

CROSSING THE DIVIDE



Evaluation Report
4th – 5th September 2008

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LGBT Health Summit 2008 Evaluation Report

1. Executive Summary

- 1.1 The third LGBT Health Summit was held in Filton, Bristol on 4th and 5th September 2008 and was co-hosted by Equality South West and Terrence Higgins Trust. The theme of the 2008 Summit was Equality and Diversity; entitled '*Crossing the Divide*'. The Summit was attended by 187 people on the first day and 144 people on the second day. Demographic information was available from 66 attendees and the evaluation survey was completed by 54 attendees.
- 1.2 The most commonly reported reasons for attending the Summit were to learn about new research concerning LGBT health (68.5%) and to learn from other LGBT health service providers (64.8%). 90.6% attended the summit on behalf of an organisation: voluntary or community organisations (44.7%), the public sector (42.6%), trade unions (12.8%) and private sector (2.1%). The majority of these organisations' main role was health (67.4%) followed by equality and diversity (23.3%), education (16.3%) and local government (9.3%).
- 1.3 The evaluation survey revealed that 96.3% felt that the event is important for the LGBT community and 96.3% also reported that they plan to attend future Summits. 98.1% felt that the Summit staff were helpful and well organised, the speakers and sessions received very positive remarks and 94.4% felt that the Summit broadened their knowledge and understanding of LGBT health issues. 92.6% agreed or strongly agreed that they would recommend the Summit to friends or colleagues.
- 1.4 Respondents provided useful recommendations on how the Summit could be improved for future years. Respondents said that they would like to receive information earlier for future Summits and suggested that greater publicity of the event may be needed. Delegates appreciated PowerPoint presentations being made available with USB storage devices provided in their packs and would like to see this continued in future years. Respondents were disappointed with the location of the information stalls and the number of delegates who visited them. In future events it might be wise to place these stalls in an area of high traffic and/or more clearly sign posted. Delegates' comments also suggested that they would like to be provided with more details on local bus and train services if future summits are held

outside of city centre locations and would like more healthy options available for lunch to reflect the values of a Health Summit. Respondents highlighted a number of issues they would like to see more coverage of at future Summits including bisexuality, mental health and disability. There were also calls for more coverage of positive success stories of work in LGBT health in addition to difficulties encountered. Some respondents would like to see more debate and more practical recommendations of research findings presented. Other comments included the need to involve more non-LGBT delegates and organisations and for LGBT Health Summits to continue to take place across the whole UK. The diverse nature of the programme was welcomed, although some found the aims/theme of the summit were not sufficiently clear.

- 1.5 The fact that the vast majority of responses were positive, with almost all respondents feeling that the Summit is an important event for the LGBT community and that they plan to attend future Summits must be taken as a significant sign of success. This was also reflected in respondents overall comments about the Summit.

2. History and aims of the LGBT Health Summit

- 2.1 The Lesbian, Gay, Bisexual and Transgender (LGBT) Health Summit was founded in 2006 when four founding members (Marguerite McLaughlin, Will Nutland, Graham Rushbrook and Justin Varney) organised an event where individuals, organisations and activists could come together to discuss and debate thinking and practice on LGBT health issues in the UK. The Summit sought to achieve two main aims. Firstly, to create a safe space where LGBT people as well as those who care or provide services for LGBT communities can share their experiences, learn from one another and share best practice. Secondly, the aim was to approach LGBT health holistically to consider the various health needs of LGBT communities, not just sexual health. In turn it was hoped that such an event would foster a broader understanding of LGBT communities and lead to real improvements in service provision and commissioning for these communities. There have been two previous LGBT Health Summits; the first of which was held in London in 2006 and hosted by Health First. The second was held in Manchester in 2007 and was hosted by the Lesbian and Gay Foundation (LGF).
- 2.2 The third LGBT Health Summit was held in Filton, Bristol on 4th and 5th September 2008 and was co-hosted by Equality South West; the UK's first regional cross-strand equality and diversity body and Terrence Higgins Trust; the UK's largest HIV charity. The theme of the 2008 Summit was Equality and Diversity; entitled '*Crossing the Divide*'. The key objectives of the Summit were as follows:
- To raise awareness of differences and inequalities in health outcomes affecting LGBT people;
 - To share ideas and good practice regarding the removal of barriers to service access for LGBT people;
 - To focus on the specific and differing needs of a broad and diverse range of LGBT people, including older people, BME communities, disabled people and those living in rural settings, and;
 - To foster partnership working and to make recommendations about improving health outcomes for LGBT people.
- 2.3 According to the register of attendance, the Summit was attended by 187 people on 4th September and 144 people attended the second day of the Summit on 5th September.

3. Evaluation methods

- 3.1 The available demographic information about the people attending the summit was supplied by Equal Opportunities monitoring forms completed by 66 summit attendees during the summit itself. These recorded age, disability, gender, sexual orientation, ethnicity and religious belief. They reveal that a diverse mix of people attended the Summit, the results of which are presented in the Appendix.
- 3.2 The evaluation survey was loosely based on the format of the previous years' evaluation survey to allow for some comparison. Some additional questions were added, while others were omitted for the purposes of keeping the survey as short as possible in order to encourage completion. The survey was made up of a mixture of closed questions and free text response boxes.
- 3.3 As part of the registration process, email addresses of the delegates were recorded. Following the Summit all delegates were sent an email asking them to complete an online survey, providing them the opportunity to feedback to the organisers what they thought of the Summit to help inform future Summits. A total of 54 delegates completed the survey, which represents approximately 30% of attendees.

4. Results of the survey

Attendance

- 4.1 It was found that 87% of those completing the survey had attended both days of the Summit, with a further 5.6% who attended the first day only and 7.4% who only attended the second day. Those who did not attend both days were given the opportunity to explain their reasons for this. For those who chose to provide a reason, this was due to work/prior commitments or unforeseen circumstances.
- 4.2 The most commonly reported reasons for attending the Summit were to learn about new research concerning LGBT health (68.5%) and to learn from other LGBT health service providers (64.8%). This was followed by the opportunity to network with those working in LGBT health (57.4%) and to represent their organisation (37%). Other people indicated that they attended the Summit primarily to keep up-to-date

with new initiatives and policy developments, to educate service providers or to disseminate research findings.

- 4.3 The most commonly reported way the respondents heard about the Summit was through word of mouth (36.7%), followed equally by professional networks (26.5%) and the Summit website (www.lgbthealth.co.uk - 26.5%). 20.4% heard about the Summit via Equality South West and 6.1% reported hearing about the Summit through LGBT media. Other respondents commented that they had attended previous Summits, or heard about it through the LGBT Health mailing list or couldn't remember.
- 4.4 Of the 54 delegates that completed the survey, 90.6% attended the summit on behalf of an organisation. The majority of these organisations were either voluntary or community organisations (44.7%) or from the public sector (42.6%). 12.8% represented trade unions and 2.1% were from private sector organisations. The majority of these organisations' main role was health (67.4%) followed by equality and diversity (23.3%), education (16.3%) and local government (9.3%). Others indicated that their organisations' main role was youth work. These organisations focussed on a wide variety of LGBT health issues and included sexual health, mental health, general health and health promotion, health policy, HIV social support, alcohol and drug support, domestic abuse support, general advice and support, youth work, equality, education and research.

5. Organisation of the Summit

5.1 Respondents were asked a range of questions about the overall organisation of the event. The responses and comments made about the organisation of the Summit were, on the whole, extremely positive.

- 96.3% agreed or strongly agreed that it was easy to register to attend the Summit.
- 90.7% agreed or strongly agreed that they received all the information they needed in advance of the Summit.
- 88.9% agreed or strongly agreed that all their needs were sufficiently met.
- 77.8% agreed or strongly agreed that the website was a useful source of information about the Summit.

Comments

5.2 The free text responses for this section included some extremely positive comments such as:

"The whole thing was fantastic. Every little detail was thought of, I felt fully informed".

"The quality of information received by the organisers was excellent and professional".

5.3 A few, however, felt that they would have liked to have received information earlier and more information on local public transport:

"The programme was very late in being publicised but the atmosphere of networking and sharing were just right".

"Our poster presentation was accepted and information was given very late".

"More information on local public transport to get to the venue would have been helpful (e.g. possible bus numbers and bus stops)".

6. Content of the Summit

6.1 A number of questions were asked about the content of the Summit to establish whether delegates felt the content met their expectations and was suitably paced.

- 87% agreed or strongly agreed that the pace of the programme was suitable for the time available
- 87% agreed or strongly agreed that the promotional material accurately reflected the content of the Summit.
- 87% agreed or strongly agreed that there were enough networking opportunities
- 27.7% felt that there were aspects of LGBT health that they hoped would be covered that were not. 64.8%, however, disagreed or strongly disagreed with this.

Comments

6.2 Issues which some of the delegates felt were not covered, or were underrepresented included the sexual and reproductive health of female-to-male (FTM) transgendered people, Trans youth, bisexual content, disability, religion, serodiscordant relationships and mental health (although this was partly due to a mental health workshop being cancelled due to unforeseen circumstances). Comments regarding the content of the Summit included:

"FTM Sexual Health, FTM issues around pregnancy i.e. possibilities of getting pregnant, healthcare for pregnant FTM guys and problems with FTM people having unprotected sex. Perhaps next year there will be more knowledge and opportunity for this".

"I was hoping for a lot more focus on mental health- especially as the only mental health presentation was cancelled"!

"There was little about disability".

"Religion, serodiscordant relationships. The focus seemed fairly heavy on trans issues".

"It would be good if bisexuality were more effectively incorporated into the conference, but... I'm aware that every effort was made by the organisers to encourage people to present bi research... Bi people are not lesbian, gay or

heterosexual and therefore are different to those identities in numerous ways. It could be useful to have some form of workshop on biphobia and bi issues. Many of the attendees were from organisations - it would be nice to hear them talk about ways in which they've included bisexuality beyond just the label... I think it's tricky to cover bisexuality effectively, but thanks for trying and hopefully it will move on and improve".

6.3 Some respondents were also disappointed that they could not attend more sessions due to the number running concurrently. Respondents did, however, appreciate the free USB storage sticks in their delegate packs, which allowed them to save all the power point presentations and posters to read at home:

"I would have loved to have attended more sessions; I hated having to choose 1 session from the list of 7".

"The idea of the USB flash was great though because at least I got notes from some of the sessions I couldn't attend".

6.4 A number of respondents also commented that the Summit did not make the most of the information stalls or posters by placing them in an area delegates did not routinely walk past and with little sign posting:

"The information stalls were a bit marginalised upstairs, an extra sign in the entrance area would have helped to advertise them".

"I was very disappointed to find that virtually none of the delegates visited the room with the stands in. There were no signs to encourage people upstairs".

"The display section for exhibitors was quite out of the way and not in a place where many people would walk past, for the investment we on the stalls made I am not sure what we managed to take away from the event".

7. Keynote speakers and Workshops

7.1 There were a total of 5 Keynote speeches, 14 workshops, 13 oral presentations and 3 DVD screenings over the two day Summit. Respondents were asked to comment on the Key Note speeches, workshops and oral presentations that they attended.

Comments

7.2 Almost all sessions commented upon received very positive remarks such as the following:

"All the speakers were very good".

"Outstanding and very skilled and entertaining public speakers - I could see that they made a deep impression on the audience".

"All were excellent and thought provoking".

"Truly inspiring, I wouldn't want them to change a thing".

"Very useful information to take back to my place of employment".

"They were interesting workshops as there were some very probing questions from the floor. Obviously the facilitators here had done their preparation very well".

"Great speakers and very informative".

"I was pleased with all the workshops I attended and found them very productive and informative".

"Informative and engaging"

7.3 A small number felt that some of the talks did not accurately reflect the description given in the programme or that the titles did not reflect the talk given (including talks which had 'LGB' in the title, but only made passing reference to bisexuals). Other constructive criticism made by respondents was that talks in the same session could have had more in common and that more audience participation and more time for discussion would have been appreciated:

"It would have been nice to combine the presentation on fertility with a topic that was more closely related".

"With the two topics being quite different it made me learn something about a topic I wouldn't normally have chosen, although a lot of people left after the first presentation which was quite distracting and I felt it was rude to the second presenter".

"The presentations in sessions didn't often go together or look at the same topic from 2 different perspectives".

"More participation / workshops / debate needed - there was a bit too much sitting in rows being an audience - not enough variety".

"Interesting content and very interesting discussion afterwards but not sufficient time to pursue ideas of how to problem solve around the issues".

7.4 Some respondents also commented that they felt that research talks could have provided more practical recommendations for practice and policy development as opposed to simply speaking about the findings of their research:

"The most useful information I got was from documents I collected from other stall holders. I found the main and smaller presentations a bit dry - just looking at dull PowerPoint presentations with no pictures, or just graph after graph - made it hard to stay awake. Although the content was informative about research there wasn't enough about any suggestions of how to make use of the research in everyday life and make positive changes to the lives of LGBT people".

"I would like to see a greater awareness... for people to know who their target audience is".

"Would have liked practical information on working with BME rather than a presentation on a questionnaire... Unfortunately, I found the presentations were more researched based.... It would be good to have more practical workshops which would develop my work and give me new ideas and solutions to my work e.g. engaging with BME [black and minority ethnic] groups".

8. Venue

8.1 In this section of the survey respondents were asked to comment on the venue of the Summit.

- 96.3% agreed or strongly agreed that the staff were accommodating and helpful
- 90.7% agreed or strongly agreed that the venue had adequate amenities.
- 87% agreed or strongly agreed that the venue was comfortable and appropriate for the event
- 77.8% agreed or strongly agreed that the venue was easily accessible. 22.2% disagreed or strongly disagreed.
- 64.8% agreed or strongly agreed that the venue provided good refreshments and lunch. 22.2% disagreed and 11.1% strongly disagreed.

Comments

8.2 While the majority felt that the venue was both appropriate and easily accessible, a number of respondents felt that the venue was too far away from the city centre making their travel more difficult and expensive:

"It was really hard to get to from central Bristol (the most reliable and convenient way to get there was by an expensive taxi!)."

"The venue was a pain to get to by bus and a lot of people commented it was too far from the city centre, especially when the social event was planned in the central area".

"The venue was badly served by public transport links".

"Whilst I have said that the venue was not easily accessible, I think it highlights what people in more rural settings have to go through, so not necessarily a bad thing for this conference".

8.3 The vast majority also reported that the staff were friendly and helpful, which some respondents chose to particularly comment on in the free text response box:

"The volunteer staff and organisers were extremely helpful and friendly".

"The staff and volunteers were friendly and welcoming and should be proud of a great job".

"The summit staff were very helpful".

8.4 Despite this, however, one respondent reported an incident of homophobia and two respondents reported witnessing incidents of transphobia by venue staff. These incidents were reported as comments made and sniggering by staff.

8.5 While many respondents commented that the quantity of the food available was more than adequate, some respondents felt that the food provided at the Summit could have better reflected the values of a Health Summit by providing more healthy options such as more fruit and salads:

"Food needs to have a bit of more healthy choice to it".

"For a health summit food was very poor on healthy eating principles".

"More fresh food would have been nice for lunch".

9. The Summit as a whole

9.1 The respondents were then asked to reflect and comment on the Summit as a whole and to make recommendations on how the Summit could be improved for future years.

- 98.1% agreed or strongly agreed that the Summit staff were helpful and well organised
- 96.3% agreed or strongly agreed that the event is important for the LGBT community. 68.5% strongly agreed on this.
- 96.3% agreed or strongly agreed that they plan to attend future Summits.
- 94.4% agreed or strongly agreed that the Summit broadened their knowledge and understanding of LGBT health issues.
- 92.6% agreed or strongly agreed that they would recommend the Summit to friends or colleagues.
- 88.9% agreed or strongly agreed that the Summit allowed them to meet new people.

- 9.2 At face value this would appear to be an improvement on last years Summit, where 13% indicated that they did not intend to go to future Summits

Comments

- 9.3 In this section there were general comments about the summit and future recommendations. In addition to recommendations about how to remedy criticisms already mentioned (e.g. providing a more healthy food choice, choosing a venue with better transport links etc) respondents also made a number of other recommendations, such as focussing not just on ill-health but also success stories and what is going well in the area of LGBT health:

"Because some of the content can be quite serious and challenging it would be good to counterbalance this with some fun, creativity and celebration where possible. Finally it would have been nice to have some of the people from the organisations talk about the exciting things that had happened in their own organisation since you last all met. There needs to be more success stories and positive press to inspire and enthuse people".

"While I really enjoyed the conference...there was a great deal of attention paid to the ill-health of LGBT people, how they struggle to access care, how policy is not inclusive of their needs etc. Essentially the focus was largely on the negative aspects of LGBT Health. While I would be the first person to say that these issues are serious and warrant discussion, I also felt it would have been nice to hear more of what is going well for LGBT people. As I see it, a conference should serve 3 direct purposes: firstly to educate interested parties on new developments in the sector, secondly to enable networking between professionals sharing similar interests, and thirdly to inspire people in their work and introduce them to new ways of working. The conference seemed to manage the first two well, but struggled to engage with the third".

- 9.4 Another recommendation which was also raised in the closing plenary session was that some delegates felt that the Summit needs a clearer purpose and agenda and some would like to have seen more tangible outcomes from the Summit:

"The summit needs to decide what it is about and who is it for. It's trying to be everything for everyone. For example, it would be good to have space for LGBT people to explore key issues that I would not necessarily want to explore in front of health professionals".

"We wondered what the full aim of the summit was".

"I felt that the conference could have had a more strongly stated theme or desired outcome. We could have come up with some tangible results during the event itself - some work that could then be carried forward before the next event. I felt this was a missed opportunity as you had gathered together in one place so many key people and key organisations...It would be good for the conference to be moving forward with some tangible outcomes/objectives rather than just information sharing and networking - hugely valuable though these are. The conference could create papers and also joint projects which continue on until the next conference".

9.5 Others felt that in order for the Summit to have a larger impact on service provision and policy making, greater promotion of the event is needed and greater representation of non-LGBT/mainstream health organisations:

"We really thought it would have been better to have more representatives from the various sectors that weren't LGBT...We were all in agreement, but I wonder whether it got any media attention and whether it will actually have any effect on policies. It may have been better to invite a non-LGBT MP".

"I was disappointed that there were not more medics there, as some of the information was valuable for them to understand the holistic care required by our community. I think that the invitations need to be targeted more carefully to get into the medical field".

"Invite (as I'm sure you did) more non-LGBT representatives".

"More promotion across wider range of agencies".

"Greater promotion of the event. Colleagues working in similar areas within our region did not hear about the event until the week of the event".

10. Reflections on the Summit as a whole

10.1 The comments made reflecting on the Summit as a whole were extremely positive with respondents commenting on what they took away from the Summit and how much they enjoyed the event:

"It was fantastic and I have brought so many things back to here that we can use and take forward".

"I am very pleased that I attended and I have made very good contacts as a result... I give advice and help to volunteer groups and this conference has been very helpful in updating my knowledge and understanding".

"Excellent event".

"I really enjoyed the summit...I enjoyed the broadness and variety of subjects at the conference it helped me step away from my focus on gay men to see what else is going on in my community".

"I was impressed with the commitment to serve the whole of the UK and take the emphasis away from the main centres like London and Brighton. Hopefully your future venues will reflect this commitment".

11. Discussion and suggestions for future summits

11.1 The LGBT Health Summit 2008 was well attended, with delegates coming from a broad range of organisations with roles covering a diversity of issues. The most commonly reported way survey respondents heard about the Summit was via word of mouth which perhaps indicates (and indeed respondents suggested) a need for greater publicity of future Summits. Survey respondents indicated that it was easy to register for the Summit and they received all the information they needed. However, it was suggested by some comments that delegates would appreciate receiving information earlier for future Summits.

11.2 Almost all sessions commented upon received very positive remarks with many speakers receiving particular praise. While respondents commented that they felt the content covered was broad and wide ranging, some respondents felt that there were issues which were not covered or that some communities were not sufficiently represented. While it is not possible to cover all aspects of LGBT health in a two day Summit, the respondents' constructive comments may be useful in suggesting areas which could be covered in future years. It would be good if bisexuality/biphobia could particularly be better covered in the future as this was something which was also raised at the Manchester Summit in 2007. A number of respondents disliked having so many sessions running concurrently as this resulted in having to choose between sessions they would like to have attended. However, this is perhaps necessary in order to provide a wide variety of sessions over the two days. The PowerPoint presentations being made available along

with being provided with USB storage devices was well appreciated by delegates and is perhaps something which could be continued for future years. It was noticed during the Summit and was highlighted in the survey that there were not enough people visiting the information stalls. In future events it might be wise to place these stalls in an area of high traffic such as on the way to the dining area.

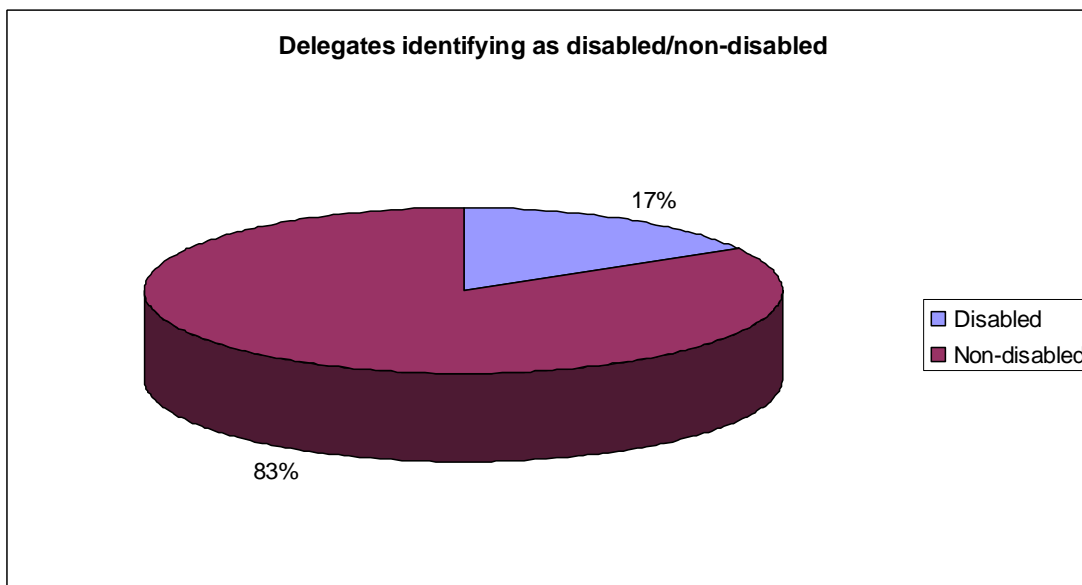
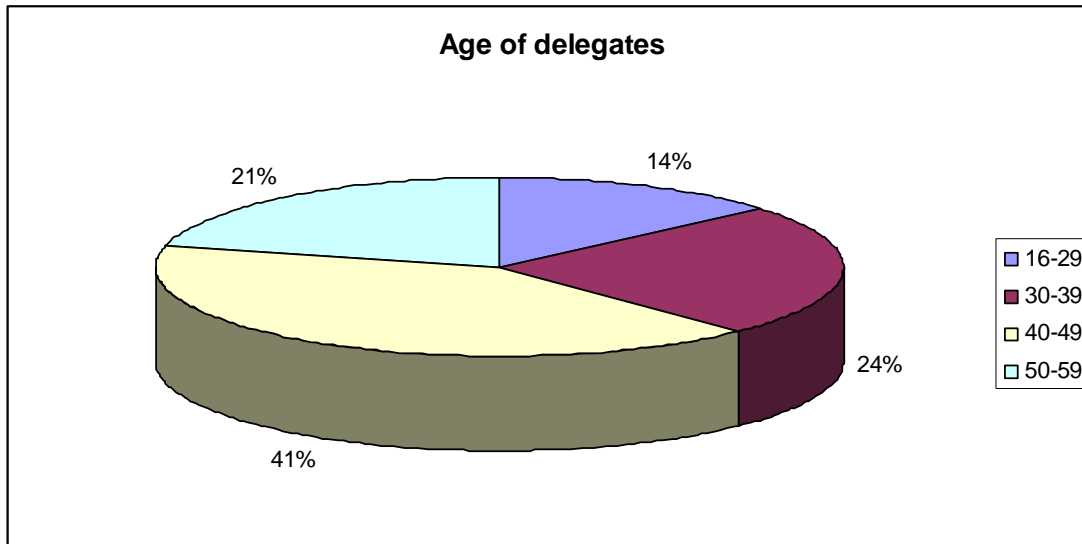
- 11.3 The staff also received particular praise and were described as 'helpful and friendly'. With regards to the very few instances of homophobia/transphobia from staff, while such instances are regrettable, they highlight the ongoing need to tackle prejudice against LGBT people and perhaps indicate a need for venue staff to receive diversity awareness training before future Summits. The venue was well appreciated but there was a problem with knowing about inexpensive public transport links. If a future summit is held away from a city centre location, it would be useful to have details on local bus and train services made available to registered delegates.
- 11.4 Another issue raised was a lack of debate within the sessions. One possible way to encourage debate would be, where possible, to have sessions with presentations which cover the same topic from different perspectives. Respondents also commented that they would like findings presented in research presentations to be taken a step further to the implications of service delivery or policy development. The LGBT Health Summit has the potential to help create a dialogue between service providers/ policy makers and academic researchers and should provide a space where service providers can draw on academic research while feeding back to those researchers what they find useful. The Summit also provides a potential space to create networking opportunities where academic researchers and service providers could discuss engaging in collaborative research projects to the benefit of future service provision. The organisers could perhaps communicate more clearly to (particularly academic) speakers about the nature of the Summit and emphasise the need for speakers to make clear how their research can inform service provision and policy development and engage in more debate about the practical implications of their findings.
- 11.5 It is also important to recognise and celebrate successes in work on LGBT health when they have occurred and several survey responses highlighted this. Respondents would also like more non-LGBT delegates who work in key areas to attend. Another interesting idea was to use the summit as a vehicle to develop joint projects which is perhaps something which could be explored at future summits. Although there

were some comments that the aims of the summit were not clear and focused, others enjoyed the diversity of topics and broadness of coverage. Some particularly felt that the Summit did not have a clear enough theme. The theme of Equality and Diversity may have been too broad to focus abstract submissions and perhaps was not communicated clearly enough either in the title of the Summit (*Crossing the Divide*) or throughout the Summit itself.

- 11.6 The fact that the vast majority of responses were positive with almost all respondents feeling that the Summit is an important event for the LGBT community and that they plan to attend future Summits must be taken as a significant sign of success. This was also reflected in respondents overall comments about the Summit as a whole. The steering group will take time to consider this document before adding their recommendations in full.

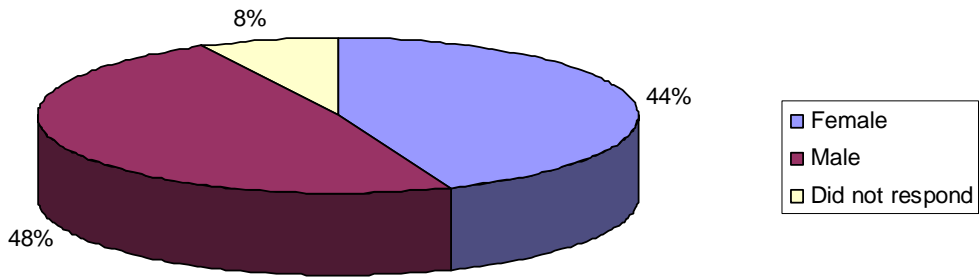
Appendix: Demographic information of delegates

Information collated from all collected equal opportunity monitoring forms (66 collected in total).

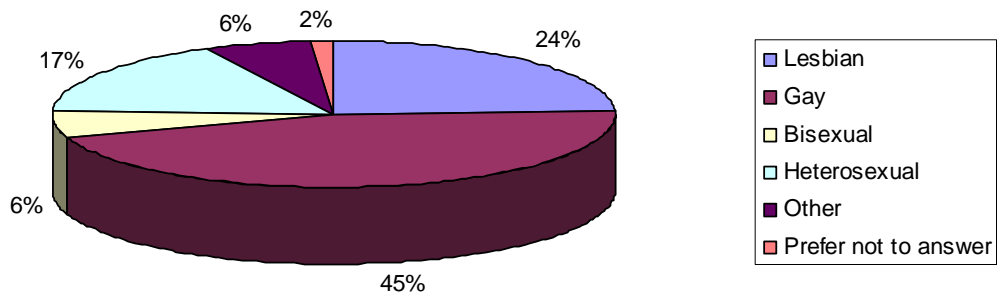


Specified disabilities	Number
Hearing	1
Dyslexia	1
Clinical depression	1
Long term health condition	1
spinal injury	1
Aspergers	1

Gender of delegates



Sexual orientation of delegates



Delegates that identified as Transgendered

