (Ayhan et al., 2020; Meyer, 2003). There are significantly higher incidences of anxiety, depression, suicidality, trauma and substance use in LGBTQ+ groups than in general populations (Mongelliet al., 2019). There are also distinct biopsychosocial and cultural needs within the sub-groups that require individual considerations. Hence, healthcare providers and health professionals should be aware of and responsive to the unique needs of LGBTQ+ people and tailor care plans accordingly (Qureshi et al., 2018). Furthermore, the psychosocial ramifications of COVID-19 on individuals and families has yet to be fully realised (Konnoth, 2020). What appears to be emerging from the latest research evidence is that an increasing number of people will require to access healthcare services for assessment, treatment, supports and interventions to help deal with some of the issues faced during the prolonged lockdown periods (Gorczynsky and Fasoli, 2020). Loneliness and social isolation has become concerning for many, and may be more common in people who are LGBTQ+ (Salerno et al., 2020).

Despite all of the identified issues and concerns, there appears to be significant gaps in the education of healthcare professionals, including nurses and midwives (McCann and Brown 2018). Their education should include cultural competence and inclusive practices thereby increasing knowledge of specific LGBTQ+ health requirements and support needs, and the kinds of interventions and treatments that may be provided (Traister, 2020). It would appear that practitioners often lack the knowledge, confidence and skills to work successfully with this population (McCann et al., 2021). What is unclear is the full extent of the gaps in terms of the preparedness and education of nurses and midwives to work effectively with this client group.

CURRENT EDUCATION PROVISION AND LGBTQ+ HEALTH

Due to their health needs, LGBTQ+ people are high and frequent users of health services (Martos et al., 2019). Despite the scope and extent of their health concerns, many report barriers to accessing care and support that is sensitive to their specific needs (Romanelli and Hudson, 2017). LGBTQ+ people may access all areas of healthcare, yet some are reluctant to disclose their LGBTQ+ identity due to concerns regarding stigma, discrimination, and judgemental and negative attitudes (Lykens et al., 2018). As a result, some LGBTQ+ people report negative healthcare experiences, attributed to issues including, cultural competence and lack of confidence and knowledge of their specific concerns (McCarty-Caplan, 2018). LGBTQ+ people are often presented as a single homogeneous group despite their differing needs, leading to a lack of appropriate individualised care (Hafford-Letchfield et al., 2018). For example, the needs and concerns of lesbians differ from those of bisexuals and similarly to those of trans people. Research evidence points to the need for education and practice development for health professionals to improve their knowledge and skills when working with LGBTQ+ people. Despite the apparent need, the research evidence of the scope of LGBTQ+ specific education provision within health programmes remains limited (Sekoni et al., 2017). What education provision that does exist appears to be influenced and shaped by individual academics with an interest in the subject area. Therefore, there is a need and opportunity to develop the focus on the specific needs of LGBTQ+ people within the education of health professionals.

From the available research evidence, it is apparent that the integration of the health needs of LGBTQ+ people within the curriculum is variable and patchy, with a need to increase visibility (Cooper et al., 2018). Current evidence suggests that the curriculum content needs to be built around and informed by relevant theories and models, including subject areas such as human rights, social justice, health needs and health inequalities, queer theory and

gender theory (McCann and Brown, 2020). To develop the required skills, the curriculum needs to be built around and informed by the needs of LGBTQ+ people. There should be a focus on issues such as, health needs, assessment of needs, care planning and case management, communication, professional values and anti-discriminatory practice and child and adult safeguarding (Dudar et al., 2017). The primary outcomes should seek to build the knowledge, skills and confidence of health professionals when working with LGBTQ+ people across care settings and communities (Traister, 2020). To enable the effective and creative delivery of a LGBTQ+ curriculum, there is a need to draw together a blend of teaching and learning approaches such as lectures, tutorials, workshops, case studies and problem-based learning scenarios (McCann and Brown, 2018). To assess learning summatively and formatively, there is an opportunity to use a range of approaches, such as assignments, case studies, case presentations, OSCEs and written examination (Utamsingh et al., 2017).

There is growing use of skills simulation in the education of students in healthcare which involves practicing a skill or technique in a protected learning environment (Alanazi et al., 2017). Skills simulation offers an opportunity to

integrate a focus on LGBTQ+ people within clinical skills simulation thereby providing students with a protected learning opportunity. This creates an opportunity to grow both their knowledge of some of the wider needs of the different LGBTQ+ populations while developing clinical skills. Skills simulation is an area requiring further research to understand the contribution more fully in developing the knowledge and skills and confidence of students in relation to LGBTQ+ people (McEwing, 2020). Healthcare students undertake multiple clinical attachments throughout their programme and will encounter LGBTQ+ people. Students on clinical attachments are required to evidence their learning through the completion of practice portfolios. Clinical attachments therefore offer many opportunities for healthcare students to demonstrate their knowledge of addressing the health needs of LGBTQ+ people in areas such as effective communication, attitudes, values and anti-discriminatory practice, health assessment and health promotion (Williamson et al., 2020). Health professionals in practice also need to provide care and support that is culturally competent thereby meeting the specific needs of LGBTQ+ people while acting as a positive role model for students undertaking clinical attachments (Tuomikoski et al., 2018).

THE NURSING AND MIDWIFERY ROLE

Nurses and midwives are part of multi-professional teams looking after LGBTQ+ people. However, the current extent of education in nursing and midwifery pre-registration programmes in LGBTQ+ health issues remain largely unknown, and this research study sought to address this deficit through the following three phases:

Phase 1

To conduct a survey across all Schools of Nursing and Midwifery in the United Kingdom and Ireland to identify the current content within nursing and midwifery pre-registration programmes in relation to LGBTQ+ health.

Phase 2

To conduct in-depth interviews with academics who deliver LGBTQ+ health content within their curriculum to identify best practice and education innovation regarding LGBTQ+ health within nursing and midwifery pre-registration programmes.

Phase 3

To integrate the data from phase one and phase two to identify themes emerging from the data. The collective findings and experiences of developing, implementing, and delivering LGBTQ+ health content to be used to identify the content for a Best Education Practice Guide regarding LGBTQ+ health within nursing and midwifery pre-registration education programmes.

ETHICAL CONSIDERATIONS

Prior to commencing the study Research Ethics Committee approval was received from the School of Nursing and Midwifery Ethics Committee, Trinity College Dublin and the Faculty of Medicine, Health and Life Sciences Research Ethics Committee, Queen's University Belfast. Information was provided to survey respondents at the start of the questionnaire. An opt-in was also given to survey respondents if they agreed to be contacted by the researchers for consideration to participate in a follow-on qualitative interview. In advance of interviews taking place all participants received a participation information leaflet and signed and returned a completed consent form.

PHASE 1: SURVEY

AIM AND METHODS

The aim of phase one of the study was:

To identify the current focus on LGBTQ+ health within nursing and midwifery pre-registration programmes.

An online anonymous questionnaire using Microsoft Forms was sent to all Schools of Nursing and Midwifery in the United Kingdom and Republic of Ireland. The first section collected demographic details regarding the nursing and midwifery programme provision in the school. The second section focused on LGBTQ+ health needs and concerns within nursing and midwifery pre-registration programmes. There was an opt-in for respondents to be contacted by the researchers for consideration to participate in a follow-on in-depth interview.

WHAT WAS THE RESPONSE?

A total of 29 completed responses were received during a period of six months. The demographic of responses represented all five nations as set out in Figure 1. The in-depth interview opt-in was completed by 21 respondents.
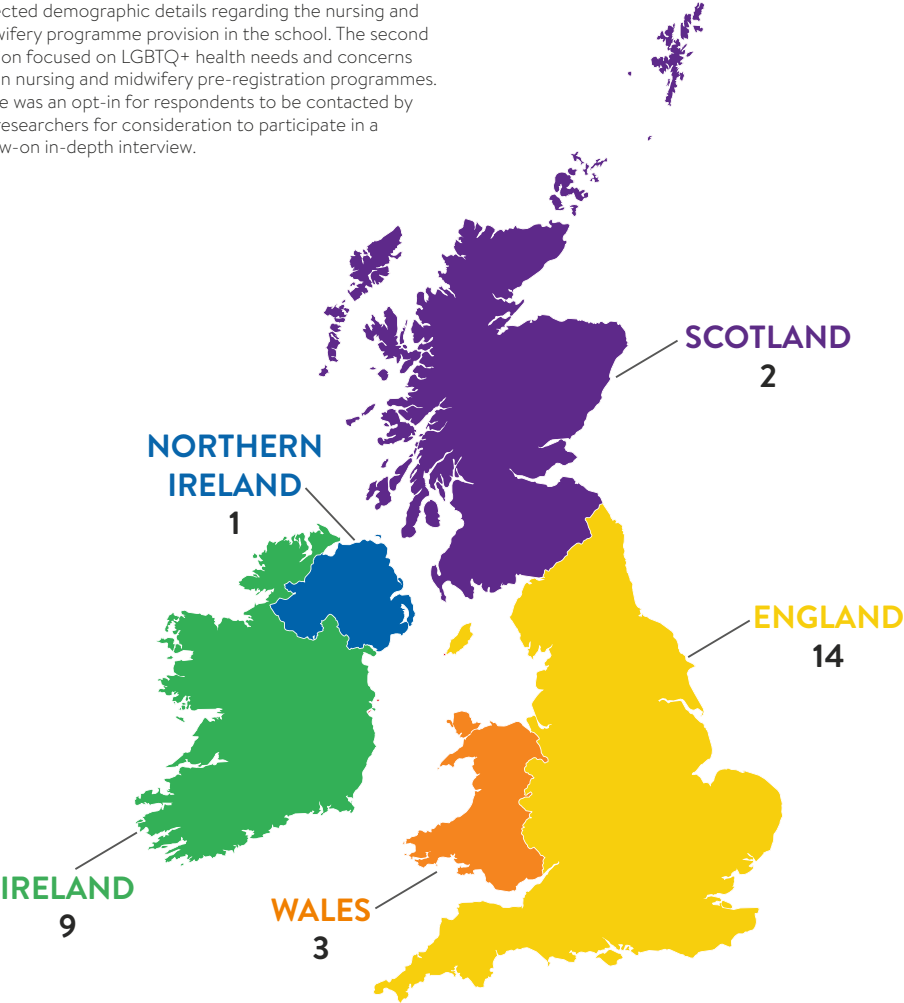
Figure 1: Distribution of survey respondents across the UK and Ireland

NORTHERN IRELAND 1

SCOTLAND 2

ENGLAND 14

IRELAND 9

WALES 3

PHASE 2: IN-DEPTH INTERVIEWS

AIM AND METHODS

The aim of the second phase of the study was:

To identify best practice and education innovation regarding LGBTQ+ health within nursing and midwifery pre-registration programmes.

In-depth interviews were conducted with a sample of academics who completed the opt-in section of the online survey in phase one. A series of open-ended questions were asked to identify current activity and best education practice in relation to LGBTQ+ health content in existing nursing and midwifery pre-registration programmes.

QUALITATIVE INTERVIEWS

Of the 21 respondents who opted-in to take part in an interview, a purposive sample comprising nursing and midwifery academics was identified. A total of 12 interviews took place that were conducted individually via Microsoft Teams on-line facilities. Each interview lasted between 30 and 53 minutes. Figure 2 presents the demographic profile of the academics who participated in an in-depth interview.

All interviews were recorded and transcribed by the Research Officer. Each transcript was anonymised by removing any identifiable information and assigning each participant a gender-neutral pseudonym. Thematic analysis was undertaken by all members of the research team to systematically identify recurring themes (Braun and Clarke, 2014).

IRELAND 8%

NORTHERN IRELAND 8%

SCOTLAND 9%

ENGLAND 75%
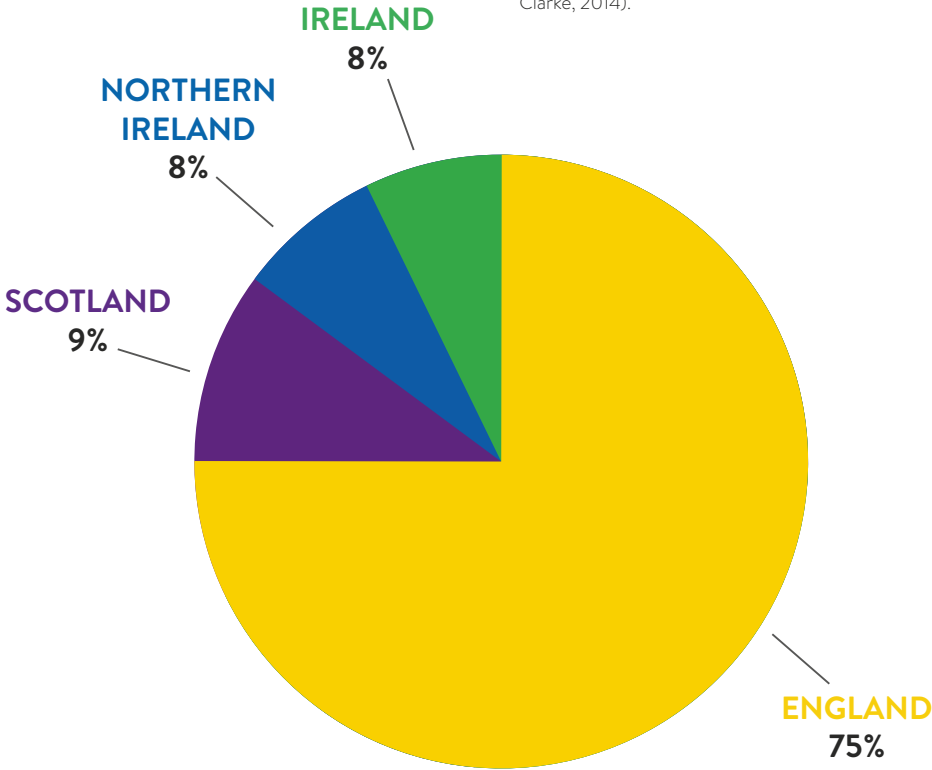
Figure 2: Demographic profile of in-depth interviews across the UK and Ireland

PHASE 3: DEVELOPMENT OF BEST EDUCATION PRACTICE GUIDANCE

AIM AND METHODS

The aim of the third phase of the study was:

1. **To integrate the data from phase one and phase two to identify key themes emerging across the entire data.**

2. **Synthesise the collective findings to identify the content for a Best Education Practice Guide regarding LGBTQ+ health within nursing and midwifery pre-registration programmes.**

DATA SYNTHESIS

The objectives of this element of the study were to analyse and then synthesise the data from the survey and in-depth interviews to:

1. **Identify the extent of inclusion of LGBTQ+ health needs and concerns within nursing and midwifery pre-registration programmes.**

2. **Identify best practice in curriculum planning, delivery and evaluation.**

3. **Develop the content for inclusion in best education practice guidance.**

The 29 respondents who took part in the survey and the 12 participants in the interviews represented both nursing and midwifery. Table 1 gives details of the type of data collected by programme and Table 2 gives participant information by programme.

PROGRAMME	SURVEY RESPONSES	INTERVIEWS
Nursing	14	5
Midwifery	9	4
Nursing & Midwifery	6	3
TOTAL	29	12

Table 1: Data collected by programme

PROGRAMME	PARTICIPANT PSEUDONYM				
Nursing	Alex	Chris	Finn	Ryan	Taylor
Midwifery	Blake	Jordon	Charlie	Ray	
Nursing & Midwifery	Joe	Lee	Sam		

Table 2: Participant information by programme

The number of pre-registration students across the Universities ranged from 220 to 2085 nursing and 31 to 500 midwifery students. Whilst 50% of nursing respondents and 68% of midwifery respondents considered it 'very important' to provide content and integrate LGBTQ+ health issues and concerns within the pre-registration programme, only 10% and 6% respectively, felt such inclusion was 'fully adequate'. This was also reflected in the responses pertaining to how often various topics relating to LGBTQ+ health-related content were delivered within the pre-registration programmes. For both nursing and midwifery the majority of responses selected was 'never', 'seldom' or 'sometimes', with a minority selection of 'often' or 'always'.

Whilst there were a range of responses in the survey reflecting the inclusion and integration of LGBTQ+ health-related content, from zero hours being allocated up to the development and delivery of programmes, there was overall positivity from the interview participants that LGBTQ+ health should be a fully integral part of all nursing and midwifery pre-registration programmes. Their experiences and views are captured in three main themes and associated subthemes (Table 3) and described below.

MAIN THEME	SUBTHEMES
Cultural Competence and Inclusivity within the Curriculum	• Curriculum planning • Integration of LGBTQ+ health • Changing social perceptions
LGBTQ+ Health Related Issues	• Structure, scope and content • Teaching and learning approaches • Skills development and simulation • Assessment strategies
Curriculum Evaluation and Delivery	• Quality assurance • Who should deliver? • Confidence and education of academics in teaching LGBTQ+ issues

Table 3: Themes and subthemes relating to participants' experiences of the inclusion of LGBTQ+ health needs and concerns within nursing and midwifery pre-registration programmes

Theme 1: Cultural Competence and Inclusivity within the Curriculum

CURRICULUM PLANNING

The importance of addressing LGBTQ+ health issues and concerns within nursing and midwifery pre-registration programmes within academic meetings was considered 'very important' by the majority of survey respondents in nursing (37%) and midwifery (44%). The full results are shown in Table 4.

Participants were aware that LGBTQ+ health was not a specific requirement in the nursing and midwifery stand-ards but were nevertheless keen to include LGBTQ+ health in the curriculum as the existing content was generally considered more hetero-normative:

"It is really important that students see themselves reflected within the curriculum … if your curriculum is really traditional, it is not reflective of real life and it's not reflective of your student population either". **Chris**

There was a desire to have a formal structure and content to ensure LGBTQ+ health was not considered 'tokenistic' but built into the programme with academics engaging with it. In the absence of a defined standard for inclusion, informal and individual drives were being taken particularly by those academics who had a background in sexual health or had a personal interest:

"I was a nurse there and that also involved working in the LGBT youth centre. It is my nursing background has driven me to provide this education because I think it is really important". **Taylor**

"I was personally interested in adding in an LGBTQ+ element to it because you can kind of see that that's not really been there up until now". **Lee**

Where initiative had been taken to introduce LGBTQ+ health into the curriculum, this had been positively accept-ed and encouraged:

"It wasn't a fight; people were receptive to it and wanted to do it. I have got to say that we are currently revalidating our curriculum and obviously there has been loads of discussions about what should go into it". **Charlie**

In the survey, respondents were asked to rate 10 strategies in order of importance that they thought would be successful in promoting their school's readiness to integrate LGBTQ+ health needs and concerns with pre-registration nursing and midwifery programmes. The first choice overall was to 'review the curriculum content to identify gaps in LGBTQ+ health needs and concerns' with a response rate of 41%.

CATEGORY	NURSING	MIDWIFERY
Not important	1 / 5%	1 / 5%
Slightly important	5 / 26%	3 / 17%
Fairly important	3 / 16%	3 / 17%
Important	3 / 16%	3 / 17%
Very important	7 / 37%	8 / 44%

Table 4: Importance of addressing LGBTQ+ health issues and concerns within academic meetings

In the absence of a set requirement, one participant shared a novel approach to ensuring LGBTQ+ health issues are effectively integrated into the curriculum:

"I always refer the students back to the Nursing and Midwifery Council's Code for Professional Conduct. The very first section in there is on prioritising people. I get them to look at reading every sentence one by one and trying to view it through the lens of sexualities and gender orientations … it means we have got to cover it because the Code expects us to cover it". **Joe**

Whilst some programmes are still being developed and, in their infancy, there was frustration that LGBTQ+ health was not included in nursing and midwifery standards:

"It's a shame that wasn't considered by the NMC for their standards". **Lee**

Despite the lack of a prescribed curriculum and standards to follow in relation to LGBTQ+ health, the participants were keen to make a contribution and 'get it right' and had used innovative means:

"You develop a philosophy around your programme and then you get everyone to buy into that". **Charlie**

INTEGRATION OF LGBTQ+ HEALTH

The importance of providing content and integrating LGBTQ+ health issues and concerns within the pre-registration nursing and midwifery programmes was considered 'very important' by 50% of nursing and 68% of midwifery survey respondents. All interview participants reported the inclusion of LGBTQ+ health in their programmes, however, the extent and visibility varied considerably. Quite often it would be subsumed with other topics or linked in with equality, diversity and inclusion:

"We don't have anything specific in relation to LGBTQ+, but we touch on it in little bits". **Jordon**

"EDI, equality, diversity inclusion, including LGBTQI would be like a seed that would run through every programme". **Alex**

The participants were mindful that whilst there are defined diverse needs in equality legislation for example, disability, age, race, there are also distinct needs under the 'umbrella of LGBTQ+' and each had to be appreciated independent of the other:

"Everybody is not the same. You can't treat everybody the same. Every time you read a piece of research around sexuality, particularly LGBTQIA+ identities, people are saying this is a unique experience to us and we want you to recognise that, so please recognise us as the individual that we are and not homogenous groups". **Ryan**

There were efforts being made to weave LGBTQ+ health into some of the existing programmes. Although lesbian parents and transgender issues were often cited as aspects that needed to be addressed, participants were nevertheless keen to ensure the population was well represented:

"... so it's normalised and it's not like oh gosh I have got a patient who is LGBTQ because you have come across it throughout your training and it's completely normal". **Chris**

"We made sure it was embedded through scenario-based learning and through patient management plans as part of that". **Finn**

However, despite such efforts for inclusion there was realisation that integrating LGBTQ+ health into the curriculum might not be as prevalent as it should be:

"I am recognising as part of the work we are doing on decolonisation of the curricula that we do need to look at how we're embedding LGBTQ all the way through, because I will be honest with you, I don't think it will be embedded all the way through". **Blake**

This was also reflected in the survey results with 38% of nursing and 31% of midwifery responses stating that in the past two years the inclusion of LGBTQ+ health needs and concerns has been 'limited' within their programmes.

CHANGING SOCIAL PERCEPTIONS

There was an awareness that society had changed, and students were more receptive and open minded to discussing LGBTQ+ health related issues than they would have been in previous years. This was a challenge for some of the older participants with one questioning with their students if there was still a need to teach the topic and others feeling inadequate in what they had to offer the students:

"I think that as a teaching team we are probably in our fifties, predominantly, but when I look to my younger colleagues, they are much more au fait and quite happy to talk about LGBTQ issues in a way that I'm not sure my peer group, age wise peer group is". **Ray**

"We have moved on so much from that [the eighties], that I think the generations that are coming up are accepting of the person, not the disease that they may have or could bring with them. We need to move fast to catch up with them most definitely". **Jordon**

The language relating to LGBTQ+ people had also developed over recent years. There was a willingness amongst participants to use the correct LGBTQ+ terminology and pronouns when teaching students

and communicating with LGBTQ+ people, however this was challenging and undoubtedly contributed to stressors:

"I know that I am very, very confused most of the time about the terminology. I know that I am really, really well motivated to get it right, but it changes and then you inadvertently upset someone, and I know language is powerful. It's a fine line. I have learned that". **Charlie**

Societal changes were reported as becoming more prevalent and visible particularly in midwifery due to an increase in lesbian mothers and transgender people accessing the service. This shift highlighted changing family structures and dynamics. Additional training and education was provided to ease the frustrations being experienced and to provide the level of service and communication that is required:

"We're getting trans people become pregnant, but the staff aren't prepared to support them. I know from talking with the LGBTQ forum they said that. They know that some trans people are reluctant to attend for ante-natal care because of the reaction they get which is upsetting for me really. I thought well if I can try and do education, I mean I think maybe I was a bit clumsy the way we did it in the face-to-face session". **Blake**

"I still think midwifery academics have got a way to go. Some of the language that we use makes assumptions about sexuality. The problem is that our very name, mid-wife, with woman, is not particularly inclusive and I don't know the way around that". **Charlie**

Participants were also mindful of the challenges across the lifespan and particularly when looking after LGBTQ+ people in their later years:

"One of the issues coming up for trans people at the moment is for someone that's transitioned earlier in life, and now if they have got dementia, it may mean that they don't recognise their genitals or they wonder why they are being called by a name that wasn't the name assigned at birth, that type of thing ... when you are working with older people, you don't know what baggage they are bringing with them. You don't know what their history is. And for many of them it is discrimination. They have suffered because of stigma, prejudice and discrimination". **Joe**

Theme 2: LGBTQ+ Health Related Issues

STRUCTURE, SCOPE AND CONTENT

The hours of teaching allocated to LGBTQ+ health in pre-registration nursing and midwifery programmes ranged from zero to a full week. The scope and content were often the decision of the academic responsible for delivering the sessions and included elements such as micro-aggressive language, gender inclusive terminology, and problem-based learning scenarios.

Irrespective of the duration of the programme or session, the value of preparing realistic content based on the real-life needs and situations experienced by LGBTQ+ people was viewed as important:

"It just takes a little bit of thinking outside the box to go, let's not have a 75-year-old cisgendered white man on an inpatient ward with no major dramas about his personal life. Let's expand that a little bit, let's add some colour and flavour and excitement to our characters and make them much more realistic to the people that we actually encounter in everyday life. That's probably the nature of creating case studies rather than actually using real life ones all the time. If you are using real life examples, then you do get that richness and that flavour and the interest and differences that there are amongst people, but by creating case studies you are risking them becoming just a little bit benile and run of the mill and ordinary without that richness of character". **Lee**

To attain knowledge and to gain an insight into experiences of LGBTQ+ people there was evidence of academics working with academic colleagues and consulting with friends and family from the LGBTQ+ community to co-design and prepare content. However, contact and collaborations with LGBTQ+ organisations by the participants was less apparent. Yet, the contribution these organisations can make was valued when included:

"I have learned how open and helpful LGBTQ people are when you talk to them. They are very kind, and they don't mind, you know, they are very open, and they don't take offence when you make a blunder. That's been nice and confidence building for me". **Blake**

One University has created a Champion role to support academics in the midwifery programme. The Champion is identifying how various LGBTQ+ health topics can be integrated and the terminology and language used, particularly in relation to recognising the diversity within families:

"I had the Lead midwife with me and both of the training programme Leads and they were very aware of LGBT issues and I was in a meeting yesterday and they have just appointed a LGBT Champion for their programme development". **Sam**

Participants were also looking to the future and how they might develop their programmes further to more fully reflect the needs of LGBTQ+ people:

"I think we have to be more open, be more open, and not assuming. And I'd say, really understand the psychosocial issues much further, particularly those who I find teach labour ward skills are very medically focused. I think the whole concept of the psychosocial issues we need to address much more than we are doing". **Blake**

The scarcity of LGBTQ+ health content in programmes raised questions as to whether students were being prepared adequately for wider national and international work rather than solely focusing on their local area. There was a desire to ensure students would be 'ambassadors' for the University and graduate from their programme with the necessary attitudes and values required for practice, including those focused on the needs of LGBTQ+ people:

"We say to students, we don't know where you are going to work afterwards. You could work anywhere in the world ... we are training you to get out there and to be international. What you might see in a foreign country, that's starting to come into our own culture here because we are more accepting. They could see something like that coming down the line". **Jordon**

TEACHING AND LEARNING APPROACHES

There were a range of approaches being used to deliver LGBTQ+ health which were synonymous with other subjects and included case studies, lectures, group discussions and online seminars. There was an overwhelming sense that the participants were also keen to involve the students and valued their openness, experiences and knowledge of LGBTQ+ needs and concerns:

"We tend to lean away from core lecturing because we don't feel it has the same interaction with students … the students have so much to teach us, and this module is not about us teaching the students. This is about us bringing some ideas to the students and bringing some people's voices to the students. But also allowing the students to have a voice". **Ryan**

The lived experience of LGBTQ+ people as individuals was deemed important, and they were invited as willing guests and co-lecturers into the class to present to students:

"Stories and service users are very key. All of those came up with meaningful moments for them where they could see the class was swayed by something somebody had said or it caused friction in the room and got people to really talk about it". **Sam**

Appreciating the valuable contribution and time of LGBTQ+ service users, some participants had developed video resources to avoid repetition and ensure all students received an insightful learning experience and that colleagues were supported:

"… we refer to it as the human library, we have a set of resources from service users and local members of the community who are happy to share their story and work with students … We try really hard to link with our practice colleagues in community areas to see if we have got resource like that within our local healthcare work force but it's quite a challenging thing to identify. You can't send a widespread email to NHS males saying does anybody want to come and admit that they are transgender and come and tell the students all about it. It's such a tricky thing. We are trying the local networks and friends and colleagues' approach at the moment". **Lee**

This partnership working was summed up by one study participant:

"Certainly, having somebody who has the experience is far better because we know the theory, we know the evidence that's written in books, but we don't know the lived experience of it". **Jordon**

SKILLS DEVELOPMENT AND SIMULATION

The provision of education and skills training for nursing and midwifery students was considered 'very important' by 43% and 55%, respectively, by survey respondents. However, the qualitative interviews revealed that skills simulation rarely included an LGBTQ+ context. For some the cost implication of using actors was "very expensive" and for others the idea had not occurred to them:

"I've taught a lot of simulation, I have been a lecturer for 20 years, and I don't think I've ever used anything other than a hetero example". **Charlie**

Some participants provided excellent examples of how they had used skills simulation in transgender, same sex parents and surrogacy scenarios:

"We try to incorporate in a realistic way rather than throwing everything at them. As they work their way through a skills scenario for example in our skills lab, they will move from patient to patient and within that there may be a same sex parent, and then the other side, maybe a hetero-sexual person of colour with perhaps HIV. We integrate it". **Finn**

For those participants who had not used skills simulation which was inclusive of LGBTQ+ people, a realisation occurred as to the potential benefits, notably in developing student's communication skills and enhance their knowledge and confidence:

"You could definitely use simulation to really explore in a safe environment what it means because I think a big part of it for both staff and students is they don't want to offend. But by trying to avoid offending they remain silent so therefore people remain invisible. It's how to think actually you are better off to be more sensitive and ask the questions in an inclusive manner. If you make some mistakes people will forgive you rather than not saying anything and therefore, we don't see, we don't hear, we don't learn. Simulation would be perfect, absolutely perfect". **Alex**

ASSESSMENT STRATEGIES

Only one participant used an assessment strategy, a quiz, to evaluate their students LGBTQ+ specific knowledge and understanding on completion of a module on an online learning platform:

"We have Canvas quizzes at the end of each module. Where there has been specific inclusion within a module of LGBTQ+ then we ask directed questions regarding their knowledge and understanding". **Finn**

The other participants had no specific assessment regarding LGBTQ+ health with an expectation that it would be mentioned or chosen as an option in case studies, assignments, or dissertations. The qualitative interviews provoked some thought on assessment strategies and particularly for one participant who now wanted to embed LGBTQ+ health into assessments:

"Do we ever look over our entire assessment programme and think have we for these students at any point in time maybe just assessed them on this issue. Maybe that would be on one time it's about a scenario which includes a same sex couple or is it that perhaps at an earlier stage when we're assessing their communication skills or given a formative assessment on a breastfeeding scenario or something, we could make that same sex couple". **Ray**

Theme 3: Curriculum Evaluation and Delivery

QUALITY ASSURANCE

All participants were asked what quality assurance mechanisms they used to support the inclusion of LGBTQ+ specific health needs and concerns within their nursing and midwifery programmes. A few responded that quality was part of the 'equality, diversity and inclusion' agenda, with one having received accreditation from Stonewall. Generally, there was no formal quality assurance in place but rather a reliance on personal standards and informal scrutiny:

"Looking at the NMC guidance we have obviously gone through NMC validation. But from LGBTQIA+, I would say apart from our internal scrutiny of each other's work, we tend to rely on that, and also making sure that our work reflects current best practice and current understanding and by keeping up to date with latest publications and all of those things. Also being part of those activities locally and nationally and things like that. Nothing formal, but certainly quite a bit of informal QA". **Ryan**

"The visibility is not there ... you would have to go searching and then I think when you found it, what you might find is that the quality of that piece is not as robust or as evidence based as I think it should be". **Alex**

A 'Hawthorne' effect was created during some of the interviews with participants whereby a sense of enlightenment or sometimes feelings of 'guilt' were displayed influencing possible action to improve what academics were already doing:

"My brain is going how can I work this into clinical skills". **Taylor**

"Having this meeting has given me more food for thought around are we doing enough and actually do we need to go back and review and make sure. It's in the case studies but is it there when we are talking about actually within seminars and talking about the health needs of the population and things, are we discussing enough theory because I think the people are there represented in the case studies but I wonder now whether we actually have enough theory as well. That's something I would probably like to go back and review". **Chris**

WHO SHOULD DELIVER LGBTQ+ HEALTH?

The absence of any requirement from regulatory bodies to include LGBTQ+ health in the curriculum led to the participants developing and delivering their own programmes. For some their willingness to do this was driven by a personal interest in LGBTQ+ issues whilst for others they undertook to do it because there was no one else available or they were expected to do it:

"One of the areas that I explore is LGBT+ communities and also LGBT+ midwives ... I deliberately personalised it so that they could really appreciate quite how alienated that would be and then from there people understanding the damage of heteronormative language and the forms and the attitudes". **Charlie**

"I just appeared to be the only person who was willing to teach it at the beginning." **Ray**

There was a mixed response as to who should actually teach the topic, with a small majority expressing that it should not just be those who are 'enthusiastic and passionate' about it but that anybody should be able to do this so long as they are prepared:

"I think any lecturer as long as they are well prepared and have a good awareness and it is handled in the right manner, in a sensitive manner and that they are an ally themselves, then I don't see any problem with any lecturer. We are a health care department, so we all adhere to a code of conduct and professional values and that kind of thing. We are all probably very experienced in working with a wide variety of people and being very inclusive". **Chris**

There was a small majority of survey respondents who considered it 'important' or 'very important' to have a dedicated team with specific responsibility to integrate LGBTQ+ health needs and concerns within the pre-registration nursing (58%) and midwifery (55%) programmes. However, there was support for involving the LGBTQ+ community wherever possible. A smaller number of nursing (5%) and midwifery (11%) survey respondents considered it 'not important'. Participants believed they could bring an honesty about the realities they encounter:

"I think it can be anybody, however, I do think you can't miss out the actual members from the LGBT community coming in and speaking about their lived experience and their life stories. Obviously, it needs to be possibly somebody that is trained or actually knows the background of the subject as well". **Jordon**

The challenges associated with delivering diversity issues was articulated by one participant who had a special interest in this area:

"It is a very worthwhile road. It's a win-win for everybody. But it's a road. Along the road you need fellow travellers who will support you when things are a bit harsh. Sometimes there will be that passive aggression, or people who in spite of silence, their lack of engagement that they are not engaging, and then those who are being more tokenistic or lip service. Then there are those who are saying, listen, I don't know what to do, can you guide me a bit. That's the people we need". **Alex**

CONFIDENCE AND EDUCATION OF ACADEMICS

There was a noticeable variance in the confidence level of academics in delivering LGBTQ+ health related issues with some feeling more vulnerable than others:

"Sometimes I will say to the students, I'm not an expert in this field. I still to now struggle with the use of pronouns. That for me, trying to say. I know it sort of cognitively, but when I am speaking, I sometimes say no, sorry, I have used the wrong terminology there. Some of that may be the age I grew up in. I don't know. I do sometimes say, forgive me, I will sometimes make mistakes." **Ray**

A majority of nursing (71%) and midwifery (65%) survey respondents deemed it 'very important' to provide development and training for academics regarding the integration of LGBTQ+ health needs and concerns in the pre-registration programmes. However, this was rarely provided, with a reliance on general equality and diversity training. Only three examples of specific LGBTQ+ health training were cited by the participants which included 'sitting in on each other's sessions' and 'informal talks with colleagues':

"I talked to my colleagues that were going to be delivering these sessions around issues of sexuality. We've done a lot on language and the use of positive language and reaffirming language and trying to work on micro-aggressions and reducing that sort of issue, looking at privilege as well. Although nothing formal, as such, within LGBTQIA on sexuality, very much informal working together to develop the module. We have done some informal work but with sexuality nothing formally as such". **Ryan**

Availability of general equality, diversity and inclusion topics were more prevalent, for example, personal values and attitudes in relation to LGBTQ+ people (79%). An overview of development and training that has been provided to academics is presented in Table 5.

Recognising the need to train academics on LGBTQ+ health, an exemplar of training by one participant involved both internal colleagues and external networks:

"Our student advisor who sits within the academic registry for the whole university, did an overview of health issues that may be associated with the LGBT+ community and we also had a member of our Mental Health Trust who came in to discuss with members of staff health issues that may be applicable to LGBT community as well and that then enabled staff to interweave that information into their curriculum planning ... There has been specific training for staff on, for example, LGBT health issues for them to be aware of which was delivered by academic registry but there are certain things, for example, this person from Mental Health Trust that came in, where actually whilst we see ourselves as lecturers, we also see ourselves as a two-way street, and there is a lot of things we can learn together with our students. Having that real joined up learning up environment means we all benefit from it and we can bounce ideas off each other, so we do try to do some integration as well where we can." **Finn**

TOPIC	YES		NO	
Theoretical models, for example, Minority Stress among LGBTQ+ people, Gender Theory, Queer Theory	9	31%	20	69%
LGBTQ+ discrimination, for example, genderphobia, homophobia, biphobia, transphobia experienced by LGBTQ+ people	18	62%	11	38%
Personal values and attitudes, anti-discriminatory practice and person-centred care and support in relation to LGBTQ+ people	23	79%	6	21%
Access and barriers to early health surveillance programmes among LGBTQ+ persons, for example immunisation, breast screening, cervical screening, bowel screening	8	28%	21	72%
Interviewing skills necessary when caring for LGBTQ+ people	10	34%	19	66%
Assessment skills necessary for identifying the care and support needs of LGBTQ+ people	9	31%	20	69%
Referral and support to access appropriate health, social services and community support organisations for LGBTQ+ patients	8	28%	21	72%
Mental health concerns experienced by LGBTQ+ people, for example depression, anxiety disorders, substance use and suicide	18	62%	11	38%
Substance use among LGBTQ+ people, for example tobacco, alcohol and drug use	8	28%	21	72%
Physical health concerns commonly experienced by LGBTQ+ people, for example, obesity, heart disease	6	21%	23	79%
Risks and exposure to HIV and other sexually transmitted infections (STIs), commonly experienced among at-risk LGBTQ+ groups	9	31%	20	69%
Approaches to reduce HIV/STI among at-risk LGBTQ+ groups	9	31%	20	69%
Safeguarding and protection against violence and hate crimes experienced by LGBTQ+ people	13	45%	16	55%
LGBTQ+ Youth concerns, for example suicide, bullying and homelessness experienced by LGBTQ+ people	9	31%	20	69%
Undertaking research into LGBTQ+ health needs and concerns	11	38%	18	62%

Table 5: An overview of development and training that has been provided to academics

"We don't have anything specific in relation to LGBTQ+, but we touch on it in little bits".

OVERVIEW OF FINDINGS

The survey results and qualitative interviews with participants across the United Kingdom and Ireland revealed that the inclusion of LGBTQ+ health in nursing and midwifery pre-registration programmes is limited with a need to increase visibility across the curriculum. There was a reliance on general 'equality, diversity and inclusion' training which did not always include LGBTQ+ issues. The scope and content of LGBTQ+ health varied considerably and was driven by a small cohort of academics within Schools of Nursing and Midwifery to develop and deliver. Many academics volunteered to introduce LGBTQ+ health into their curriculum as they were passionate about the subject area and keen to share their knowledge and experience with the students and their colleagues. Other academics felt obliged to deliver the subject as there was no one else available or willing. This impacted on the confidence of some academics when delivering the content as they had a limited experience and understanding of the issues and felt less informed and confident (Lim et al., 2015).

In line with other subjects, a variety of teaching and learning approaches were utilised which included inviting members of the LGBTQ+ community in to present to students. However, this was at the discretion of the individual academic and was dependant on their knowledge and networks. Skills development and assessment of LGBTQ+ health knowledge was not a priority for many of the respondents. Whilst some Universities had developed stand-alone modules and sessions for LGBTQ+ health, others were integrating the information into their general teaching and assessments. The absence of specific guidance may be a contributor and time and financial restraints were also identified as factors in developing the curriculum. This ad hoc approach to LGBTQ+ health has resulted in wide inconsistency in the duration and quality of content and assessment within programmes. Furthermore, in some locations, continuity is at risk if the individual responsible for delivery leaves the University.

The data highlighted the attempts being made to educate pre-registration nursing and midwifery students on LGBTQ+ health issues. However, the activity work appears to be in the minority and requires to be extended across all Schools of Nursing and Midwifery and fully embedded within the curriculum. To assist with this and to ensure consistency, the study participants expressed a need that LGBTQ+ health be included in nursing and midwifery regulatory standards.

The results are reflective of the wider research evidence-base, with the results mirroring the findings of McCann and Brown (2018) who highlighted that a consistent approach is required across all undergraduate health programmes including doctors and other professional disciplines.

The findings from the survey and in-depth interviews identified a variance in the delivery of LGBTQ+ health in the nursing and midwifery pre-registration programmes. It has highlighted the need to raise awareness for the inclusion of LGBTQ+ health in the curriculum as well as the importance of a user-friendly guide for academics.

Phase two of this study attempted to address this need, with the following aim:

To develop a best education practice guidance resource to assist academics to deliver LGBTQ+ health in nursing and midwifery pre-registration programmes.

DEVELOPMENT OF THE LGBTQ+ EDUCATION GUIDELINES

LGBTQ+ people experience a range of physical and psychosocial issues and concerns, with important contributions required from nurses and midwives. Despite the health concerns, the inclusion in nursing and midwifery pre-registration programmes appears limited. A research study undertaken by the authors in 2020-2021 identified examples of best practice in the implementation and delivery of LGBTQ+ health in the curriculum.

LGBTQ+ health should be an integral part in the provision of holistic patient care reflecting the professional standard, 'Prioritise People', in the Nursing and Midwifery Council Code of practice:

"You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved, and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged".

This education guide aims to inform the development and inclusion of LGBTQ+ health in nursing and midwifery pre-registration programmes.

The development of the content of the resource was guided by the findings from phases one and two of the study, from which key topics deemed most relevant to nurses and midwives were included.

The aim of the resource is to provide insight and inspiration into innovative and creative ways to assist and encourage the inclusion of LGBTQ+ health in nursing and midwifery pre-registration programmes. The LGBTQ+ health education guidelines is divided into subject areas which can inform the development and inclusion within nursing and midwifery programmes as shown in Table 6:

SUBJECT AREAS

Curriculum Activities	Children and Youth
Assessment and Evaluation	Older LGBTQ+ Adults
Terminology and Definitions	Family and Carer Involvement
Key dates for LGBTQ+ Equality	Tips and Advice
Health Inequalities and Legislation	LGBTQ+ Services
Communication and Language	Useful Resources
Midwifery	Academic Literature

Table 6: Best Education Practice Guide Content

This resource is intended for use across all nursing and midwifery programmes.

LEARNING OBJECTIVES FOR LGBTQ+ HEALTH

• Recognition of LGBTQ+ characteristics

• Awareness of the historical and cultural context of healthcare disparities/inequities suffered by LGBTQ+ people

• Competent use of language in the setting of LGBTQ+ healthcare

• Ability to distinguish appropriate from inappropriate techniques for communication about LGBTQ+ issues in the healthcare setting

• Awareness of the impact of negative factors in the healthcare environment on LGBTQ+ patients, from the interpersonal level to the healthcare system-wide level

• Identification of aspects of health that are uniquely important to LGBTQ+ youth and to older LGBTQ+ adults

• Awareness of the implications of the following topics with respect to LGBTQ+ populations and their care: mental health, substance use, intimate partner violence, sexual health, and sexually transmitted infections, including HIV

• Awareness of the development of gender identity and expression in childhood and adolescence

• Awareness of the unique challenges and care considerations for patients affected by differences of sex development.

(Adapted from Altneu et al., 2020)

ADDITIONAL LEARNING OBJECTIVES FOR MATERNITY CARE

• Awareness of different types of LGBTQ+ families and their distinct needs and concerns

• Strategies intended to reduce fear of discrimination and prejudice experienced by childbearing members of the LGBTQ+ population

• Awareness of maternity care professionals 'inappropriate voyeurism' and development of methods to overcome this

• Awareness of what constitutes respectful, dignified, inclusive, non-discriminatory, gendered, and gender-neutral language that addresses the full diversity of LGBTQ+ clients across the childbearing spectrum

• Approaches that could be used to reduce negative attitudes, reactions, and actions of maternity care professionals towards childbearing LGBTQ+ clients

• Approaches that could be implemented to reduce childbearing LGBTQ+ client's levels of anxiety and fear of disclosure of sexual orientation and their partner's involvement

• Advantages and disadvantages of providing a trained 'LGBTQ+ friendly midwife' to manage childbearing LGBTQ client's concerns surrounding surrogacy, trust, legal issues, parental rights, transgender, surrogacy issues, and other relevant concerns

• The value of providing a 'peer buddy' to reduce isolation and loneliness of LGBTQ+ clients during their childbearing journey

• Design a series of specialised parenthood education classes for LGBTQ+ clients and their partners, which extends across the antenatal, intranatal, and postnatal childbearing spectrum

Access to a positive healthcare experience can be achieved for LGBTQ+ people through confident, competent, knowledgeable and skilled practitioners, including nurses and midwives. This can be nurtured with the inclusion of LGBTQ+ health in pre-registration and CPD programmes thereby enhancing practitioner competencies in their care, treatments and supports to patients and families (Figure 3).
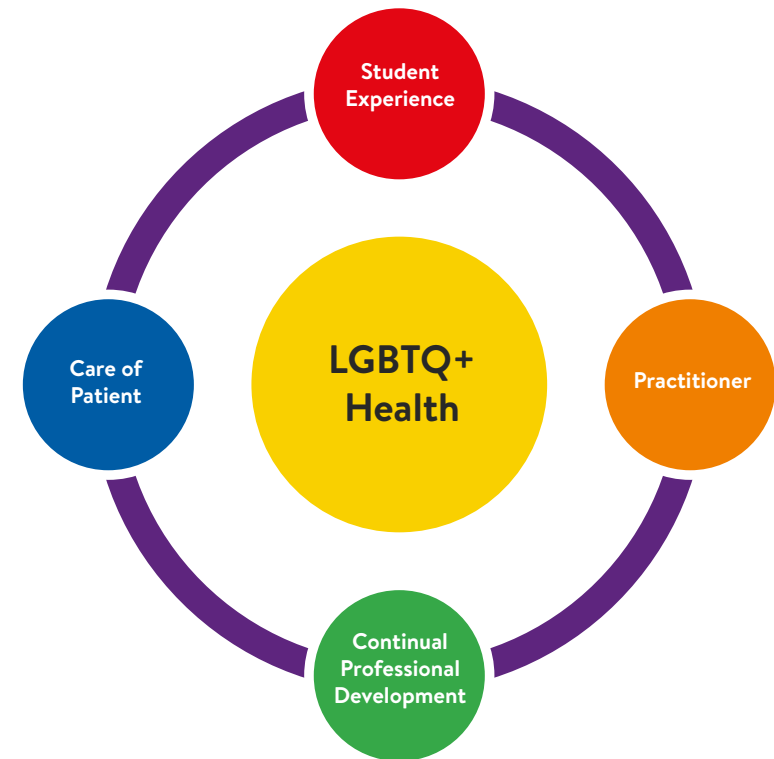

Figure 3: Practitioner and Patient Contact for LGBTQ+ Health

"I've taught a lot of simulation, I have been a lecturer for 20 years, and I don't think I've ever used anything other than a hetero example".

CURRICULUM ACTIVITIES

LGBTQ+ health needs to be an integral part of all nursing and midwifery education and development. Therefore, an open and inclusive environment for LGBTQ+ people and their families should be advocated throughout student learning. When planning LGBTQ+ activities it is necessary to recognise and be aware of the range of the sexual and gender identities of students and agree their preference in relation to being openly identified. This information can also help plan and coordinate their clinical placements accordingly.

EXAMPLES OF EDUCATION ACTIVITIES

• Assignments

• Case studies

• Discussions for example, uncomfortable situations, overcoming personal bias

• Guest speakers for example, local groups, LGBTQ+ service users

• Interactive webinars

• Lectures for example, queer theory, human rights and anti-discriminatory practice, terminology, steroid hormones and hormone therapy

• Panel discussions of LGBTQ+ patients sharing their health care experiences

• Identify LGBTQ+ services and support available in the local area

• Problem-based learning for example, barriers to care, PBL scenarios

• Quiz

• Scenarios for example, a patient interview

• Use first-person narratives

• Skills simulation for example, integrating the needs of LGBTQ+ people in physical and mental health clinical assessments and OSCEs

• Videos focusing on the health needs of LGBTQ+ people

• Workshops

Basic, intermediate, and advanced learning activities can be accessed here.

An 'Unfolding Case Study' included in an article by Henriquez, et al. (2019) may be accessed here.

A Trainers' Manual for 'Reducing Health Inequalities Experienced by LGBTI People' can be accessed here.

ASSESSMENT AND EVALUATION

An initial base-line evaluation of existing knowledge, experience and skills, values, attitudes, and understanding of the health and wider care and support needs of LGBTQ+ people should be incorporated at the outset of education activities.

A post-learning evaluation to formally review and identify the impact and outcomes achieved through the delivery of LGBTQ+ health should be incorporated and reviewed against the learning aims and outcomes.

METHODS OF ASSESSMENT AND EVALUATION

• Formative and summative assessments

• Examinations

• Longitudinal studies to identify:

  - Impact on practice, changes and development of positive attitudes and values towards LGBTQ+ people

  - Increased knowledge of LGBTQ+ health and support needs

  - Sustained changes in attitudes, values, knowledge and skills of undergraduate students as they progress in their careers

  - Views and experiences of LGBTQ+ people

• Skills assessment for example, Objective Structured Clinical Examination (OSCE) to enable students to self-assess their learning and provide educationalists the opportunity to carry out formative and summative assessments of learning

Useful pre and post-training evaluation questionnaires can be accessed at Appendix 10 of Health4LGBTI Trainers' Manual.

LGBTQ+ TERMINOLOGY AND DEFINITIONS

Adapted from www.Stonewall.org.uk and www.Mind.org.uk

ASEXUAL
Asexual is a person who experiences little or no sexual attraction.

BISEXUAL
Bisexual people are attracted to more than one gender.

CISGENDER
Cisgender is a match between your biological sex and your gender. It is also a term for non-transgender people.

COMING OUT
Coming out is a process by which a trans person will inform others about their trans status, or a person who is not heterosexual will tell others about their sexual orientation.

GAY
Gay is being attracted to people of the same gender and most often used to describe men. Gay can also be used to describe lesbians.

GENDER DYSPHORIA
Gender dysphoria is a recognised medical diagnostic term which refers to the physical/mental/social discomfort of being perceived and living as one's assigned sex.

GENDERQUEER
Genderqueer is a gender diverse person whose gender identity is neither male nor female, is between or beyond genders, or a combination of male and female.
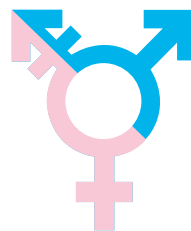
GENDER REASSIGNMENT
Gender reassignment is the process of transitioning from one gender to another.

HETERONORMATIVITY
Heteronormativity is the belief that people fall into distinct and complementary genders (man and woman) with natural roles in life. It promotes heterosexuality as the normal or preferred sexual orientation.
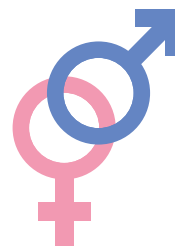
HETEROSEXUAL
Heterosexual is a person attracted to the 'opposite' gender i.e. a man attracted to women, a woman attracted to men.

INTERSEX
Intersex is a person whose sex does not fit into either the 'male' or 'female' binary categories.

LESBIAN
Lesbian is a woman who is attracted to other women.

LGBTQ+
LGBTQ+ stands for Lesbian, Gay, Bisexual, Transgender, Queer, and recognises the existence of additional sexual orientations and gender identities.

TRANSGENDER
Transgender means that the gender you were given as a baby doesn't match the gender you feel yourself to be.

KEY DATES FOR LGBTQ+ EQUALITY Adapted from www.Stonewall.org.uk

1951 - Roberta Cowell is the first known British trans woman to undergo reassignment surgery and have her birth certificate changed.

1967 - The Sexual Offences Act 1967 decriminalises sex between two men over 21 and 'in private'. It did not extend to the Merchant Navy or the Armed Forces, or Scotland, Northern Ireland, the Channel Islands or the Isle of Man, where sex between two men remained illegal.

1969 - The Stonewall riots in the US - a series of spontaneous, violent demonstrations by members of the LGBT community against a police raid on the Stonewall Inn, Manhattan. This key event triggers the modern LGBT liberation movement in the US and beyond.

1972 - The first Pride is held in London, UK, attracting approximately 2,000 participants.

1980 - Sex between two men over the age of 21 'in private' is decriminalised in Scotland.

1981 - The first UK case of AIDS was recorded when a 49-year-old man was admitted to Brompton Hospital in London suffering from PCP (Pneumocystis carinii pneumonia). He died ten days later.

1982 - Terry Higgins dies of AIDS in St. Thomas' Hospital, his partner Rupert Whittaker, Martyn Butler and friends set up the Terry Higgins Trust (which became the Terrence Higgins Trust), the UK's first AIDS charity.

1982 - The Homosexual Offences Order decriminalises sex between two men over the age of 21 'in private' in Northern Ireland.

1986 - Mark Rees, a trans-man, brings a case to the European Court of Human Rights, stating that UK law prevented him from gaining legal status recognising him as male. The case was lost but the court noted the seriousness of the issues facing trans people.

1988 - UK Prime Minister, Margaret Thatcher, introduces Section 28 of the Local Government Act 1988. The Act states that a local authority "shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality" or "promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship".

1988 - Stonewall UK is formed in response to Section 28 and other barriers to equality. Founding members include Ian McKellen and Michael Cashman.

1988 - Denmark becomes the first country in the world to give legal recognition to same-sex partnerships.

1990 - Northern Ireland holds their first Pride parade. The first Pride event is held in the UK city of Manchester.

1992 - World Health Organisation declassifies same-sex attraction as a mental illness.

1996 - In England, the landmark case - P vs S and Cornwall County Council - finds that an employee who was about to undergo gender reassignment was wrongfully dismissed. It was the first piece of case law, anywhere in the world, which prevented discrimination in employment or vocational education because someone is trans.

1997 - UK Government recognises same-sex partners for immigration purposes.

1999 - The Gender Reassignment Regulations (Northern Ireland) 1999 amends the Sex Discrimination Order to make it unlawful to discriminate on grounds of gender reassignment (sex change) in employment and training.

2000 - Legislation is introduced to repeal Section 28 in England and Wales. The bill is defeated. Scotland abolishes Section 28. It remains in place in England and Wales.

2001 - The age of consent is lowered to 16 in England and Wales (having been lowered from 21 to 18 in 1994), making it the same as the age of consent for straight people.

2002 - Equal rights are granted to same-sex couples applying for adoption in England and Wales.

2003 - Section 28 is repealed in England, Wales and Northern Ireland, lifting the ban on local authorities from 'the teaching in any maintained school of the acceptability of homosexuality'.

2003 - Employment Equality (Sexual Orientation) Regulations becomes law in the UK, making it illegal to discriminate against lesbians, gay and bi people in the workplace.

2004 - The Civil Partnership Act 2004 is passed, granting civil partnership in the UK. The Act gives same-sex couples the same rights and responsibilities as married straight couples in England, Scotland, Northern Ireland and Wales.

2004 - The Gender Recognition Act 2004 is passed in the UK, giving trans people full legal recognition in their appropriate gender. The Act allows trans people to acquire a new birth certificate, although gender options are still limited to 'male' or 'female'.

2005 - The Adoption and Children Act 2002 comes into force in England and Wales, allowing unmarried couples, including same-sex couples, to apply for joint adoption.

2007 - The Equality Act (Sexual Orientation) Regulations 2007 in England, Scotland and Wales outlawed the discrimination in the provision of goods, facilities, services, education and public functions on the grounds of sexual orientation.

2007 - Law changes in Scotland give same-sex couples equality in adoption and fostering.

2008 - The Human Fertilisation and Embryology Act 2008 in the UK recognises same-sex couples as legal parents of children conceived through the use of donated sperm, eggs or embryos.

2010 - The Equality Act 2010 in England, Scotland and Wales officially adds gender reassignment as a protected characteristic.

2010 - A new offence of 'incitement to homophobic hatred' comes into force in the UK.

2011 - The Department of Health in the UK lifts the lifetime ban on gay and bi men donating blood, although a 12-month celibacy clause is still in place in order for men who have sex with men to be eligible to donate.

2013 - Marriage (Same-Sex Couples) Act is passed in England and Wales.

2013 - The first Trans Pride event takes place in Brighton, UK.

2014 - The Marriage (Same Sex Couples) Act 2013 officially comes into force, with the first same-sex marriages in England and Wales taking place on 29 March 2014.

2014 - Scottish Government passes legislation allowing same-sex couples to marry in Scotland.

2015 - The US legalises same-sex marriage.

2015 - Ireland votes by a huge majority to legalise same-sex marriage, becoming the first country in the world to do so by a referendum.

2016 - The Isle of Man legalises same-sex marriage.

2017 - The Department of Health in the UK reduces the deferral period for gay and bi men wishing to donate blood from 12 months to three months.

2019 - Legislation allowing same-sex marriage and opposite sex civil partnership in Northern Ireland.

"I was personally interested in adding in an LGBTQ+ element ... that's not really been there up until now".

HEALTH INEQUALITIES AND LEGISLATION

Despite sexual orientation and gender reassignment being protected characteristics under Equality legislation, LGBTQ+ people still experience barriers and challenges in accessing and receiving health care.

Refer to **Key Dates for LGBTQ+ Equality** on pages 50 and 51.

CAUSES OF HEALTH INEQUALITIES

• Cultural and social norms that prefer heterosexuality and cisgenderism

• Discrimination

• Victimisation

• Minority stress

• Stigma

• Humiliation

• Inappropriate curiosity

• Ignoring or not recognising needs

• Denial of access to treatment

• Prejudicial attitudes

• Intolerant discriminatory behaviour

COMMUNICATION AND LANGUAGE

Care should be taken to ensure that language, behaviours and forms for completion do not assume people to be heterosexual or cisgender.

Refer to **Terminology and Definitions** on pages 48 and 49.

STEPS TO INCLUSIVITY

• Ask each person for their preferred gender pronoun

• Acknowledge disclosure and discuss whether any adjustment to care is required

• Use gender neutral language, for example, partners rather than husbands or wives

• Update records

• Review and revise documentation, information sheets and leaflets to ensure inclusivity and appropriateness for LGBTQ+ individuals

• Include LGBTQ+ issues in handovers

• Treat each person who identifies as LGBTQ+ as an individual and do not assume their needs are the same as others who identified as LGBTQ+

KEY CONSIDERATIONS

Listen and learn

Give support

Be mindful of own bias and prejudice

Treat as you would others

Quality care at all times

MIDWIFERY

Lesbian, bisexual and trans patients have unique needs throughout the entire care journey from pre-pregnancy, antenatal care, labour, postnatal care and parenting and on-going care and support. During pregnancy and childbirth LGBTQ+ people have distinct emotional and physical health needs when accessing and using midwifery services which include:

• Anxiety due to the fear of disclosure of sexual orientation

• Fear of discrimination and prejudice from midwives. Refer to **Health Inequalities and Legislation** on page 54.

• Feelings of discomfort and embarrassment arising from curiosity and intrusiveness of some midwives

• Isolation and loneliness by male and gender-variant gestational parents

• Misunderstanding of partner involvement

• Diversity of family structures

• Surrogacy issues and concerns

• Transgender issues and concerns

• Legal issues for example, parental rights

ACTIONS WHICH CAN BE TAKEN

• Avoidance of heteronormative language and presumptions

• Use of appropriate pronouns, inclusive language and terminology. Refer to **Communication and Language** on page 54 and perinatal information in **Useful Resources** on pages 60 and 61.

• Demonstrate sensitivity, diplomacy and understanding of the unique needs of lesbian, bisexual and trans patients

• Recognise and respond to the support needs of different families. Refer to **Family and Carer Involvement** on page 56.

• Recognise, value and fully involve co-mothers and same sex co-parents

• Midwives should use their knowledge and skills to deliver safe, competent, compassionate and respectful care tailored to the unique needs and circumstances of all individuals in their care and their family throughout the entire care journey, in whatever form this may present

• Refer to **LGBTQ+ Services** on page 59.

CHILDREN AND YOUTH

At this stage in the life span there are many issues, especially for Trans Youth, which include:

• Experiences of exploitation, homelessness, harassment and violence

• Parents struggling to accept the implications of their child's disclosed identity. Refer to **Health Inequalities and Legislation** on page 54.

• Family rejection and relationship issues

• LGBTQ+ children are more likely to be placed in group settings and experience multiple placements with less likelihood of achieving permanence

• Psychosocial needs including sexual health concerns, homelessness, employment difficulties, discrimination, and victimisation experiences

• Resorting to avoidance tactics to deal with marginalisation experiences

• Fear of rejection and negative attitudes of service providers

• Physical health needs including sexually transmitted infections (STIs) and Human immuno-deficiency virus (HIV)

• Depression, self-harm, suicidality, drug and alcohol use

• Barriers to accessing hormone therapy

ACTIONS WHICH CAN BE TAKEN

• Being supportive, caring, non-judgemental, knowledgeable and accessible. Refer to **LGBTQ+ Services** on page 59**.**

• Provision of support to develop more adaptive ways of coping

• Providing access to specific support for example, transgender

• Collaborative working across all services for example, mental health, medical, surgical, social work and education services

OLDER LGBTQ+ ADULTS

Many older LGBTQ+ people are often 'invisible' as discrimination and internalised homophobia deter them from disclosing sexual orientation and the issues they face because of their sexual identity. This silence results in issues and concerns not being addressed and possible increased social isolation.

ISSUES FACED BY OLDER LGBTQ+ PEOPLE

• 'Keeping a secret' because of personal, social or institutional pressures. Refer to **Key Dates for LGBTQ+ Equality** on pages 50 and 51.

• Caregiving for example, availability of a partner or chosen family member

• Discrimination in accessing residential care accommodation

• Diverse family structures and family dynamics. Refer to **Family and Carer Involvement** on this page.

• Financial and insurance discrimination

• Isolation and loneliness

• Living with HIV/AIDS

• Complex issues for transgender people living with dementia and declining cognition for example, forgetting to take hormones and/or undergoing transition surgery in the past

ACTIONS WHICH CAN BE TAKEN

• Build empathy and understanding by listening to the older persons' personal, and often painful, narrative. Refer to **Key Considerations** on page 54.

• Reflect on own biases, perspectives, preconceptions

• Challenge stigma and prejudice

• Gain an understanding of the needs of older LGBTQ+ people and how to respond to these needs. Refer to **LGBTQ+ Services** on page 59.

FAMILY AND CARER INVOLVEMENT

The definition and conceptualisation of 'family' has changed significantly. Diverse family structures and family dynamics are prevalent in the lives of LGBTQ+ people.

These include:

• Co-mothers

• Co-parents

• Partner

• Same-sex partners

ACTIONS WHICH CAN BE TAKEN

• Avoid the use of heteronormative language and terminology. Refer to **Communication and Language** on page 54**.**

• Use the preferred title for family and carers

• Recognise and respect the role of family and carers

TIPS AND ADVICE

• Have a discussion with your colleagues – you might be surprised at the ideas they have

• Raise awareness and network

• Talk to and involve local LGBTQ+ community groups – start the conversation as they know the realities

• Gain an understanding of the psychosocial issues

• Reach out and find out what else is going on in the University and share best practice – don't work in a silo

• Link with other departments as they may be able to identify somebody to come and talk to students about the experience of living within the LGBTQ+ community

• Be more open and not assuming

• Let students see themselves reflected within the curriculum by having it reflect real life and inclusive

• Weave LGBTQ+ through the curriculum so it is not seen as an 'add on'

• Read and get to know the literature

• Be aware of legislation and culture in other countries – you never know where your students might work

• Be willing to do the work

LGBTQ+ SERVICES

Amnesty International UK work to protect people wherever justice, freedom, truth and dignity are denied.
https://www.amnesty.org.uk/LGBTI-equality

Barnardos support LGBTQ (lesbian, gay, bisexual, trans and those questioning their sexual or gender identity) children, young people and their families in the UK.
https://www.barnardos.org.uk/what-we-do/supporting-young-people/LGBTQ

Equality and Human Rights Commission strives to promote and uphold equality and human rights ideals and laws across England, Scotland and Wales.
https://www.equalityhumanrights.com/en

Equality Commission for Northern Ireland strives to improve equality of opportunity for everyone and in doing so contribute to the creation and maintenance of a more equal society.
https://www.equalityni.org/Home

Irish Human Rights and Equality Commission strives to promote and protect human rights and equality in Ireland.
https://www.ihrec.ie

LGBT Foundation exists to support the needs of the diverse range of people who identify as lesbian, gay, bisexual and trans. They believe in a fair and equal society where all LGBT people can achieve their full potential.
https://lgbt.foundation

LGBT Ireland provides support, training and advocacy to improve the lives of LGBT+ people across Ireland.
https://lgbt.ie

LGBT Northern Ireland. A portal for lesbian, gay, bisexual and transgender people.
http://lgbtni.org/services/

Mind gives information about mental health support for people who are lesbian, gay, bisexual, trans, intersex, queer or questioning (LGBTIQ+).
https://www.mind.org.uk/information-support/tips-for-everyday-living/lgbtiqplus-mental-health/useful-contacts/

MindOut is a mental health service run by and for lesbians, gay, bisexual, trans and queer people with experience of mental health issues. They work to improve the mental health and wellbeing of LGBTQ communities and to make mental health a community concern.
https://www.mindout.org.uk

Stonewall work with institutions to create inclusive and accepting cultures, to ensure institutions understand and value the huge benefits brought to them by LGBT people, and to empower institutions as advocates and agents of positive change.
https://www.stonewall.org.uk/

The Rainbow Project is a health organisation that works to improve the physical, mental and emotional health and well-being of lesbian, gay, bisexual and/or transgender people in Northern Ireland.
https://www.rainbow-project.org

USEFUL RESOURCES

AdvanceHE
https://www.advance-he.ac.uk/guidance/equality-diversity-and-inclusion/creating-inclusive-environment/lesbian-gay-and-bisexual-people

Cancer is complex, but so are our sexualities: LGB people with cancer share video experiences of care
https://www.manchester.ac.uk/discover/news/cancer-sexualities-lgb-video-care/

Diagnosis: Homophobic. by Linda McFarlane
The Experiences of lesbians, gay men and bisexuals in mental health services
https://mindout.org.uk/wp-content/uploads/2012/06/diagnosis_homophobic.pdf

Family Acceptance Project
https://familyproject.sfsu.edu

Gender Inclusive Language in Perinatal Services: Mission Statement & Rationale
Brighton and Sussex University Hospitals NHS Trust
https://www.bsuh.nhs.uk/maternity/wp-content/uploads/sites/7/2021/01/Gender-inclusive-language-in-perinatal-services.pdf

Glossary of terms
https://www.stonewall.org.uk/help-advice/faqs-and-glossary/glossary-terms#q
https://www.mind.org.uk/media-a/4687/mind-lgbtqplusguide-2016-webres.pdf

Health4LGBTI 'Reducing Health Inequalities Experienced by LGBTI People' Trainers' Manual
https://ec.europa.eu/health/sites/health/files/social_determinants/docs/2018_lgbti_trainersmanual_en.pdf

Julie Fish, DeMontfort University
https://www.dora.dmu.ac.uk/discover?&rpp=10&sort_by=2&order=DESC&query=(author:Fish,Julie)

Learning Activities
https://lavenderhealth.org/education/learning-activities/

Lesbian, gay, bisexual, trans and queer good practice guide: Guidance for service providers on how to develop LGBTQ+ affirmative practices
https://lancslgbt.org.uk/lgbt/wp-content/uploads/2017/04/mind-lgbtqplusguide-2016-webres-1.pdf

LGBT Ireland – information on a range of issues that affect LGBT people and their families and friends
https://lgbt.ie/get-information/

LGBTQ – Inclusivity in the Higher Education Curriculum: A Best Practice Guide
https://intranet.birmingham.ac.uk/staff/teaching-academy/documents/public/lgbt-best-practice-guide.pdf

Nursing and Midwifery Council – The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

Nursing and Midwifery Board of Ireland – Standards and guidance for nurses and midwives
https://www.nmbi.ie/Standards-Guidance

Perinatal Care for Trans and Non-Binary People
Brighton and Sussex University Hospitals NHS Trust
https://www.bsuh.nhs.uk/maternity/wp-content/uploads/sites/7/2021/01/MP005-Perinatal-Care-for-Trans-and-Non-Binary-People.pdf

Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff
https://www.lgbtqiahealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf

Resources for Gender and Sexuality Curriculum
https://www.amsa.org/advocacy/action-committees/gender-sexuality/curricular-resources-gender-and-sexuality/

Sexualities and Genders; health and well-being by David Evans
https://en.gravatar.com/davidtevans
https://spark.adobe.com/page/eOIlgIvMr9J0o/
https://spark.adobe.com/page/eEq5y8jvUpz4h/
https://www.mentimeter.com/s/02f75f031d659a64a237ede1052721b8/03850b466edc

Stonewall Easy Read
https://www.stonewall.org.uk/sites/default/files/what_is_stonewall_easy_read_lo_res_v3.pdf

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Journal of Family Nursing, 25 (4), 506-532.
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"... I think we have to be more open, and not assuming. And I'd say, really understand the psychosocial issues much further ..."

FINAL CONCLUSION AND RECOMMENDATIONS

This United Kingdom and Ireland wide study has explored the extent to which LGBTQ+ health is included in nursing and midwifery pre-registration programmes. From the evidence, it is clear that a strategic approach needs to be taken to incorporate and embed this topic across the curriculum. This is necessary to ensure that nurses and midwives are prepared for and supported when caring for LGBTQ+ people in clinical practice.

The evidence from the survey and qualitative interviews with nursing and midwifery academics identified best practice strategies for effective implementation and delivery of LGBTQ+ health within nursing and midwifery pre-registration programmes through six main evidence-based recommendations:

RECOMMENDATION 1

Strategic level planning and commitment is required from Nursing and Midwifery regulators and the Royal College of Nursing and the Royal College of Midwives in the United Kingdom and Ireland to ensure LGBTQ+ health is fully integrated within the standards for pre-registration programmes across all approved programmes.

RECOMMENDATION 2

Programmes should be reviewed to ensure that LGBTQ+ health needs are reflected and incorporated across the wider nursing and midwifery curriculum within all pre-registration approved programmes.

RECOMMENDATION 3

Learning aims, outcomes and assessments related to LGBTQ+ health should be developed, visible and incorporated across nursing and midwifery programmes in collaboration with practice partners and local LGBTQ+ organisations.

RECOMMENDATION 4

This LGBTQ+ best education practice guide should be used as a tool to support nursing and midwifery academics to review and develop their programmes to ensure the needs of LGBTQ+ people are visible and incorporated.

RECOMMENDATION 5

All Schools of Nursing and Midwifery should establish LGBTQ+ health resource groups including local LGBTQ organisations, students and service users to support the review and development of LGBTQ+ health within approved programmes.

RECOMMENDATION 6

Academics in Schools of Nursing and Midwifery should undertake continuing professional development regarding LGBTQ+ health needs to develop their knowledge to enable the integration of the topic within approved programmes.

PROJECT DISSEMINATION

The findings of the study will be shared with a range of organisations across the United Kingdom and Ireland, and disseminated via local and international events and publications including:

• Royal College of Nursing

• Royal College of Midwifery

• Nursing and Midwifery Council (UK)

• Nursing and Midwifery Board of Ireland

• Stonewall UK

• LGBT Ireland

• Transgender Equality Network Ireland

• Nurse Education Today journal

• Council of Deans of Health UK newsletter and discussion forum

• Presentation at LGBT Ireland Annual Conference

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