

# Evaluation of Norfolk LGBT+ Project

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## Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.



## Summary

This report provides an overall evaluation of the services provided by Norfolk LGBT+ Project. The information for evaluation was gained through surveys with service users, professionals who have referred to or used the services of the project, and the staff and project volunteers. Follow-up interviews were also undertaken to explore feedback in more detail.

The Project employs a full-time Project Manager and a part-time Training Officer. The rest of the services are delivered by volunteers, who have had on average five and a half years involvement with the project. The Project provides a range of support groups, one-to-one support and access to low cost counselling.

There is some alternative provision for LGBT+ services in Norfolk, but this is limited and targeted at particular needs, such as transgender support groups.

People who have used the service, whether for themselves or to seek help for a family member felt that the service was well run and met the majority of their needs. Those professionals that had referred to the service or undertaken training with the project valued the services of the project.

The project website, which is how most service users find out about the Project, has recently been updated. The service-users and professionals that had seen the website were complimentary about the look and ease of use.

Service users felt that the staff and volunteers of the Project were highly professional and could not be more helpful. The service was valuable and staff and volunteers were quick to respond to requests for support. People felt that they were made to feel welcome and did not feel judged.

The Project provides a safe space for many where people feel able to be themselves. The support has a positive impact on people's wellbeing and this was a key theme from the survey and the interviews. People stated that they sought support from the Project because their mental health was not good.

There were a few things that service-users felt could be improved and these were about accessibility for those with disabilities and for those in rural locations.

The volunteers and staff felt that they had good opportunities for training and were very well supported by the Project Manager. The Project Manager was highly praised for the support she provides and how responsive she is to any requests. There is concern, however about how much responsibility the Project Manager has and the impact on her.

The staff and volunteers were uncertain about the future sustainability of the Project. Whilst people recognised that the need for the Project would continue; the concern was whether those who could potentially fund the Project would do so. People felt that LGBT+ services were undervalued and often overlooked.



There were suggestions about ways that income could be generated but there was recognition about the lack of resource to do this.

The staff and volunteers felt that the Project was really good at reaching out to people and providing support. Using volunteers who have lived experience is a particular strength of the Project. Many of the volunteers had previously used the services of the Project and were keen to “put something back”.

The volunteers and staff and professionals who have made referrals to the Project did not think that there was much that could be improved about the Project.

The awareness raising training is an excellent part of the Project’s offer. The training generates income, but more importantly allows people the opportunity to reflect on what they can do to be more inclusive to the LGBT+ community.

The Covid-19 pandemic has had a significant impact on service delivery. Support has moved to online meetings and remote contact. People were accepting of this and most people felt that the service was still meeting their needs.

Healthwatch Norfolk had made several recommendations for improvement.

## 1. Why we looked at this

Norfolk LGBT+ Project successfully applied for National Lottery funding to allow the continuation of the service. Part of the grant conditions was for the Project to commission an evaluation of the running of the project as there was concern that the Project Manager held responsibility for the majority of the project work leading to potential unsustainability.

The Norfolk LGBT+ Project invited Healthwatch Norfolk to submit a proposal for conducting the evaluation, using its expertise in public and stakeholder engagement, collecting feedback to form the basis of the report.

### Background Data

- The proportion of the UK population aged 16 years and over identifying as heterosexual or straight decreased from 95.3% in 2014 to 94.6% in 2018.
- The proportion identifying as lesbian, gay or bisexual (LGB) increased from 1.6% in 2014 to 2.2% in 2018.
- In 2018, there were an estimated 1.2 million people aged 16 years and over identifying as LGB.
- Men (2.5%) were more likely to identify as LGB than women (2.0%) in 2018.
- Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2018 (4.4%).
- ONS does not produce estimates of the number of transgender people living in the UK

### Sexual orientation, as a percentage, UK, 2014 to 2018

Sexual orientation	2014	2015	2016	2017	2018
Heterosexual or straight	95.3	95.2	95.0	95.0	94.6
Gay or lesbian	1.1	1.2	1.2	1.3	1.4
Bisexual	0.5	0.7	0.8	0.8	0.9
Other	0.3	0.4	0.5	0.6	0.6
Do not know or refuse	2.8	2.6	2.5	2.3	2.5

Source: Office for National Statistics – Annual Population Survey



(ONS, 2018)

More data: [https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report#:~:text=Thirteen%20percent%20of%20the%20respondents%20were%20transgender%20\(or%20trans\).](https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report#:~:text=Thirteen%20percent%20of%20the%20respondents%20were%20transgender%20(or%20trans).)

The Government undertook a national LGBT survey in 2017. The survey received 108,100 valid responses from individuals aged 16 or over who were living in the UK and self-identified as LGBT or intersex.

Thirteen percent of the respondents were transgender (or trans). Of the total sample, 6.9% of respondents were non-binary (i.e. they identified as having a gender that was neither exclusively that of a man nor a woman), 3.5% were trans women (i.e. they had transitioned from man to woman at some point in their life) and 2.9% were trans men (i.e. they had transitioned from woman to man).

Over two thirds (68%) of all respondents with a minority sexual orientation said they had avoided holding hands in public with a same-sex partner for fear of a negative reaction from others. Similarly, 70% said they had avoided being open about their sexual orientation for fear of a negative reaction; this was higher for cisgender respondents who were asexual (89%), queer (86%), and bisexual (80%). The most common places where cisgender respondents had avoided being open about their sexual orientation when on public transport (65%) and in the workplace (56%). Some respondents described feeling safer moving to large cities with a significant LGBT population, like London, Brighton and Manchester.

Fifty nine percent of trans women and 56% of trans men who responded to the survey said they had avoided expressing their gender identity for fear of a negative reaction from others. For non-binary respondents the figure was much higher, at 76%. Generally, respondents with a minority gender identity had avoided expressing their gender identity in all contexts, but particularly when out in public (e.g. 68% avoided it on the street).

A quarter (24%) of all respondents were not open at all about being LGBT with family members that they lived with (excluding partners), while 65% were open with all or most. Younger people were more likely not to be open with any of the family they lived with (42% of cisgender 16-17 year olds and 28% of 18-24 year olds). Only 3% of all respondents were not open about being LGBT to any of their friends; around 82% were open to all or most of their friends.

Just under a quarter of respondents to the survey (24%) had accessed mental health services in the 12 months preceding the survey. This figure was higher for trans people (30% for trans women, 40% for trans men and 37% for non-binary people) and cisgender bisexual people (29%). Furthermore, 8% of all respondents had tried to access mental health services but had been unsuccessful.



LGBTIQ+ people comprise an estimated 20-40% of homeless populations, whilst only comprising 5-10% of the wider population

(Equality and Strategy Department, TUC, 2016)

Housing, homelessness and young LGBT people Solutions to a crisis for LGBT youth

Equality & Strategy Department, TUC, April 2016.



## 2. How we did this

This piece of work started in the midst of the worldwide Covid-19 pandemic and during the period of UK lock-downs, which meant all work had to be completed remotely and whilst all staff were working from home.

HWN set up three surveys (using SmartSurvey), one for volunteers and paid staff (including Trustees), one for service users and a third survey for professionals that had made a referral or had engagement from the Project. The surveys were designed to provide a mixture of quantitative and qualitative data. The questions were developed in consultation with the project commissioner.

A link for the service user survey was shared with the Norfolk LGBT+ Project to promote via twitter, Instagram and Facebook. The Healthwatch Norfolk social media accounts and newsletters were also used to promote the project. The service user survey was delayed by the Norfolk LGBT+ Project to coincide with the launch of their new website. This allowed HWN to capture some feedback on the updated website. This delay meant that the survey did not go live until mid-December, which was not ideal timing for engagement. The survey remained open until the end of January.

A different approach was taken for the volunteer survey. The Project Manager gained consent from project volunteers (including trustees) to share their contact details so that HWN could contact them directly to complete the survey. The survey in the format of a Word document was sent to the volunteers by email thanking them for their agreement to be contacted, explaining why the project was taking place and requesting they complete and return the survey by email. They were informed that their responses would be made anonymous and collated with wider responses. HWN wanted to give volunteers the opportunity to be open and honest in their responses.

A link for the professional survey was shared with the Project Manager to forward to anyone who had previously made a referral to the project or had attended a training session provided by the Project. The Norfolk LGBT+ Project also provided HWN with the collated evaluations from the previous year's training sessions.

Both surveys included scaling questions and the opportunity to write comments to expand on their reasons for their score, plus a number of open ended questions. The aim of the scaling questions was to provide quantitative data that could reflect aspects of the running of the project. This may have put off people from completing the service user survey - the response was lower than anticipated, however this is acknowledged as limitation of the project. The results of this evaluation, due to the small sample size cannot be generalised to the wider LGBT+ population however do provide an insight into the usefulness and value of the Project. The impact of COVID-19 on the evaluation should not be underestimated.



It is recognised that the loss of face to face engagement and reliance on digital means may have caused survey fatigue or unintentional digital exclusion.

The results of the service user survey were downloaded from SmartSurvey into an excel spreadsheet for analysis. The responses from the volunteer/staff survey were collated into an excel document for analysis.

As part of both surveys people were asked if they would be willing to be interviewed as part of the evaluation. Interviews would allow us the opportunity to gain more qualitative data, which would be written up as case studies. Those who responded positively to this question were contacted by either email or telephone to ask them if they were still happy to participate and if so to arrange an interview at a later date. Interviewees were offered the option of an interview via telephone, Microsoft Teams or Zoom. Due to the Covid-19 restrictions it was not possible to undertake any face to face interviews. We selected people to interview based on their responses to the survey - those who had highlighted particular issues or concerns.

### Service User Interviews

We did not interview all the service users that had indicated their willingness to be interviewed as there were too many. Those who were not going to be interviewed were sent an email to thank them for their willingness to be involved, to explain that there was a greater response than expected, to state that if there was something that they particularly wanted to say how to get back in touch and directing them to Healthwatch Norfolk's website and social media pages to see how they could get involved in other projects.

The interviews had structured questions that were asked of all interviewees, but issues or themes that were raised during the interviews were also explored. The majority of interviews were undertaken by one member of Healthwatch Norfolk staff using a previously agreed format. Due to the sensitivity of talking to people about their sexuality and gender and it was felt more appropriate to undertake this on a one-to-one basis. No-one under the age of sixteen years was interviewed.

At the start of the interview people were reminded about the project, that they had given consent to be contacted and confirmed that they were still happy to be interviewed. All interviewees were given the opportunity to ask any questions before the interview started. Consent was sought to record the interview - explaining that the recording would be deleted once the report had been finalised.

The interview allowed us to develop a case study, which was written up and sent to the interviewee for them to check, make any changes and return with consent to use. Respondents were asked to choose the pseudonym for the case study.

### Staff / volunteer interviews



The majority of staff/volunteers who gave consent to be contacted were interviewed. A similar process was followed in setting up the interviews and people were offered a choice of a telephone, Microsoft Teams or Zoom interview. The majority of these interviews were undertaken by two members of Healthwatch Norfolk staff.

The aim of these interviews was to provide people with the opportunity to talk more in depth about the project and for us to gain more detail and understanding on any issues raised in the survey.

We also asked some of the paid staff and volunteers to provide us with case studies that reflected their role within the project.



### 3. What we found out

#### 3.1. Those that responded to the Service User Survey

A total of 31 people responded to the service user survey. 19 people originally indicated that they would be willing to be interviewed however two of these agreed in error.

The age range of respondents varied from under 18's to those up to the age of 65.

Table 1

*This Table Shows the Age Range of Respondents*

Age Groups	Response Percent	Response Total
Under 18	12.9%	4
18 - 25 years	19.4%	6
26 - 35 years	19.4%	6
36 - 45 years	16.1%	5
46 - 55 years	22.6%	7
56 - 65 years	9.7%	3
66 years and over	0.0%	0
76 and over	0.0%	0
	<b>Total responses</b>	<b>31</b>

48% of respondents stated that their gender was female and 35% stated trans man. HWN consulted with the Project Manager about the most appropriate categories to use for this question.

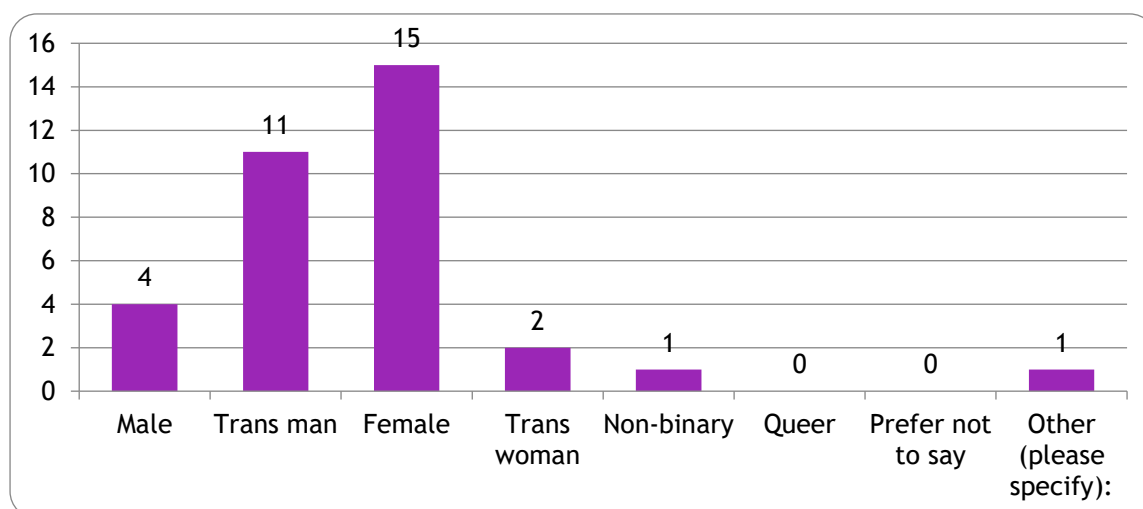


Figure 1. A graph showing how respondents defined their gender.



Respondents were also asked about their sexuality. The three people that stated “other” specified “panromantic asexual”, “pansexual” and “celibate” respectively. The following graph shows respondent’s sexuality.

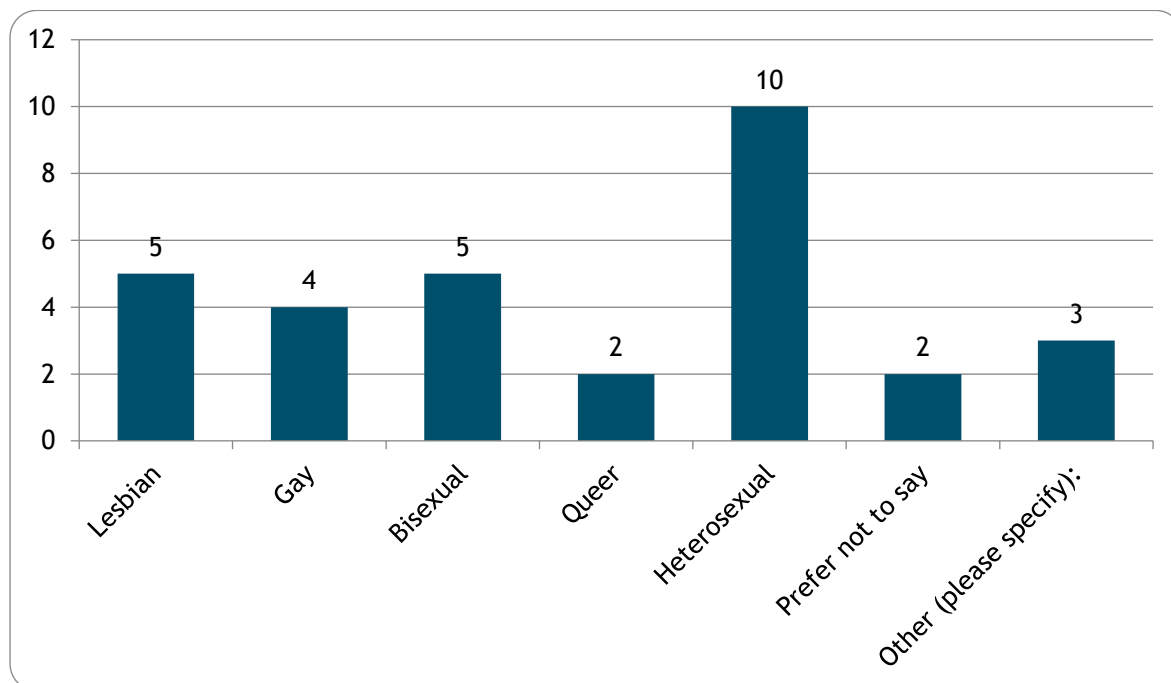


Figure 2. A graph showing how respondents defined their sexuality.

### 3.2. Those that responded to the Survey for Professionals

A total of six people responded to the survey for professionals. These came from a range of organisations:

Table 2

*This table shows the organisations that the professionals worked for*

Organisation	Responses
Norfolk County Council (Adult Social Services)	1
Norfolk County Council (Children's Services)	1
Pandora Project (Domestic Abuse Service)	1
Long Stratton High School	1
East Coast College - Post 16 FE provider	1
Broadland Clinic	1

The professionals had referred to or had engagement from a range of services from the Project:

Table 3

*This table shows the services that the professionals referred to or had engagement from*

Services Referred to	Number of professionals
LGBT+ drop in group	4
Referral for support (one to one)	5
Educating with Pride - LGBT+ network for schools and colleges	3
LGBT+ Counselling Service	1
LGBT+ Awareness training (OPEN access to all)	3
Inclusivity Workplace Award	0
Other: Worked in collaboration	1

### 3.3. Services provided by the Project and elsewhere

The Norfolk LGBT+ Project offers a range of services. The services most frequently used were the drop-in groups and the individual support.

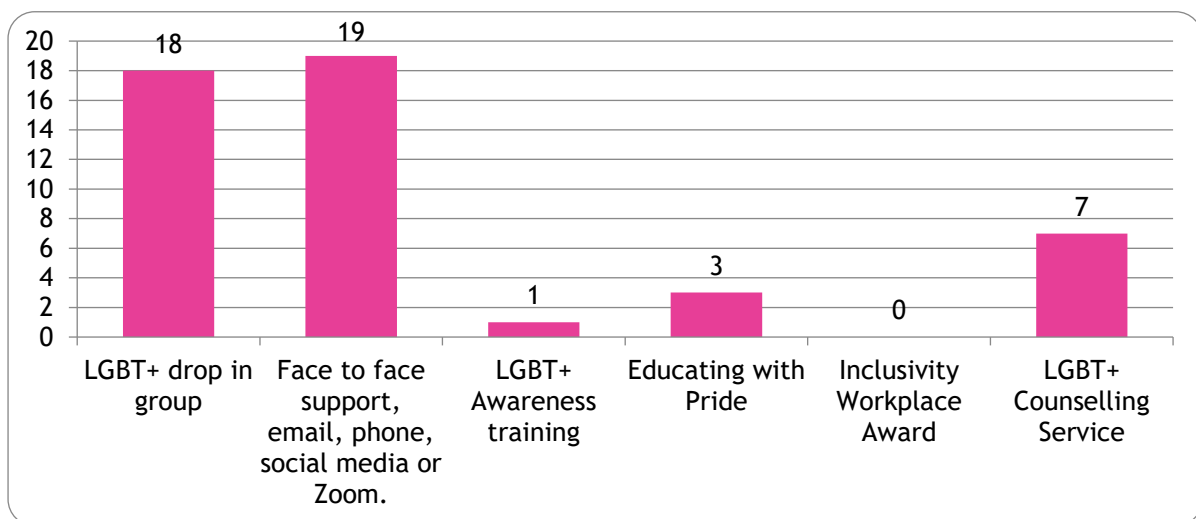
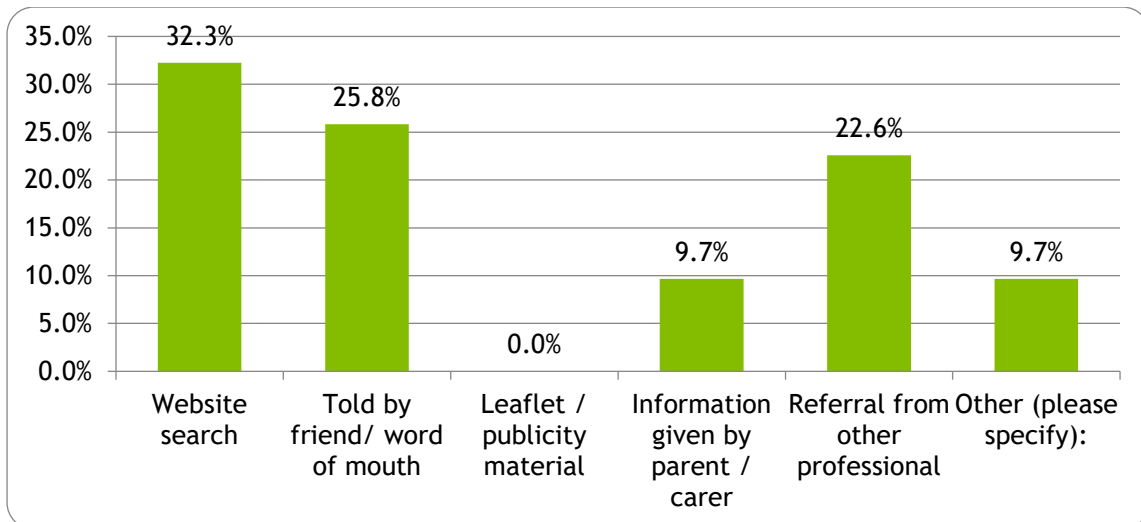


Figure 3. A graph showing the services accessed by the respondents.

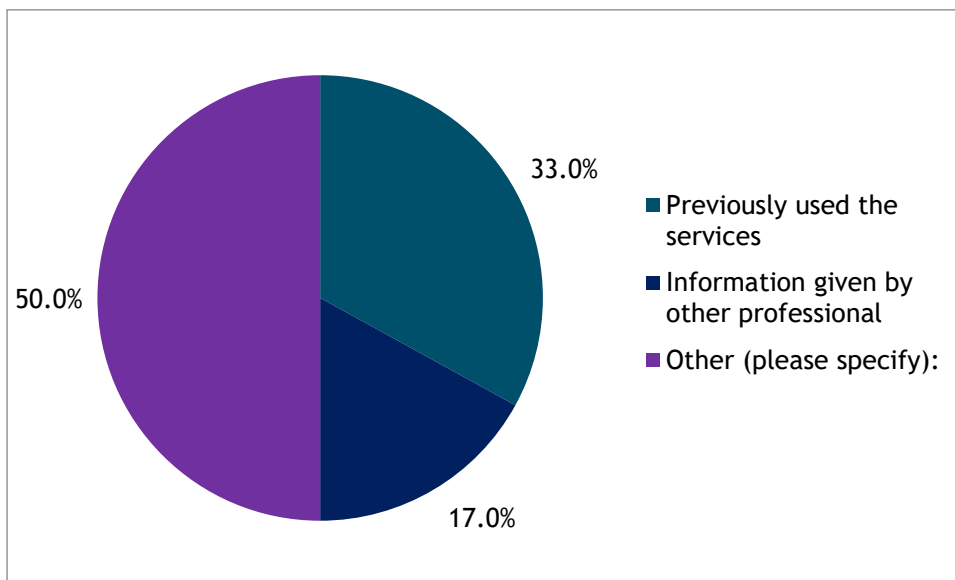
People found out about the project in a number of different ways. Most people, over 50% were told about the project, either by a friend through referral by a professional. Website searches were also a popular way of finding out about the service. No-one found out about the project through a leaflet or other publicity material.





**Figure 4.** A graph showing how service users found out about the Norfolk LGBT+ Project.

Professionals that referred to the Project found out about the project in different ways. None of them found out about the project from the website or publicity material. One person had been told about the project by another professional and 2 (33%) had previously used the service. 3 of the professionals had found out about the project in other ways, i.e. networking event, a PSHE event and one person had taken on a job role that already had a liaison with the project.



**Figure 5.** A graph showing how professionals found out about the Norfolk LGBT+ Project.

71% of service users had not used any other LGBT+ services.

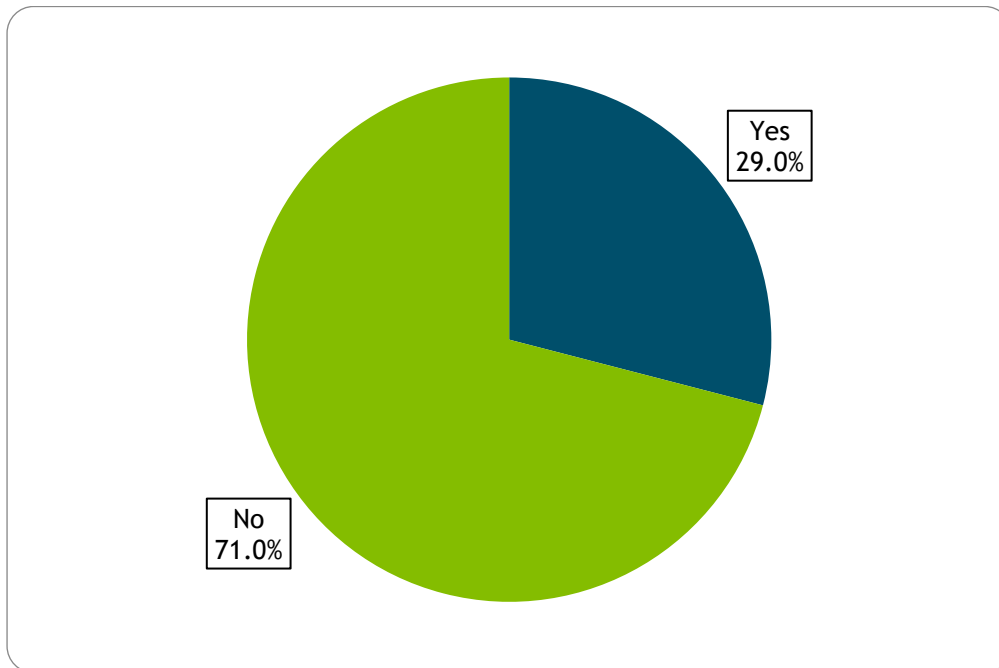


Figure 6. A graph showing if service users had accessed any other LGBT+ services or social groups.

There was some awareness of other services / support for LGBT+ for people in Norfolk. Respondents identified a few other services that are available in Norfolk or nationally. Oasis Norfolk is a self-help and support group for trans-people and their partners, family and friends. MAP (Mancroft Advice Project) provides information, support and advice to young people aged 11-25years. They run a group called “Evolve”, which is a gender identity support service for young people who identify on the broad ‘trans spectrum’ - including intersex people and non-binary people who may or may not also identify as trans, as well as those who are questioning their identity. MAP also provides one to one support and advice around gender identity. Mermaids is a national support organisation for transgender, nonbinary and gender-diverse children and young people aged 19 years and younger and their families.

BLAH is the Norfolk LGBT+ Project’s support groups for young people.

Table 4

*This Table shows other Support Services that people were aware of*

Services support you are aware of	No.
Mermaids	2
Oasis	1
BLAH	3
Facebook	1
Group in King's Lynn	1



MAP	3
LGBT Pride	1
Evolve (MAP)	1
None	8
Did not answer	12

Responses about the range of services offered to the LGBT+ community in the region were varied. Some of the comments reflected why this might be so, as people were scoring the range of services of the project highly but less so for services beyond the Norfolk LGBT+ Project *“I’m not aware of any services other than those provided by the Norfolk LGBT Project, the 5 point score above is for them, the zero balance is because there isn’t anything else”*. People also reflected on the impact of living in a rural location *“We are in West Norfolk - remote villages”*.

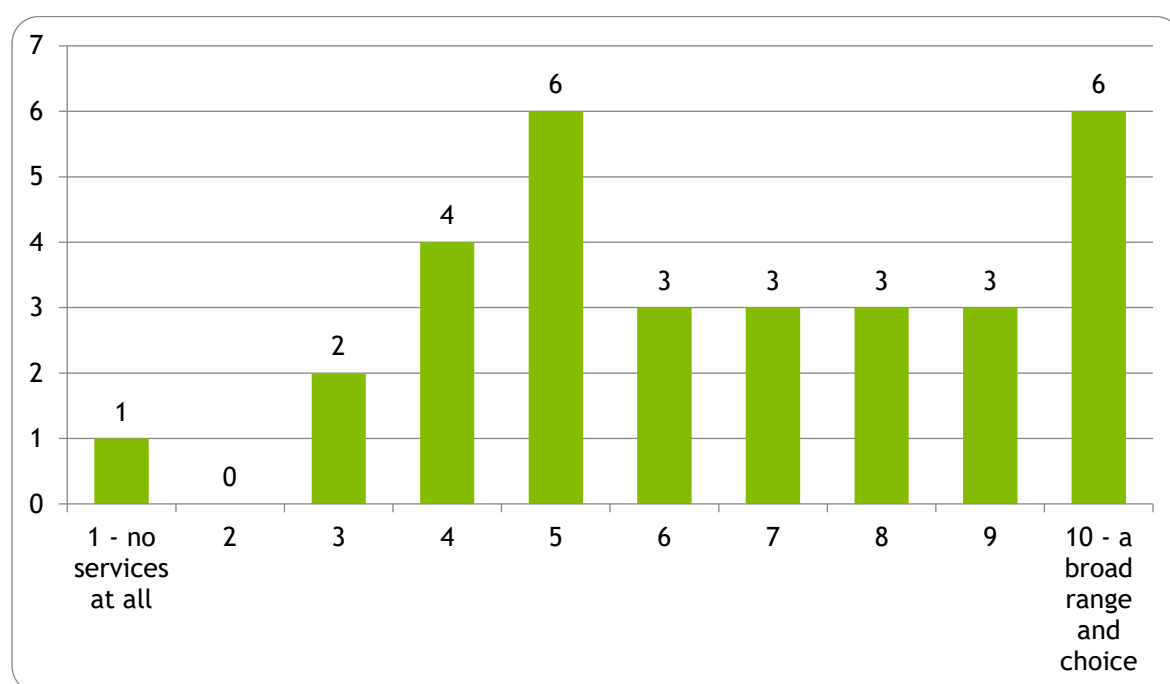


Figure 7. A graph showing how people scored the range of LGBT+ services in the region

74% of respondents accessed the services because they wanted support for themselves *“I was newly out and struggling with all that I had dealt with/processed in the past year. I wanted to find a sense of community and speak to someone who understood my experiences”* and 26% had sought help for a family member, *“Support for my child who was having identify issues re gender”*.

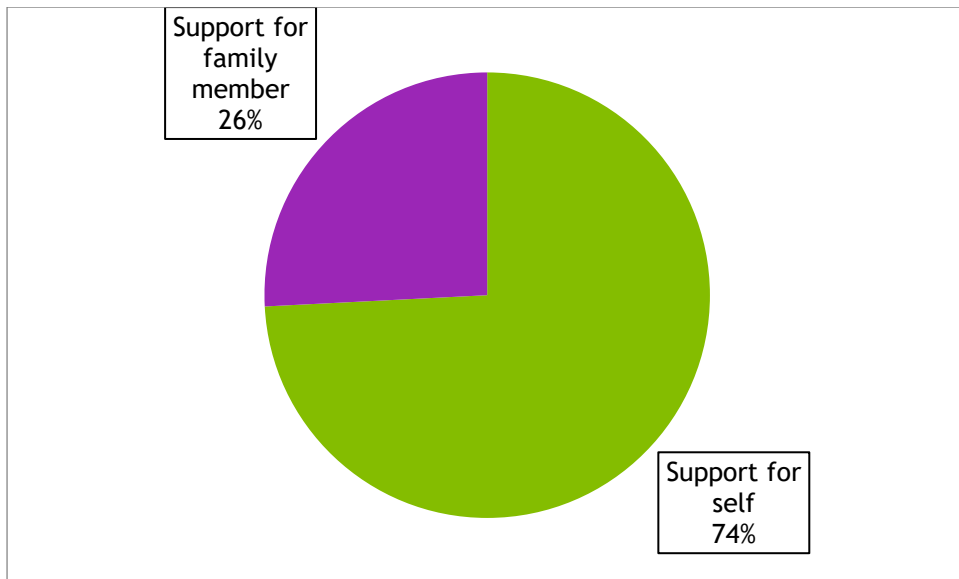


Figure 8. A graph showing the percentage of people seeking support for themselves or a family member.

A number of those seeking support were concerned about their mental wellbeing.



14 (45%) people felt that that the service had met all their needs “*Excellent service from all involved*” and 30 (97%) people scored 6 or above “*Really, really helpful for our son and ourselves*”. One person did not feel that the service met their needs at all “*When I was attending, there was a fair amount of background politics. The meeting space was too small to accommodate the number of women*



attending and at times I felt claustrophobic. Also it is not accessible by wheelchair”.

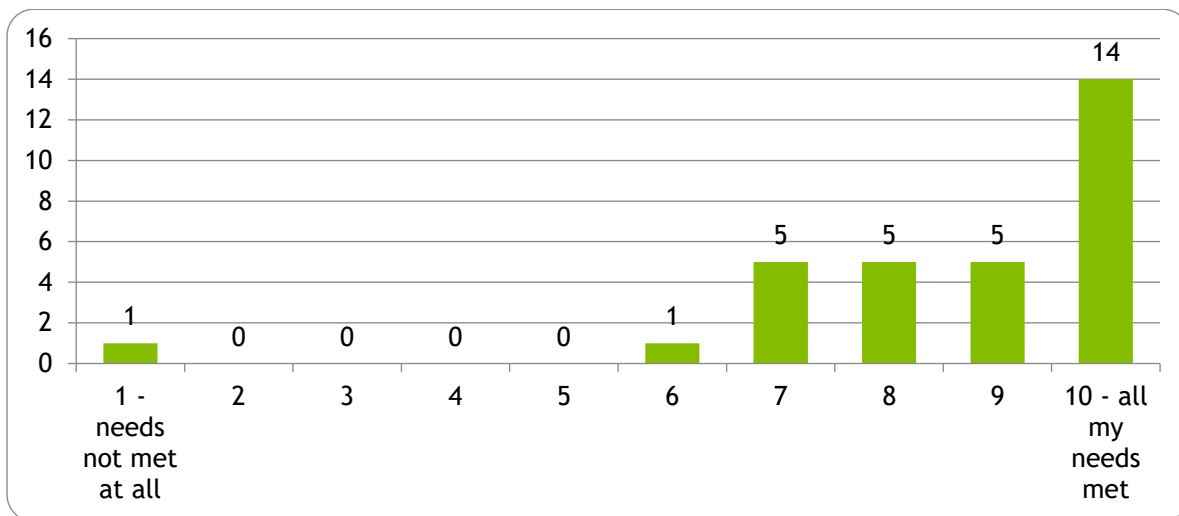


Figure 9. A graph showing whether people felt the service met their needs.

Professionals that referred to the Project were asked if they could give a brief description of what they had hoped the Norfolk LGBT+ Project could help them / their client with. Responses showed that professionals were looking for a range of support.

*“A safe space for service users to discuss issues, socialise with others and be themselves.”*

*“Give support and guidance. Train and support staff.”*

*“Emotional support for LGBT+ clients.”*

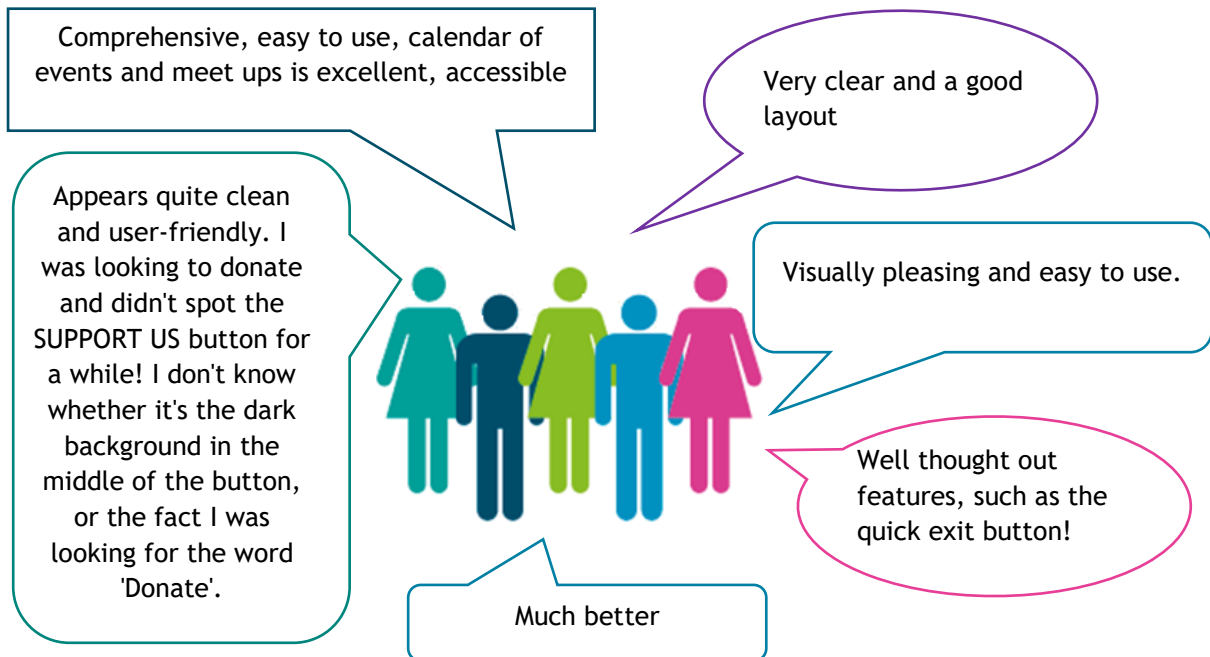
*“The Norfolk LGBT+ project are always my first point of call for information and advice, they are highly skilled in engaging with individuals who have not had a good track record of engagement. The training is tailored to suit learners at all levels and they have excellent way of communicating and delivering sessions.”*

*“I have recommended it to schools for 2 reasons. 1- to support a whole school approach to equality, diversity and inclusion and 2- to support LGBT+ students and their families.”*



### 3.4. The Project Website

A number of people commented that they had not yet seen the updated website, but this would prompt them to look at it *“Need to check it out.”* Those service users that had, were positive about the about the website and how they found using it:



Professionals were complimentary about the website *“I like it- visually appealing, great accessibility, like the leave now button, the links to other organisations and it's easy to navigate”* and *“Very good. I love the picture used on the front page. Easy to access information and navigate the site”*.

### 3.5. How the project is perceived

21 (68%) of service-users thought that the staff and volunteers were highly professional *“Very professional and willing to help and educate”* but people were keen to express that the staff and volunteers were also friendly and approachable *“I have put 5 as yes everyone is very professional but there is also the right amount of personal support and relationship to make people feel included and valued”* and *“professional without being 'distant', they are friendly and supportive”*. One person felt that it was not always consistent, but still scored above 5 *“The groups have varied, but always been at least adequate”*.



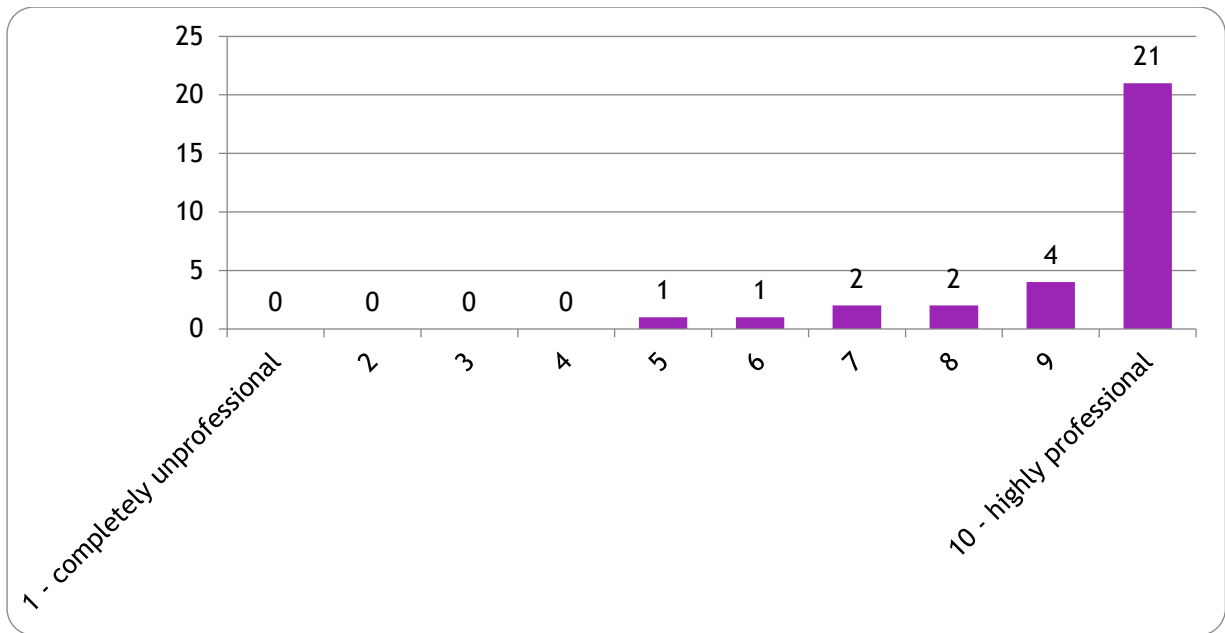


Figure 10. A graph showing how people felt about the professionalism of the service.

22 (71%) of service users felt that the staff / volunteers could not have been more helpful. The helpfulness of the project staff and volunteers was the highest scoring of all the scaling questions with 27 (90%) of people scoring an eight or above to the question “on a scale of 1 to 10 (with 1 being no help at all to 10 being could not be more helpful) how would you score the helpfulness of the staff / volunteers you have had contact with?”

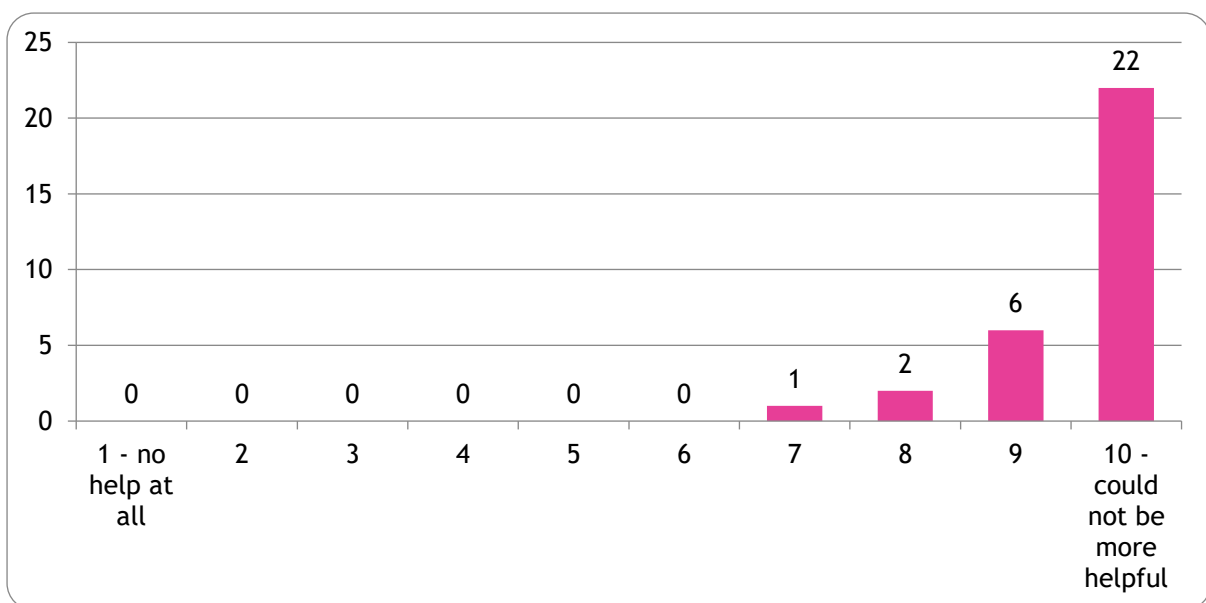


Figure 11. A graph showing how helpful service users felt the staff and volunteers they had contact with had been.



20 (67%) of service users felt that the project is extremely well run and no-one scored 6 or less.

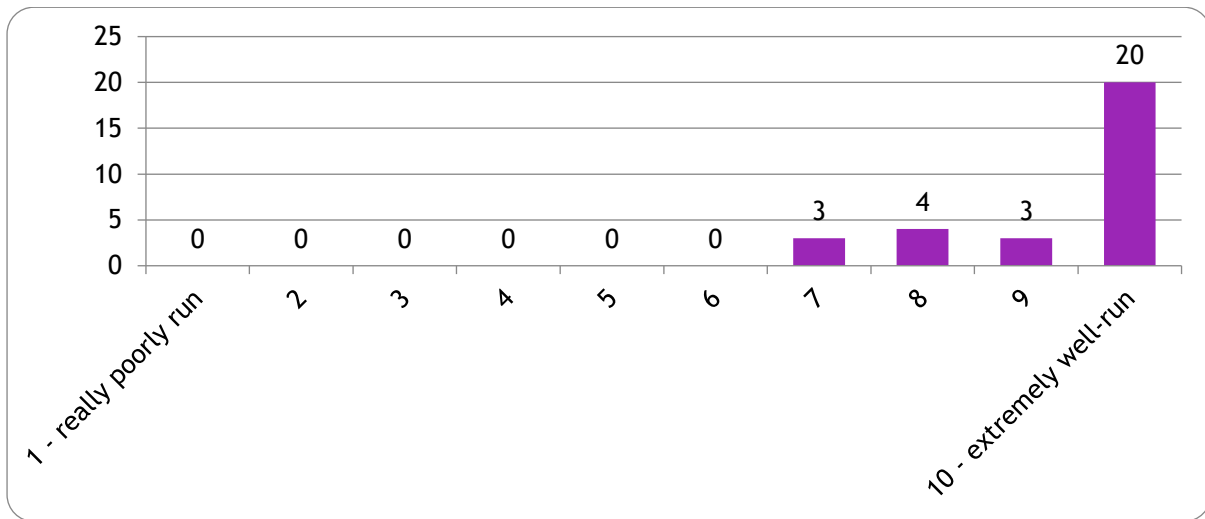


Figure 12. A graph showing how well run service users feel the project is.

### 3.6. The Value of the Project

The Project has been valuable to people in a whole range of ways. For some the low cost counselling has been the most valuable thing:

I was helped to receive counselling which was honestly lifesaving and has led me to looking forward to life and wanting to help others like I was helped

Counselling for my son and support

Introducing me to my counsellor Holly. I have had 3 counsellors in the past and although these have generally been positive experiences, I've never felt as understood as I do by Holly.

Having affordable access to a qualified counsellor is really improving my mental health and helping me to unpack past traumas in a healthy way.



Those who have used the services of the Project stress the positive impact that this has had on their wellbeing. Project beneficiaries include those who access services for themselves and those who seek support for a family member.

### Case Study

Bella is a white British woman in her mid-20's who identifies as a lesbian. Bella realised that she was gay in her early twenties and was looking for opportunities to connect with people who had a similar experience to herself. At that time she was *"feeling a little bit alienated"*. The Norfolk LGBT+ Project was recommended by another LGBT charity that Bella had found online but was not local.

Bella had never really questioned her sexuality, *"being brought up in a hetero-normative society and not identifying with gay women she had seen on TV, I was also not thinking of my own needs or preferences"*.

Bella had been seeing a counsellor following a family bereavement. It was during the counselling process that Bella started to think about things and analyse her feelings *"one day, I came out of counselling and I thought, good grief, I'm gay. Everything in my life before then made sense"*. This was a huge realisation and quite a shock for Bella as she was currently in a long term relationship with her boyfriend. Fortunately he was incredibly supportive and is still her best friend.

When Bella was at school "gay" was an insult and no-one was out. There were gay men on TV but no gay women, so there was no-one to identify with. Bella hoped that the Project could offer her social support, but she was also interested in counselling. When Bella had come out to her previous counsellor she had not had the best experience and did not feel understood, so had ended that relationship.

Bella accessed the low cost counselling provided by the Project and felt that she *"couldn't have a better counsellor and it's the best counselling relationship she has had"*. Before the counselling she was feeling confusion over her sexuality - she needed space and support to process and understand her identity and the changed relationships in her life.

Bella has found the project to be *"very responsive and professional"*, she was easily able to access the services that she needed and was surprised how quickly she was able to start the counselling, which was not what she expected at all. *"It was so*



*nice that that I didn't have to prove anything especially as I was quite nervous at the time".*

The counselling has made a significant difference to her wellbeing and she now feels *"confident in who I am and I'm ready to live the life I supposed to be living"*. Bella is looking forward to the time when the social activities of the project can resume so that she can access these.

(Bella is a pseudonym).

Norfolk Children's Services refer some families for support from the Project, recognising that without help that the risks to young people's wellbeing are likely to increase and longer term outcomes to be poorer:

### Case Study

Lisa is step-mother to Marc, who is 15 years old. Lisa has known Marc since he was three and he moved in with her and his father two years ago.

Marc is female to male transgender and identifies as male. Lisa describes Marc as *"quite chilled and a typical lad"*. Marc has known for many years that he felt different but struggled when it came to telling his family about his gender identity. It was a huge step and Marc has always lacked in confidence. To Lisa, his gender identity issues were something that they have had a feeling about *"as a child, he was never drawn to anything female - toys or television programmes"*. He always was drawn to clothing that was not feminine in any way.

Lisa and her husband were supportive from the outset - they felt strongly that *"this is his life - not ours"* but as parents, they were uncertain what to do - *"we had never come up against something like this before"*. Marc was already receiving support from another agency due to issues with his mum and Lisa told his support worker what Marc had told them. The worker offered to make a referral to Norfolk LGBT+ Project, who contacted Lisa the following day.

Lisa was impressed by the fast response but more so about the support they have received *"The project is really valuable to us as parents; Marc has two parents who are supportive, so he okay. For parents to have an understanding is so important. Our volunteer has been really lovely and helpful. He has the time to put in and has also helped Marc"*.





The project provided valuable and practical information, which was particularly helpful to Lisa when speaking to her GP. The GP, whilst supportive, had very little information or experience of transgender issues. Lisa was able to provide the GP with information she had received from the project. Her volunteer has also provided reassurance that they are right to support Marc's decision. *"For us as parents it's been amazing support. I know if I needed support from my volunteer, I could let him know and he would call"*.

Lisa believes that without the support to them as parents or to Marc himself, Marc would have been on a downward spiral. *"Marc struggles to handle his emotions and without the practical support we have had he would have struggled with the physical changes to his developing body, which would have messed with his head."*

They do not think the project could have done anything differently. The support has been flexible and they are confident that they would get a speedy response if they needed help. *"I'm really, really happy with the service - I couldn't have done it without them"*.

As for Marc, Lisa says that since telling her and his father about his situation, that he has really grown in confidence, and is happy and content. *"It has been an amazing transformation; previously he was suppressed and quiet. Now he's so much more vocal and he's become quite cheeky"*.

(Names have been changed to provide anonymity).

25 (81%) people responded to the question "What does the project do really well?" People felt that the support, information and advice were helpful to both the individual and family members. They also commented on the responsiveness of the staff and volunteers *"they always reply to emails or messages, and quickly. They always do the best they can"*. People talked about how they have been welcomed and the non-judgemental approach *"talk, reassure, not judge, very informative"*. Another important issue mentioned was that of people feeling safe *"makes a safe place for all involved"*. Being safe was also a theme that came through in the interviews with service-users and the staff / volunteers.

Additional case studies can be found in Appendix One.

### 3.7. How things could be improved



Of the 22 people that responded to the question “what is the least helpful thing that you have had from the Norfolk LGBT+ Project” 14 (64%) stated that there was nothing. Of the other 8 (36%) responses, there was feedback on the groups “*lack of variety around arranging social events, in different settings, this would have been more important when I first started accessing the women's' support/social group*”, “*Lack of youth group structure in Norwich*” and “*There have been occasions when groups haven't been particularly well supported, but the varying nature of membership and mentoring makes this inevitable.*” There was also an observation on the structure of the organisation “*There is no one to run the meeting if Reid is unwell. It would be good if he had a deputy/more support.*”

One person referred to accessibility “*How far away it is from me*” - an issue that reflects the size and rurality of Norfolk and lack of public transport. Another commented on the impact of Covid, which is looked at later in this report.

There was only one specific criticism about the Project and that was a criticism of not being open to service user feedback “*Lack of interest in service users' ideas. Lack of a working committee*”.

There were two suggestions about what the Project could do better, the first was linked to service user feedback “*Be open to new ideas and initiatives*”. The other related specifically to a child who has been receiving support “*My son has repeatedly had problems because he goes to school in a different county to where we live. This has meant that school liaison has been difficult*”. The other 14 (88%) people that responded to the question felt that there was nothing that the Project could do to improve “*Nope. Perfect. Great people and very supportive, also fun*”.

There were some helpful suggestions to the question “*Is there anything that should be changed about the Project?*”. Two comments related to accessibility “*More staff and bigger premises so not as squashed during social gatherings, with better facilities (especially for disabled access!)*” and “*Be mindful of the needs of people who live with disabilities*” . There was also a suggestion to address the needs of those who live in more rural areas “*Maybe do a "roadshow" type social group which goes out to the villages and more rural areas*”.



### 3.8. Staff / Volunteer Survey Feedback

13 people completed and returned the staff and volunteer survey. These people described their role in a variety of ways. The Project has two paid members of staff, The Project Manager and the LGBT+ Trainer.

Table 5

*This Table shows the range of roles and number of responses to the survey.*

Role	Number of responses	Paid or volunteer
Committee Member / trustee	4	Unpaid
LGBT+ Trainer	1	Paid
Volunteer	1	Unpaid
Trans Support Group Host	1	Unpaid
Trans* Support Worker	1	Unpaid
Volunteer Youth Support Worker	3	Unpaid
Youth Worker	1	Unpaid
BLAH group volunteer	1	Unpaid

People were involved in a range of services within the project, but the majority were involved in the drop in groups “*Running drop in groups, one to one support, running social media/involving group members in online interaction. Supporting group members as well as one to one referrals*”.

Table 6

*This Table shows the services that people have been involved with*

Role	Number of responses	Notes
LGBT+ drop in group.	8	1 previously
One to one support.	4	
Educating with Pride - LGBT+ network for schools and colleges	1	
LGBT+ Awareness training	3	Previously
Management Committee member	4	
Other (please state):	3	<ul style="list-style-type: none"> <li>• Processing certificates, designing logos and poster and social media content.</li> <li>• Run stalls at events</li> <li>• Awards for school</li> <li>• Awards for Work</li> <li>• Authorised signatory for banking</li> </ul>



People first found out about the Project in a variety of ways:

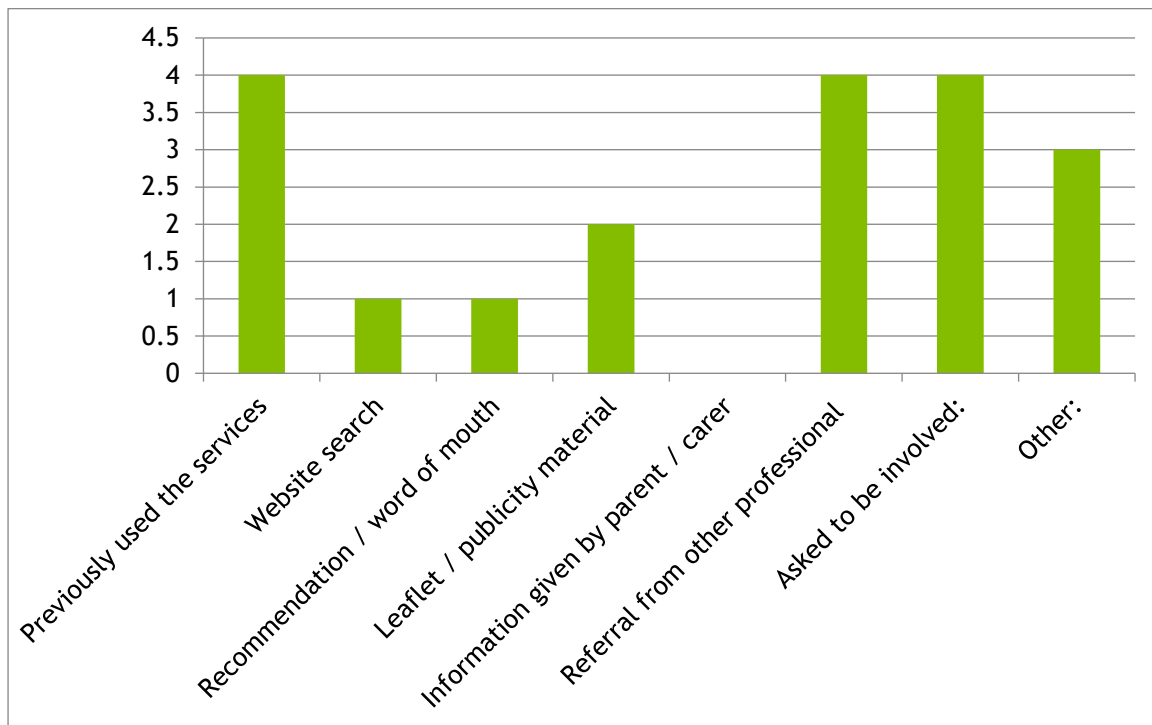


Figure 13. A graph showing how the staff and volunteers found out about the Project in the first place.

The length of time that people have been a volunteer with the Project ranges from six months to 25 years. The majority of volunteers have been involved for 5½ years or less.

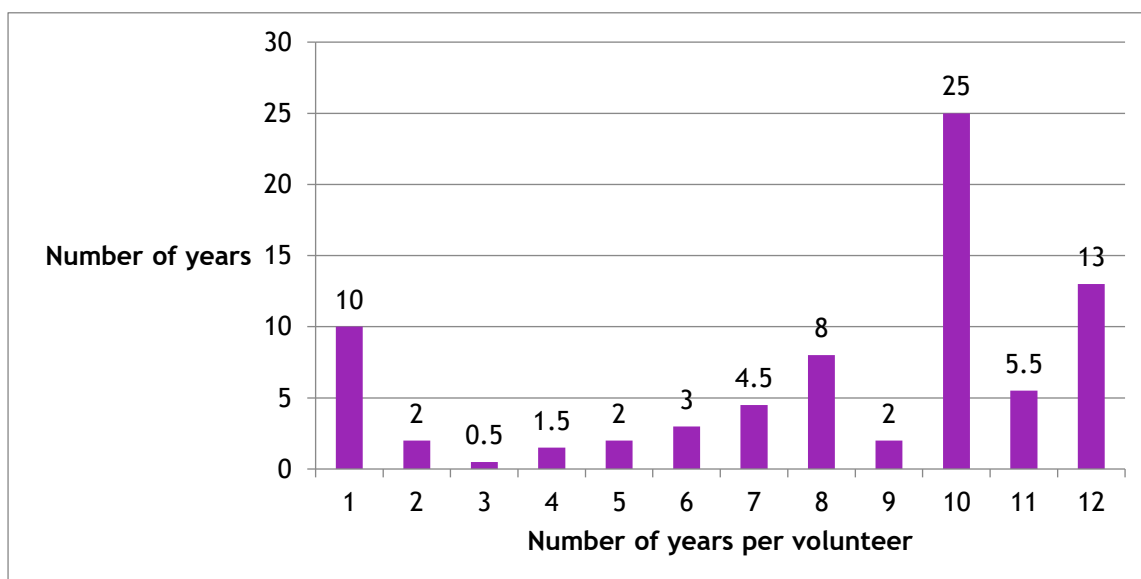


Figure 14. A graph showing the approximate number of years people have been involved in the Project.

The volunteers believe that the Project is very well run *“I think that the project is run extremely well on limited resources and provides a great service. It covers several drop-in groups, runs 1-2-1 support and also provides external training for staff of outside organisations”*, which is endorsed by those who have volunteered in other charities *“I feel this charity is one of the best I’ve worked with and volunteered for. It is always doing what it promises: serving the community with service users in mind at all times”*.

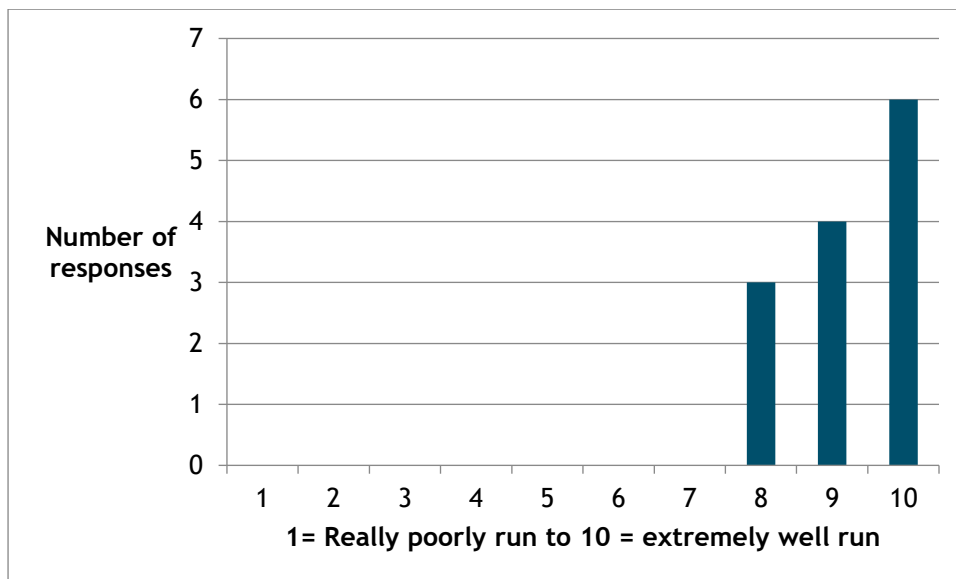


Figure 15. A graph showing volunteer’s response to how well run the Project is (with 1 being really poorly run to 10 being extremely well run).

### 3.9. How Volunteers and Staff are supported and trained

Only one volunteer was uncertain about the policies and procedures of the Project but did not expand on the reason for the scaling score of 4. Most volunteers were clear about the policies and procedures *“Our safeguarding, privacy and complaints policies are available on the website and publicly accessible to everyone, not just volunteers and staff”* but it was also highlighted that there was support in understanding and implementing them *“Policies are clearly worded, but also there is support in understanding them, anything can be explained and discussed, until you’re clear about it”*. The Project has a volunteer handbook, which is given out to all volunteers and there is a process in ensuring that all volunteers and staff take time to go through these *“Policies and Procedures are all outlined in staff or Volunteers information pack that Fi goes through with every member of staff or volunteer. Other policies and procedure are available on the project website”*.



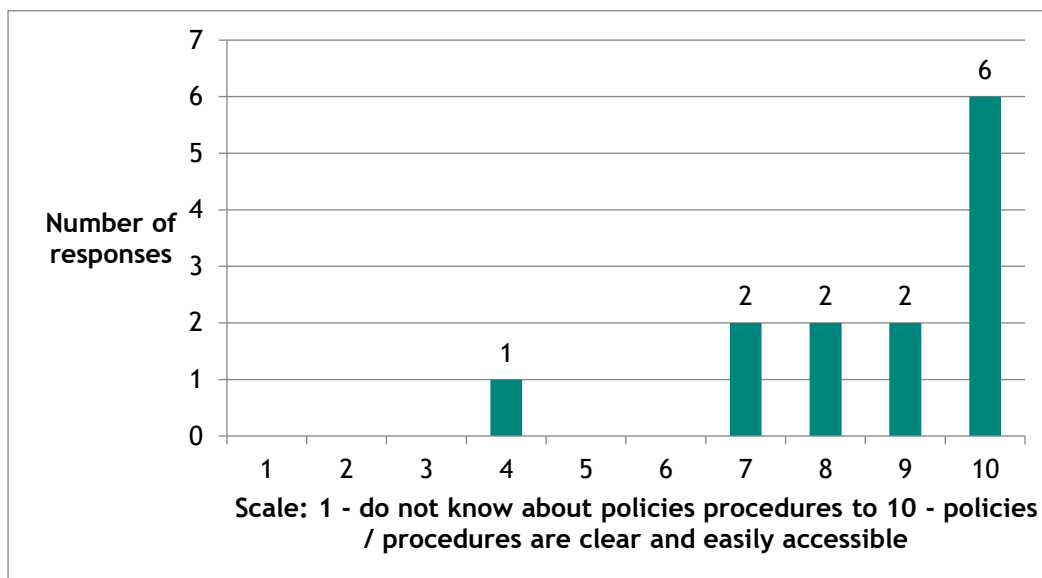


Figure 16. A graph showing volunteer’s response to the policies and procedures of the Project (with 1 being not knowing about the policies and procedures to 10 the policies and procedures are clear and easily accessible).

Interviews with the staff and volunteers highlighted that there are strong procedures in place, in particular around safeguarding. All groups run with two volunteers present; if only one volunteer is available then the group doesn’t run. All volunteers have to complete safeguarding children and adults training and the Project Manager spends time with all new volunteers going through policies and procedures with them.

The volunteers were positive about opportunities for training and development with all scoring 8 or above to the scaling question “How would you score the training you have had to help you undertake your role?” with 1 - no training at all to 10 - comprehensive training. Comments included:

“I am offered additional training opportunities if there are sessions that are relevant to my role. I have attended two additional CPD sessions in my current post in addition to the safeguarding training sessions and feel able to request additional training/ attend relevant professional development courses as available.”

“The project has always provided me with core training to undertake my role. Plus, the Project has support and funded training that I have brought to their attention and would help me in my role further.”

“To be a host of the peer support group I didn’t really need much in the way of training but Fi has arranged the training that was required and has sent emails about other training courses available should I have wanted to participate.”

There were two comments that identified issues but these were not especially critical of the Project “*Training has been limited, but I can see this is down to time and resources. All mandatory training has been completed*” and “*Any issues about training I might have are to do with the training company and they are very minor and possible ‘personal preferences’ which of course can’t all be catered for. I’m pleased with the wide array of training that the Project offers access to*”.

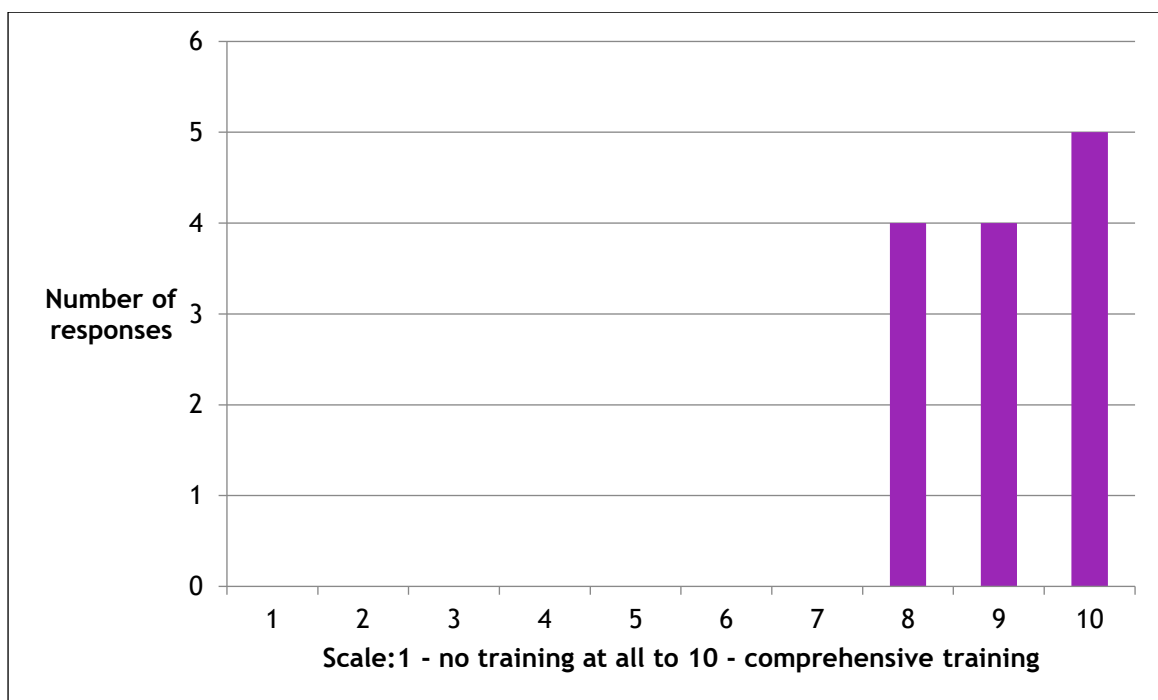
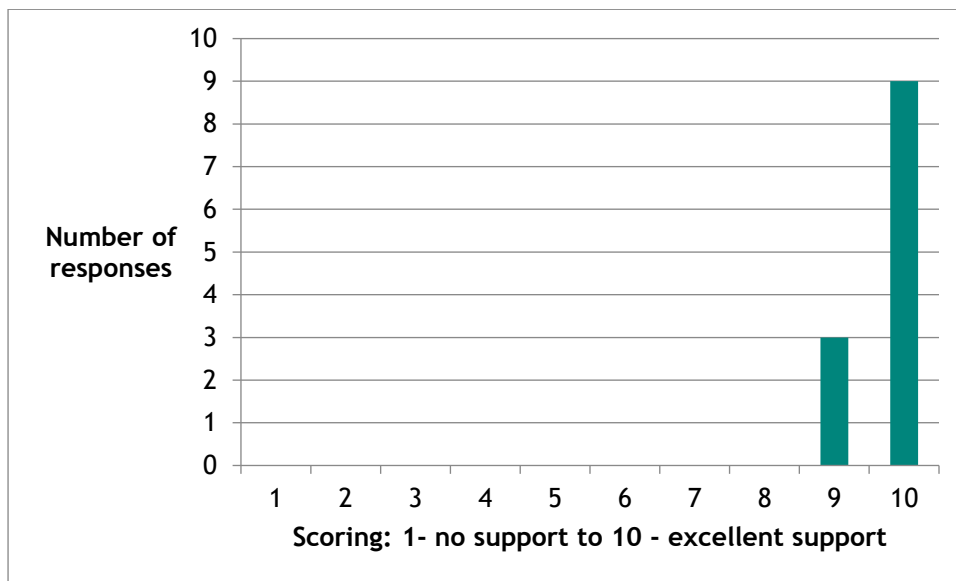


Figure 17. A graph showing volunteer’s views on the training they have received to help them undertake their role (with 1 being no training to 10 being comprehensive training).

Volunteers also responded positively when asked about the support they received to help them undertake their role. All respondents spoke positively about the support and availability of the Project Manager and the wider team “*Fi is incredibly responsive and supportive as are the rest of the team*” and “*I do feel very supported, Fiona is always accessible, I have peer support via other volunteers also*”. We conducted follow up interviews with a number of the volunteers and all were positive about the support that the Project Manager provided to them, but there was also recognition that this level of support from one person did have potential to take a toll on that individual. “*I wish Fi was able*



*to employ more staff to help her because I worry about her becoming overwhelmed and overworked”.*



*Figure 18.* A graph showing volunteer’s views on the support they receive to help them undertake their role (with 1 being no support to 10 being excellent support).

### 3.10. The Support Provided by Volunteers and Staff

The volunteers provide informal support to those who access the groups offered by the Project. This group interaction plays an important role in supporting service users’ wellbeing.

Sarah joined the Facebook group Norfolk Trans Forum in May 2020, and in December 2020 put themselves down as a ‘maybe attending’ to one of the Forum’s regular Zoom social meetings.

Sarah is living without any access to other trans people, in a market town. She is in very early transition, and was feeling very isolated and uncertain. Sarah had the opportunity to join one of the project’s zoom social meetings but didn’t have a webcam. In addition to this she was desperately embarrassed by her appearance, being so early in transition that as yet had made no visible changes.

I began offering her support, information, and chat - it helps of course to feel less alone in the world, especially when the world doesn’t recognise you, and when it does, it does so generally in a critical and judgemental manner.





I discussed Sarah with my manager Fi, and we agreed that not being able to join in the Zooms was a great shame as they are beneficial to all who attend, but invaluable to those in early transition, particularly if they are isolated - and during Covid times, this is increasingly everyone to some degree. It was agreed that the project would like to support Sarah by purchasing appropriate equipment so that she could join the sessions.

We discussed the possibility with Sarah, she felt very pleased that we would like to help, but felt it was 'too much money to spend on her'. She was able to access zoom without a camera but would still be able to see and hear us.

The importance of offering a tablet, was the possibility that Sarah didn't have her own, and private, device, and was perhaps using a family computer or out of the home resource - without device privacy, Sarah would be severely limited as to how she could interact with others, and hampered in her ability to fact find, to inform herself as the options and issues ahead of her and etc. Sadly, there would be potential risks involved in using shared devices if the nature of her research and outreach to peers was discovered, so we felt that her own device would be helpful.

Sarah gave me permission to introduce her in the Facebook group - she had joined earlier in 2020 but had never interacted. I made the post introducing her, and many comments were made welcoming her. I had (with her permission) included in the post that she was very early in transition and was feeling embarrassed - which many group members commenting assured her was normal, and that indeed we had all been there. Sarah was able to respond in thanks to the comments. It then became apparent that another group member, and a person much more confident and 'further down the road' had been in the same school year with Sarah, and it was genuinely lovely to see them find each other in the group, and that Sarah was offered support by the other group member. I find it difficult to express just how less isolated and afraid Sarah will have been at that point. I say this with a little insight, as my home town is also a Norfolk market town.

Sarah then attended her first Zoom social meeting, but decided to stay in text chat as she was recovering from a cold, and still felt too husky. Voice dysphoria is a very common and limiting factor with many trans women. She did interact by text, and appeared delighted to be attending.

Following that, she attended the next meeting and was willing to speak to the group. She made very pertinent and worthwhile contributions to the group conversation, and brought welcome humour to the blend of personalities. The topics included some



practical aspects which were of interest to her, and a couple of times the group offered to discuss topics that were of concern and or interest specifically to Sarah, aware that her situation is more pressing perhaps than many present, and happy to give the newcomer 'the floor' to maximise the helpfulness to her. She took us up on the offer, and we were glad to discuss things that were of current relevance to her situation.

Sarah brought with her knowledge of a specific area (vocal training) that the group members attending - and then it transpired other group members also - were unaware that there is some free vocal training available on Discord.

This really turned out to be productive, useful and informative, and engaged more group members, which is one of our current aims. A Facebook group is a great medium to announce and coordinate people to attend the Zoom meetings, but it is also a great place for social cohesion and interaction, to foster a sense of support and community, and again, so much more important in Covid times, where we have had most of our usual routes to access these aspects curtailed.

I see this as an example of how the Project is able to reach out to people who are isolated, in Sarah's case with grave concerns about social transition, her safety, and the impact to her daily life - it's a lot for someone to manage especially without any support. Sarah was able to attend an online meeting despite concerns and perceived obstacles and was welcomed and reassured. I had pointed out to her prior to agreeing to attend, that there would be people at the meeting from all different 'stages' of transition, from the 'done and dusted' to the very beginnings such as herself, including another who is still making medical changes (hormone therapy, in the private sector, and home electrolysis) but has yet to enter social transition. In this, Sarah really had peer support in very beneficial ways; people around her own 'stage' of transition, people 'further along' and people who had 'finished' and simply living their lives.

**Sarah is a fictitious name for the purposes of the case study.**

### 3.11. The Effectiveness and Sustainability of the Project

There was a mixed response about how the staff and volunteers felt about the sustainability of the Project. Some expressed confidence about the future sustainability but others were more concerned



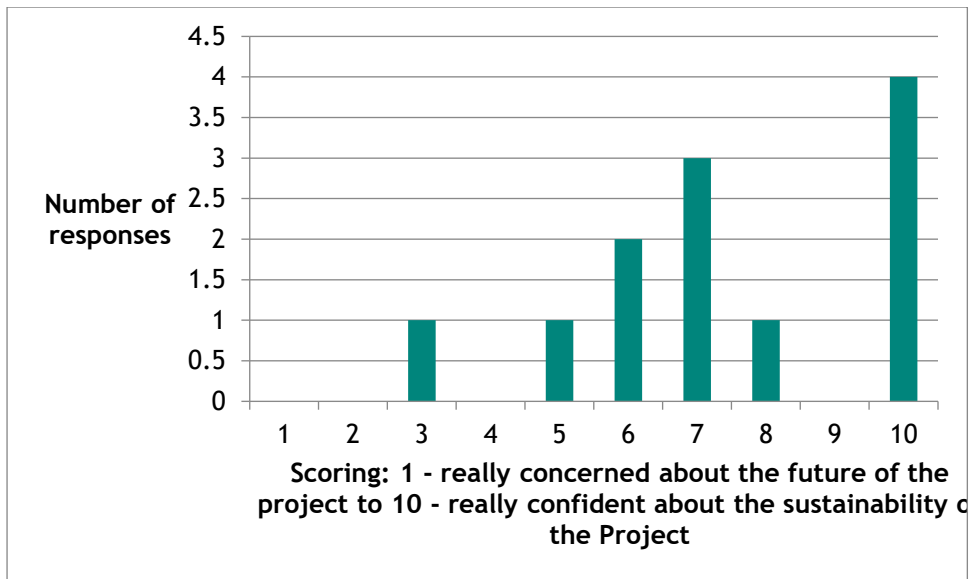


Figure 19. A graph showing views about the sustainability of the Project (with 1 being really concerned about future sustainability of the project to 10 being really confident about the future sustainability).

People’s expressed concern was not about the way the Project was run or managed but a lack of available funding for the voluntary sector and the difficulty for a small project with limited resources to fundraise.

“I am concerned about the future of the project because I am not naïve about the sustainability of charity services in general. We are all reliant on public funds, grants and financial support external to community work. Small charities lack the corporate sponsorship of larger organisations and often struggle to remain afloat because of this lack of long-term funding.”

“I see the project as fully sustainable, in terms of access to the project by YP is an increasing demand with the services it can offer to them. It is such a key area in Norfolk, where this project is filling a gap in providing support on a wide range of issues. Volunteers and small paid staff numbers are committed to long term sustainability. To be sustainable for 10yrs though, the project needs sustainable funding sources.”

“As financial resources dwindle in this sector, I feel we as vital small community services are regularly caught in a perpetual cycle of cuts, fundraising and lengthy application processes in order to keep services going. This leaves a range of management responsibilities, including fundraising, to be dispersed amongst already overstretched individuals, often impacting the potential growth and delivery of the services themselves through their necessity”

“More people in Norfolk and Waveney are needing the projects service. The project is growing in many ways and with that means we can apply for larger grant/funding to help meet our objectives set out over the next 10 years. However, there are less funding pots available in Norfolk than other geographical areas, so this makes the projects job a lot harder and out of our control. We need local councils, NHS, mental health service to be allowed to use the Charity what is on your doorstep”

There was also concern expressed that funders do not see LGBT+ services as important or a priority for funding *“Due to the current climate and priorities. There are many important projects and issues, I worry that LGBT+ issues will not be considered to be relevant or important”* and *“I think that this is due to the current financial climate, that most financial support is being prioritised and given to more mainstream organisations that deal with mainstream members of the community, while smaller organisations such as the Norfolk LGBT+ Project that deals covers are large area and provides a lot of services to its users are not regarded as priority”*.

The staff and volunteers were uncertain about what could be done to make the Project more sustainable *“I feel that they are always fund seeking and being aware and cautious of operating costs, that’s all any organisation can do”*. Short term funding was seen as an issue for the project *“Secure funding bids or sponsorship that guarantees funding is available for a minimum period of 3+ years. This would allow those involved to spend their time on service delivery, not on seeking additional funds to remain viable, as with annual funding grants”* and *“I guess securing government funding that isn’t going to just be for a couple of years but committed to a funding stream in order to maintain the project, and what is offered to the LGBTQ community of Norfolk”*.

There were a few practical suggestions that could be considered *“Continue to create merchandise that we could sell on a larger scale. Expand our reach to other education setting, business and other organisations”* and *“Link with other projects, organisations and events. Promote project services as much as possible”*. There was also a suggestion of increasing the paid staff, but not how these staff would be funded.

Staff and volunteers were very positive about the clarity of the organisation’s purpose with everyone scoring 8 or above to the scaling question *“on a scale of 1 to 10 (with 1 being I do not understand the purpose /aims of the project to 10 being the purpose and aims of the organisation are clearly publicised and understandable) how would you score the clarity of the organisation’s purpose / aims?”* Comments also reflected that staff and volunteers were clear about the



purpose of the organisation *“Our project aims are clearly stated on all of our social media and online presences. We are not a political organisation we are a wellbeing service and our staff, volunteers and services reflect this”* and *“The project has made it very clear that it is there to support LGBT+ people across the county”*.

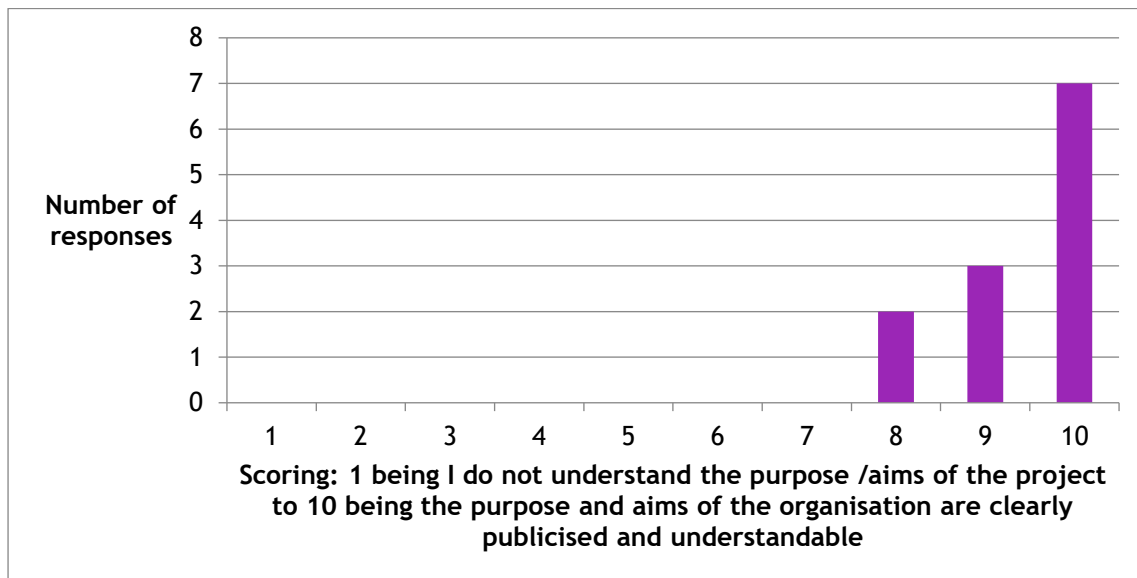


Figure 20. A graph showing views on the clarity of the organisation’s purpose and aims.

All 6 (100%) of professionals that had used the service stated that they completely understood the purpose and aims of the charity.

People were positive about the effectiveness of the Management Committee *“The committee has a broad range of skills and professional experience, including personal experience of either worked in the project and/or as a LGBT person who has seen the growth of the project. Plus local knowledge and insight into young people’s needed in Norfolk”*

### 3.12. The Management and Structure of the Project

All the staff and volunteers felt that the management of the Project was effective. Some were thinking about the management provided by the Project Manager *“I have only dealt with Fi so not sure if there is a committee so my score is based solely on Fi and so far I have found her very responsive and helpfully when any suggestions are given or guidance sort”*. Those on the Management Committee felt that they were doing well *“I think the Management Committee is highly effective as we all come from different backgrounds, have used the services of the project previously or worked as volunteers for Project in one or more of the Drop-in groups it provides”*.



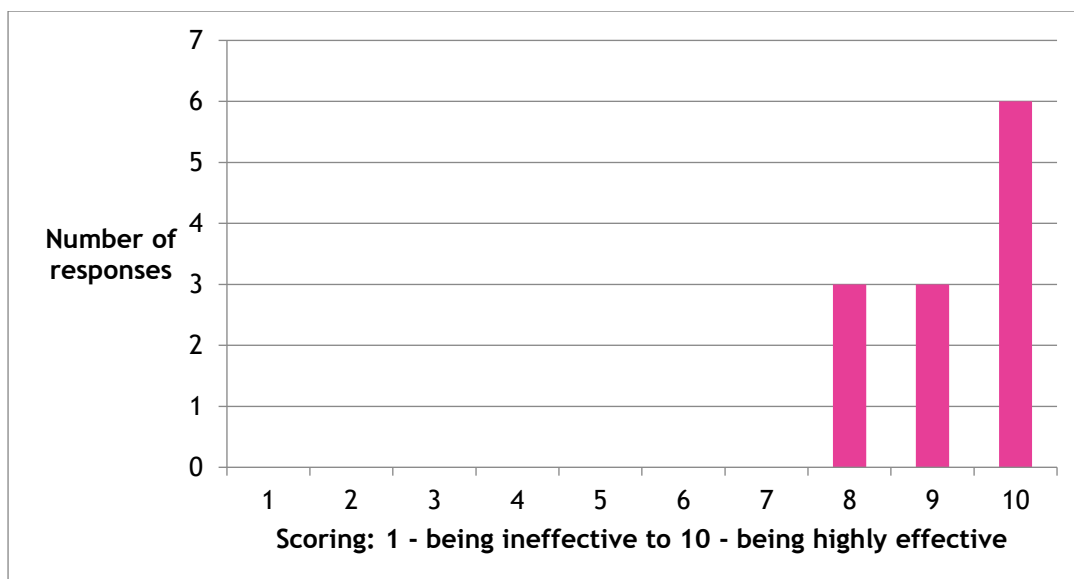


Figure 21. A graph showing views on the effectiveness of the management committee.

Follow-up conversations showed that there is confusion about the Trustees and the Management Committee. The Project has three Trustees, who are listed on the Charity Commission website but there are also a further three members of the management committee. It has been hard to understand the difference between these roles or where people see the responsibilities of Governance for the Project or why there is a Management Committee and Trustees. The Trustees sign off payments, deal with safeguarding and confidential issues' which the Management Committee does not. *“Our meetings are light touch. The Project Manager uses us as a sounding board”*.

There is no up to date role description for the Trustees or Management Committee members. Trustees have not been given the Charity Commission guidance “The Essential Trustee”.

The Trustees meet between two and three times a year, with “catch-ups” called by the Project Manager and email communication in between. Minutes are taken of the formal meetings by the Project Manager. Two of the three Trustees completed the survey and only one agreed to be interviewed as part of this process. Like many people who agree to be a trustee of a charity, there does appear to be a full appreciation of the responsibilities of the role.

The majority of responsibility on the running of the Project is delegated to the Project Manager. The Project Manager does not receive any formal supervision or support.

11 (85%) of the staff / volunteers believed that the structure of the Project was effective. The use and commitment of the volunteers is key to the effectiveness of the Project, *“Having most of the groups run by volunteer’s means people*



passionate about the relevant groups are there to run them. While the Project Manager can give them any support they need and having the volunteer's also allows the Project Manager to have all the groups within the project while still having time for her to fund raise and running the awareness" and "The project has been effective due to part to the commitment of the volunteers who have given their time for others. It's the power of people".

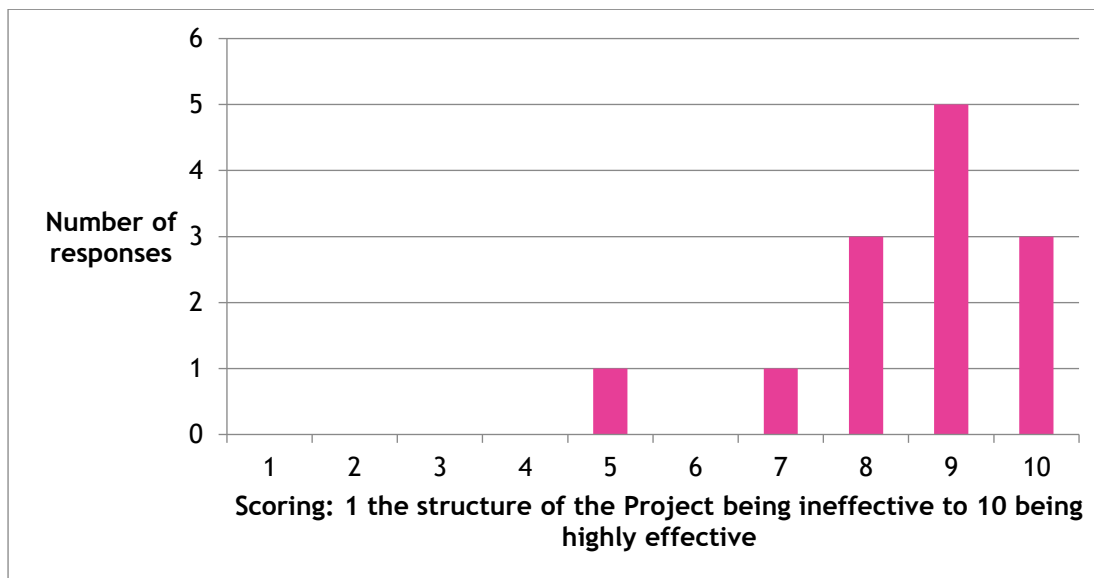


Figure 22. A graph showing views on the effectiveness of the structure of the Project.

Six (83%) of the professionals that completed the survey felt that nothing should be changed about the management or the structure of the project. One professional (17%) skipped this question. The majority of staff and volunteers do not feel there is anything that should be changed about the management of the Project but some did identify that additional staff could make a difference "I would love to see someone available to support the volunteers consistently and also all together as well as individuals - this is something I know the Project Manager does but as she's already doing about four roles, I feel this could be managed by a second role" and "In terms paid staff we could benefit from a part time deputy manager or other paid supports workers to lighten the workload".

### 3.13. What the Project does really well

The volunteers/staff and the professionals that have referred to the Project felt that the Project supports people really well and that it has a great reputation, which extends beyond Norfolk "I remember distinctly feeling impressed by the project when I bumped into a friend I knew in London, and told them where I currently worked. I had not known they previously lived in Norwich, but they told me the same project was basically their life as a teenager when they attended the



*BLAH groups, years before I joined, and disclosed they wouldn't be here without it. The project's work isn't necessarily shouted about because of the personal nature of support given - but I know it's changed and impacted positively a lot of lives over the years".*

People also mentioned the role the project plays in reaching out:

*"Identifying and reaching out to the LGBT community."*

*"Reach out to education settings and young people."*

*"Hosting groups. Reaching out to hard to reach communities.  
Raising awareness. Training in schools and elsewhere."*

The use of volunteers with lived experience is a strength of the Project. There is also a need to ensure that correct information is provided, especially for those who wish to transition. There is a lot of misinformation on the internet and hormones available on the "black market", making people vulnerable. *"People get desperate - including parents who struggling to support their children, for example, trying to access puberty blockers. We try to ensure that we sort out the gossip and unpack the issues".* Quote from Reid, FTM Support Worker





The passion to support people really shows through. They are a small but very dedicated team, offering a huge range of services. Lovely people and always helpful.

It improves the lives of LGBT+ people around Norfolk, it raises awareness and works to remove homophobia and transphobia in Norfolk. It supports communities and events which improve life for LGBT+ people and others.

This project has authenticity and the staff are great role models for the young people and families that they work with. They are great at making links with other parts of the voluntary sector and the Health Partnership. They have a good awareness of intersectionality and the complexity of many young people's situations. They prioritise safeguarding.



In relation to BLAH, it has given young LGBTQ people a safe, positive accepting place to be and form and establish friendship with their peers.

The staff / volunteers and professionals were uncertain about what could be done better. Eight people (50%) felt there was nothing that could be done better “*No; greatest respect for everything that is currently done by this organisation*”. Some identified how things could be improved through additional funding “*If we could find funding to advertise our service more, this could be very beneficial to our reach. If we could get our volunteers together more often and share our experience. This is often hard as we have volunteers from all over Norfolk and Waveney, however with Zoom meetings being more prominent this could be an excellent opportunity*” and “*Not by LGBT+, but they should be better funded from statutory bodies*”.

### 3.14. Training to schools and other agencies

The Project employs a part-time worker to provide awareness raising to schools and other organisations. Two (33%) of the professionals that responded to the survey had been a participant on the LGBT+ Awareness Training. They felt that they had gained “*Training around the language used*” and “*Better knowledge of LGBT+ terminology and a better understanding of challenges affected by this community*”. Both stated that practice had changed as a result of training “*Staff*



*are more aware. As a service we are more proactive, we have included an LGBT+ page on our website” and “Staff feel more confident after the training”.*

All stated that the training was excellent.

The LGBT+ Awareness Trainer for the Project provided data from the evaluation of 426 participants over a 6-month period. 211 (49%) returned a completed feedback form.

The rating for content, delivery and style from total feedback forms was:

- 196: 5 stars
- 15: 4-3 star
- 0: 2-1 star

During the pandemic the training has continued to be delivered remotely online. Comments received from participants include the following:

“Joe was welcoming, approachable and led the session really well.”

“It surpassed my expectations-

To be honest I went in a little hesitant- a 3 hour session on zoom! But it flew by and left me wanting to know and understand more. It was the most fun I had at INSET all week!”

“Training was very good, very informative. Joe was an excellent and passionate speaker.”

“Really useful and extremely informative session. Feel quite embarrassed about how little I actually knew prior to the sessions! Well done Joe for presenting the content of the course in an easy to follow and comfortable manner. I feel more confident now in having much more valuable and 'correct' conversations with friends, colleagues, students and their parents/carers going forward. Thank you for your time.”

“Thank you so much that was brilliant, I will be sharing this with all the staff at our school!!!”

“I took part in today's training from Norfolk LGBT+ Project and can highly recommend it for individuals and businesses alike. I learnt a lot, the content was engaging and the trainer was knowledgeable, passionate, interested and open. 10/10. Do it!”



“This was my first LGBT+ awareness training so had much to learn (although was also happy to note I didn't feel too ignorant or put if my depth). I was very happy with the course structure & content; it was a lot of info & terminology so I definitely feel I will need to review it before I feel 'very confident' in my knowledge & terminology. I feel the right info was thoroughly imparted and the sharing of the PowerPoint was helpful as I couldn't note-take for the whole session.”

“Thank you so much for both your fantastic sessions and the resources you have sent. I have found the sessions to be really valuable in helping me to learn how to help young LGBT+ people and feel more confident in the language I am using.”

“I think as a school we need to do this training yearly as things change so vastly in such a short time that it's easy to miss things that would be invaluable in supporting our students”

“The training was informative and well presented. The trainer held our attention throughout, the delivery was engaging and inclusive.”

“Joe is a great trainer, he is very knowledgeable, very open and good as listening as well as presenting. The little quizzes tested our knowledge and kept us engaged.”

### 3.15. The Impact of the Covid-19 Pandemic on Service Delivery

Like all services the Covid-19 pandemic has had an impact on the way that services are delivered. The survey to all three groups asked respondents what has changed as a result of the survey. Service -users all stated that services had moved to online contact only “*Zoom rather than face to face*”. For the most part this was felt to be a negative thing “*No group drop ins. These really helped me. It was somewhere I could go and truly belong. Online zoom is just not the same*” and “*We are now meeting online, but fewer people attend*”.

Volunteers were trying to be creative and trying to find a range of ways to support ongoing engagement:

“We've cancelled in person drop in meetings, and are now meeting via Zoom, we are arranging movie nights and gaming nights, and encouraging people to use the Facebook group as more of a social hub/support mechanism in addition to the meetings. We've highlighted that one to one support is available if anyone needs it. I am looking into having the Wellbeing Service run a 'Living with



the Lows of Covid' course for us to try to support members' mental health during these trying times, and the movie/gaming/hobby Zoom evenings would be in the darker colder early months of next year to try to help members get through to spring/possible reduction in social limitations as well as they can be".

There was acknowledgement of the negative impact of Covid-19 on service users *"I think that like for a lot of organisations like the Project, it has been limited to the way it provides its services like the youth groups that it runs, the social aspect of the groups can be the only form of social interaction that they have and so can feel isolated, even though there has been the zoom meetings, I know from experience that they are not the same as the normal get-togethers and physical face to face sessions"* and *"The group work with the Young LGBTQ will have had an impact on them. The uncertainty of the world right now it has affected everything. Still the project remains in what capacity it currently can"*.

Some positives of a new way of working were identified *"Everything is more contactless now which I think has in a way helped reach a wider community"* and *"Support is still available just as it was- it may now be online but it's still available"*.

My role has changed very much due to the pandemic, as I now deliver all trainings online, and like many trainers, I do prefer in-person sessions, but I think online delivery has allowed us to deliver training even further afield if requested as well as saving on the travel budget. All our groups are now online as are the majority of the 1:1 support services - we have got more parental referrals seeking support as well as more young people, this is probably due to the fact many parents would be expecting those needs to be met in school or externally but all school environments are vastly different this year, and young people are spending more time at home than would be usual pre-pandemic. As this has been a difficult time in terms of managing mental health for many of us, it makes sense we would see an upswing in contact.

16 (59%) service users stated that the service was still meeting their needs and no-one felt that it was not.



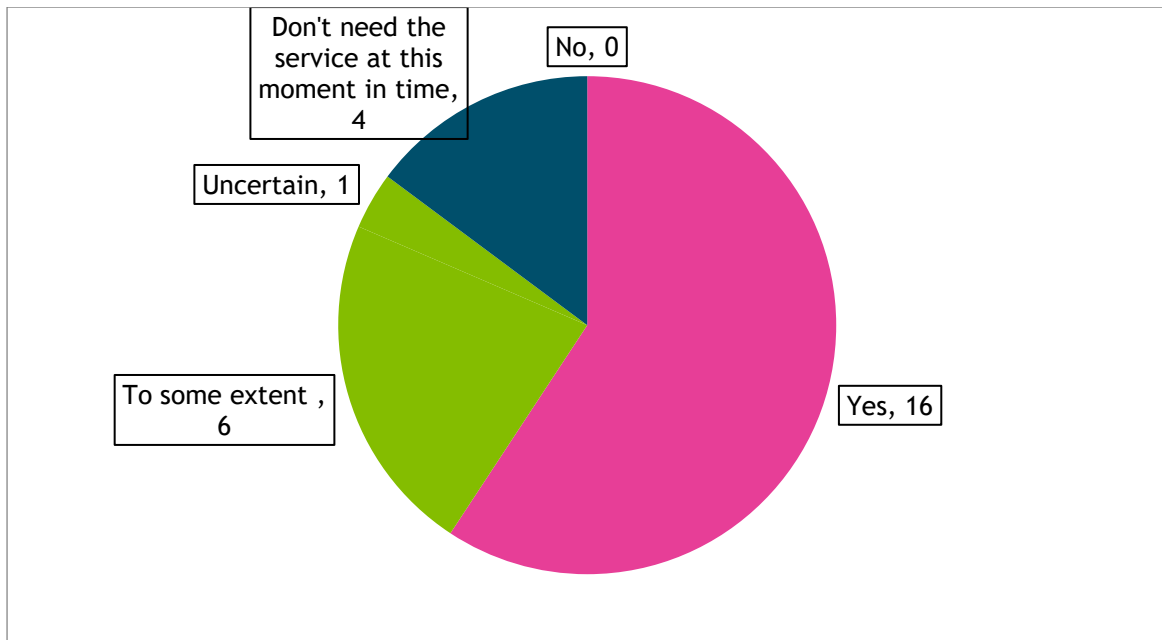


Figure 23. A graph showing if the Project is still meeting service users' needs.

Service users, professional and the staff/volunteers felt that the project was doing everything it should at this time *“Given how efficient they have been with everything, either online or through messenger and in groups I am sure they are taking the steps necessary to keep everyone safe, via zoom or social distancing”*.

There was a suggestion about developing the service in response to the impact of the pandemic *“considering the high levels of homelessness amongst the LGBT+ community, consider working with homeless charities further and see if we can provide more support in conjunction, especially given rising rates of homelessness/concerns from economic downturn and job losses as well as prolonged contact /necessity of many moving back to families who are unsupportive. Again, future service provision rather than immediately implementable change”*.

## 4. What this means

The Project is highly valued by those who use its services and the involvement of dedicated and enthusiastic volunteers is essential to the delivery of services. Professionals from a range of organisation appreciate the services available, including Norfolk Children's Services who refer young people for support.

The support provided by the Project plays a significant role in maintaining the wellbeing of service users. Without this support there is a significant risk that there would be a greater demand on mental health services. The face to face support and low cost counselling are key to this support.

The Project is seen as a professional and responsive service. It has good procedures in place and the management and support of the volunteers is excellent. However, the Project Manager holds a lot of responsibility and there are limited options for delegation. The risk of this is that the Project Manager may suffer from "burn out" and this could leave the project vulnerable. Charities that have this reliance on a single individual often struggle with legacy planning for when that individual leaves.

There may be some work to do to try to make the drop-in groups more accessible to those with physical disabilities and to those who live a long way from drop-in sessions. The adaptations that have been made to provide online sessions as a result of the Covid-19 pandemic could be taken forward to provide sessions for those who may struggle to attend groups in person.

The training offer to schools and other organisations is well received and the evaluations are positive. Training sessions are a good source of income and it is worth reviewing the cost of the training to other organisations and seeking wider opportunities to provide the training.

The future sustainability of the Project is dependent on having a board of trustees that is fully engaged and fully understands and plans for the risks and opportunities facing the project. The current structure of Trustees and a separate Management Committee is confusing and potentially means that responsibilities are not met. The Project has evolved over many years, but there is a need for a strategy and business plan to be developed that focusses on the future sustainability of the Project.



## 5. Recommendations

- **The Norfolk LGBT+ Project should review the governance of the organisation.** There should be a single board of Trustees, consisting of the current Trustees and Management Committee members (the Management Committee will then no longer exist). A skills audit should be undertaken to consider where there may be gaps in the skills and experience of the Board and the recruitment of new trustees should take place. The newly formed Board should undertake training on responsibilities of being a Trustee and all have a copy of “The Essential Trustee” and ensure that they fully understand and perform their role.
- **The Norfolk LGBT+ Project should explore other ways in which it could engage with the wider LGBT+ community** taking into consideration people in rural areas or areas with poor public transport links and different age ranges (in particular older LGBT+)
- **The Norfolk LGBT+ Project should engage with service users to explore other avenues of support** for example, through offering more flexible drop in sessions or activities such as art classes.
- **The Norfolk LGBT+ Project should continue to engage with users via digital platforms post Covid-19** as this has been demonstrated to be of value to some service users, particularly those further away from physical support or those with other time commitments.
- **The Norfolk LGBT+ Project should build in additional staffing support to the Project Manager** and consideration given to how some of the workload can be delegated, either to existing staff or volunteers or through recruiting to specific roles, such as a Volunteer Coordinator or Project Administrator.
- **The Norfolk LGBT+ Project should develop a Business Plan for the Project** that identifies objectives, strategies, plans for the developing needs of the Project, income generation, marketing and financial forecasts. It is possible to get free professional support for this through Norfolk Pro-Help.
- **The Norfolk LGBT+ Project should review accessibility on an ongoing basis** - are venues suitable for those with a physical disability and how to meet the needs of those who live in rural locations.
- **The Norfolk LGBT+ Project should continue to seek funding from statutory partners** for the positive impact that the project has on people’s wellbeing.



## 6. References

Equality and Strategy Department, TUC. (2016, April). Retrieved from Housing, Homelessness and young LGBT people. Solutions to a crisis for LGBT youth: [https://www.tuc.org.uk/sites/default/files/Housing%20policy\\_0.pdf](https://www.tuc.org.uk/sites/default/files/Housing%20policy_0.pdf)

ONS. (2018). Retrieved from Office for National Statistics - Annual Population survey: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018>



## 7. Appendix

### A) Additional case studies

#### i) Case Study - 1

Bella is a white British woman in her mid-20's who identifies as a lesbian. Bella realised that she was gay in her early twenties and was looking for opportunities to connect with people who had a similar experience to herself. At that time she was "feeling a little bit alienated". The Norfolk LGBT+ Project was recommended by another LGBT charity that Bella had found online but was not local.

Bella had never really questioned her sexuality, *"being bought up in a hetero-normative society and not identifying with gay women she had seen on TV, I was also not thinking of my own needs or preferences"*.

Bella had been seeing a counsellor following a family bereavement. It was during the counselling process that Bella started to think about things and analyse her feelings *"one day, I came out of counselling and I thought, good grief, I'm gay. Everything in my life before then made sense"*. This was a huge realisation and quite a shock for Bella as she was currently in a long term relationship with her boyfriend. Fortunately he was incredibly supportive and is still her best friend.

When Bella was at school "gay" was an insult and no-one was out. There were gay men on TV but no gay women, so there was no-one to identify with. Bella hoped that the Project could offer her social support, but she was also interested in counselling. When Bella had come out to her previous counsellor she had not had the best experience and did not feel understood, so had ended that relationship.

Bella accessed the low cost counselling provided by the Project and felt that she *"couldn't have a better counsellor and it's the best counselling relationship she has had"*. Before the counselling she was feeling confusion over her sexuality - she needed space and support to process and understand her identity and the changed relationships in her life.

Bella has found the project to be "very responsive and professional", she was easily able to access the services that she needed and was surprised how quickly she was able to start the counselling, which was not what she expected at all. *"It was so nice that that I didn't have to prove anything especially as I was quite nervous at the time"*.

The counselling has made a significant difference to her wellbeing and she now feels *"confident in who I am and I'm ready to live the life I supposed to be living"*. Bella is looking forward to the time when the social activities of the project can resume so that she can access these.

**Names have been changed to provide anonymity.**



ii) Case Study- 2

Lisa is step-mother to Marc, who is 15 years old. Lisa has known Marc since he was three and he moved in with her and his father two years ago.

Marc is female to male transgender and identifies as male. Lisa describes Marc as *“quite chilled and a typical lad”*. Marc has known for many years that he felt different but struggled when it came to telling his family about his gender identity. It was a huge step and Marc has always lacked in confidence. To Lisa, his gender identity issues were something that they have had a feeling about *“as a child, he was never drawn to anything female - toys or television programmes”*. He always was always drawn to clothing that was not feminine in any way.

Lisa and her husband were supportive from the outset - they felt strongly that *“this is his life - not ours”* but as parents, they were uncertain what to do - *“we had never come up against something like this before”*. Marc was already receiving support from another agency due to issues with his mum and Lisa told his support worker what Marc had told them. The worker offered to make a referral to Norfolk LGBT+ Project, who contacted Lisa the following day.

Lisa was impressed by the fast response but more so about the support they have received *“The project is really valuable to us as parents; Marc has two parents who are supportive, so he okay. For parents to have an understanding is so important. Our volunteer has been really lovely and helpful. He has the time to put in and has also helped Marc”*.

The project provided valuable and practical information, which was particularly helpful to Lisa when speaking to her GP. The GP, whilst supportive, had very little information or experience of transgender issues. Lisa was able to provide the GP with information she had received from the project. Her volunteer has also provided reassurance that they are right to support Marc’s decision. *“For us as parents it’s been amazing support. I know if I needed support from my volunteer, I could let him know and he would call”*.

Lisa believes that without the support to them as parents or to Marc himself, Marc would have been on a downward spiral. *“Marc struggles to handle his emotions and without the practical support we have had he would have struggled with the physical changes to his developing body, which would have messed with his head.”*

They do not think the project could have done anything differently. The support has been flexible and they are confident that they would get a speedy response if they needed help. *“I’m really, really happy with the service - I couldn’t have done it without them”*.

As for Marc, Lisa says that since telling her and his father about his situation, that he has really grown in confidence, and is happy and content. *“It has been an amazing transformation; previously he was suppressed and quiet. Now he’s so much more vocal and he’s become quite cheeky”*.



**Names have been changed to provide anonymity.**

iii) Case Study- 3

Paula is a mature white, British transgender person. She identifies as a biological male who has transitioned, and now expresses herself as a female in social terms. Paula started her transition in 2011 and at the time was linked in with two groups, a support group for transvestites and the Norfolk LGBT+ Project. She had recently moved to Norfolk and a friend had told her about the Project as she thought it might be helpful.

Paula describes her early life as “arrested”, for many years she was unable to settle either in the places she lived or her relationships - “*nothing was ever permanent*”. Today her life is settled, she has embarked on a new calling and is content with her life in Norfolk.

The project has had a significant impact on Paula. She recalls that at the third meeting she attended, she realised that she could go ahead with her transition. She thought “*yes, I can do this. I felt I could take the necessary hits, but with support people were offering, I felt they had got my back*”. The support from the project was timely, and appropriate. It was the first time that there were people who were level-headed and evaluating things in a sensible way. Previously at the transvestite group Paula had realised that this wasn’t the right support for her.

Paula’s view of the project volunteers is that they are professional and helpful, they offer empathy and realism about what is achievable. The volunteers have good boundaries and are clear about what it is they can do and cannot offer. The project has “*people’s wellbeing at its heart*”. The project creates a “moderated” space and it is a strength that it offers support to a broad spectrum of people.

There have been a couple of instances of volunteers who have not been as good as others, such as not engaging well in a group and one who struggled to take suggestions about how things might change, but these two instances are by far the minority. One of the volunteers showed great skill in providing a nuanced response to an email that Paula had sent following a tricky situation.

Without the project Paula feels that she wouldn’t have had the environment or space to make her decision to transition. It can be a “scary time” as there is a lot of information out there to navigate and find the right information.

The Covid pandemic has changed things, and things will need to change further, as it may not be safe or suitable to return to the old way of doing things.

**Names have been changed to provide anonymity.**

iv) Case Study - 4



Interviewee is a young trans man who came out a couple of years ago. He sought support from the group with his mum. Fi met with them both initially to about the support the organisation could provide and things he could do to build his confidence.

His school initially referred him into the service and the charity have helped to pay for 1:1 counselling which has been really helpful.

In terms of the physical space, he said “You feel safe there. Even if you’ve never been there before you feel safe because you’re surrounded by people who have been through similar things.”

When asked about what the organisation could do more of or do better at, he said he felt they could do more around communication either through newsletters, social media etc. He would like to see more online activities and some online competitions to help with their fundraising.

He didn’t see staff professionalism as something that was important to him, “As long as they’re laid back and comfortable but still have those boundaries, its really good for the people who go to the group.”

The project has had such a positive impact on him that he is looking into becoming a volunteer himself.

#### v) Case Study- 5

An older woman who would describe herself as a lesbian but isn’t completely sure how she would identify and doesn’t like to pigeonhole herself. The terminology is different now to what it was when she was growing up. Found out about the project through a friend and attended group meetings for peer support to be around people that were ‘like me, with similar stories to tell’. She felt her life hadn’t followed the path that society had expected.

The support she received from the group is support she hasn’t been able to find elsewhere however she does feel the way the group works could be developed, rather than people sitting around talking she would like to do something like an art class or similar.

“Doing something creative could encourage more natural conversation whereas group sessions can make you feel you have to think of something to say and it can feel forced. Sometimes you just want to be in a space that feels comfortable and not necessarily talk.”

“The mental health element is really important. Coming out is a stressful time, it can be traumatic and you can be ostracised from your family and you need support. That does affect your mental health and that support needs to be specific”, she doesn’t feel she would get the right support from for example her GP.



In terms of the physical space, she felt the building wasn't accessible to people with disabilities. The room used is quite small so there isn't space to get up and walk around. There are a lot of posters on the walls that are targeted towards young LGBT and she feels there's no presence there from a 25+ age. She also feels the timing of the groups isn't always suitable but is open to seeking support via telephone or virtual platforms. She recognises that the organisation is limited by funding.



## B) Service User survey

# Norfolk LGBT+ Project Service User Survey

### About the Project

Healthwatch has been commissioned by Norfolk LGBT+ Project through their lottery funding to undertake an evaluation of the services provided by Norfolk LGBT+ Project. A key part of this project evaluation is to understand the value and usefulness of the services provided by the charity and to consider if anything could be done differently to improve its services.

The feedback from this survey will be anonymised and collated with all the other survey responses before being shared with Norfolk LGBT+ Project as we want you to feel confident in answering honestly. We hope that the final evaluation report will be a valuable tool in helping the project to develop but also to be used to support future funding bids for the project.

Healthwatch Norfolk is the independent voice for service users and patients in the county. We gather views of health and social care services to ensure they are heard by the people in charge.

Thank you for your time in completing this survey, it should take approximately 10 minutes to complete. If there are any questions that you cannot answer or do not want to answer, you can leave them blank.

All responses will be put into a final report. This will be publicly available on our website. You can read our full privacy policy [here](#).

Please tick here to confirm that you have read and understood the above statement: \*

I have read and understood the above statement

A link to the final report will be included in our quarterly newsletter. To sign up to receive this newsletter please leave your email address below.

We would like to undertake some interviews with survey respondents in order to obtain some case studies for the evaluation as this helps to bring the project to life. If you are willing to be interviewed please provide your contact details below and someone will be in contact with you. Any case studies produced will be made anonymous and if required, some details changed to ensure anonymity.

Name:

Email address:

Contact



telephone  
number:

Are there any  
particular times  
that we should  
not contact  
you?

**2. Could you start by telling us a little bit about yourself? This will help us to understand if there is equal access to services for all. Please tick the options that best describes you**

1. Age:

- Under 18
- 18 – 25 years
- 26 – 35 years
- 36 – 45 years
- 46 – 55 years
- 56 – 65 years
- 66 – 75 years
- 76 and over

2. Gender

- Male
- Trans man
- Female
- Trans woman
- Non-binary
- Queer



Prefer not to say

Other (please specify):

### 3. Sexuality

Lesbian

Gay

Bisexual

Queer

Heterosexual

Prefer not to say

Other (please specify):

### Services you have accessed

4. What services and support have you used? Tick all that apply: \*

LGBT+ drop in group

Face to face support, email, phone, social media or Zoom.

LGBT+ Awareness training

Educating with Pride

Inclusivity Workplace Award

LGBT+ Counselling Service





5. How did you find out about the project? \*

- Website search
- Recommendation from a friend / word of mouth
- Leaflet / publicity material
- Information given by parent / carer
- Referral from other professional
- Other (please specify):

If referral from other professional, please state their job role here:

6. Have you accessed any other LGBT+ support services or social groups?

- Yes
- No

if yes, please state which services:

7. What other LGBT+ services / support are you aware of in Norfolk? Please list.

8. On a scale of 1 to 10 (with 1 being no services at all to 10 a broad range and choice of services) how would you score the range of services offered to the LGBT+ community in the region?

- 1
- 2



3

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5

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Comments:

9. What were your main reasons for accessing the services provided by Norfolk LGBT+ Project? \*

10. On a scale of 1 to 10 (with 1 being not at all to 10 being met everything) how would you score the service for meeting your needs:

1

2

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Comments:

11. The Norfolk LGBT+ Project website has been updated. What are your thoughts on the new website?

12. On a scale of 1 to 10 (with 1 being completely unprofessional to 10 highly professional) how would you score the professionalism of the staff / volunteers that you have had contact with?

1

2

3

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5

6

7

8



9

10

Comments:

13. On a scale of 1 to 10 (with 1 being no help at all to 10 being could not be more helpful) how would you score the helpfulness of the staff / volunteers you have had contact with?

1

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10

Comments:

14. On a scale of 1 to 10 (with 1 being really poorly run to 10 being an extremely well-run project) how would you score the how well run Norfolk LGBT+ Project is?

1

2



3

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Comments:

15. What has been the most valuable thing that your involvement with the Norfolk LGBT+ Project has done for you?

16. What has been the least helpful thing that you have had from the Norfolk LGBT+ Project?

17. What does the project do really well?

18. Is there anything that the project could do better?



19. Is there anything that should be changed about the project?

**Covid-19 Coronavirus**

20. What has changed about the services provided by Norfolk LGBT+ Project as a result of the pandemic?

21. Are the services still meeting your needs?

22. Is there anything that you think the project should be doing to help at this time?

### C) Staff/Volunteer survey

#### **Norfolk LGBT+ Project Staff and Volunteers Survey**

Healthwatch has been commissioned by Norfolk LGBT+ Project through their lottery funding to undertake an evaluation of the services provided by Norfolk LGBT+ Project. A key part of this project evaluation is to understand the value and usefulness of the services provided by the Charity, and to consider if anything could be done differently to make the service better. This includes a review of the structure and running of the organisation.

The feedback from this survey will be anonymised and collated with all the other survey responses before being shared with Norfolk LGBT+ Project as we want you to feel confident in answering honestly. We hope that the final evaluation report will be a valuable tool in helping the project to develop but also to be used to support future funding bids for the project.

Healthwatch Norfolk is the independent voice for service users and patients in the county. We gather views of health and social care services to ensure they are heard by the people in charge.

Thank you for your time in completing this survey, it should take approximately 10 minutes to complete. If you prefer, you can complete the survey online at [www.surveyetc.etc](http://www.surveyetc.etc).



## Start

We would like to undertake some interviews with survey respondents in order to obtain some more in depth information. If you are willing to be interviewed please provide your contact details below and someone will be in contact with you.

*The boxes will expand as you type*

Name:

Email address:

Contact telephone number:

Are there any particular times that we *should not* contact you?





## Your role in the organisation

1. Could you tell us what your role is?

Role:
Paid / unpaid:

2. What service(s) are you involved with? Tick all that apply:

LGBT+ drop in group.			
One to one support.			
Educating with Pride - LGBT+ network for schools and colleges			
LGBT+ Awareness training			
Management Committee member			
<b>Other (please state):</b>			

3. Could you give a brief description of what your role entails?

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4. How did you find out about the Norfolk LGBT+ Project in the first place?

Previously used the services	
Website search	
Recommendation from a friend / word of mouth	
Leaflet / publicity material	
Information given by parent / carer	
Referral from other professional (please state their job role):	
Asked to be involved:	
Other: (please state what):	

5. How long have you been a volunteer / member of staff with the Norfolk LGBT+ project?

Years		Months	
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6. On a scale of 1 to 10 (with 1 being really poorly run to 10 being an extremely well-run project) how would you score the how well run the Norfolk LGBT+ Project is?

1	2	3	4	5	6	7	8	9	10



Comments:

7. On a scale of 1 to 10 (with 1 being you do not know about the policies and procedures to 10 being the policies and procedures are clear and easily accessible) how would you score the policies and procedures of the project?

1	2	3	4	5	6	7	8	9	10

Comments:

8. On a scale of 1 - 10 (with 1 being not training at all to 10 comprehensive training) how would you score the training you have had to help you undertake your role?

1	2	3	4	5	6	7	8	9	10

Comments:

9. On a scale of 1 to 10 (with 1 being no support to 10 having excellent support) how would you score the support you have to undertake your role?

1	2	3	4	5	6	7	8	9	10

Comments:

10. On a scale of 1 to 10 (with 1 being I am really concerned about the future of the project to 10 being I am really confident that the project is sustainable for the next ten years) how would you score the future sustainability of the Norfolk LGBT+ Project

1	2	3	4	5	6	7	8	9	10

Please explain why you think this:



11. Is there anything that you think the project could do to improve sustainability?

--

12. On a scale of 1 to 10 (with 1 being I do not understand the purpose /aims of the project to 10 being the purpose and aims of the organisation are clearly publicised and understandable) how would you score the clarity of the organisation's purpose / aims?

1	2	3	4	5	6	7	8	9	10

Comments:
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13. On a scale of 1 to 10 (with 1 being ineffective to 10 being highly effective) how would you score the effectiveness of the Management Committee in providing governance and leadership?

1	2	3	4	5	6	7	8	9	10

Why do you think this?
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14. On a scale of 1 to 10 (with 1 being ineffective to 10 being highly effective) how would you score the effectiveness of the structure of the Project?

1	2	3	4	5	6	7	8	9	10

Why do you think this?
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15. What does the project do really well?

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16. Is there anything that could be done better?

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17. Is there anything that should be changed about the management of the project?

18. Is there anything that you would like to say that has not been covered ?

**Covid-19 Coronavirus**

19. What has changed about the services provided by Norfolk LGBT+ Project as a result of the pandemic?

20. Are the services still meeting your needs?

21. Is there anything that you think the project should be doing to help at this time?

