



FEEL free to be^{*}

Training path on LGBT+ issues
for socio-psycho-healthcare operators

www.feelfreetobe.eu



This project was funded
by the European Union's
Rights, Equality and
Citizenship Programme
(2014-2020) - GA 963323



This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

Project acronym: FEEL FREE T@BE

Project Title: FEEL FREE T@BE. Training path on LGBT+ issues for socio-psycho-healthcare operators

www.feelfreetobe.eu

Grant Agreement number: 963323

Main Results of research on target group needs

Authors: Massimo Farinella – Circolo di Cultura Omosessuale “Mario Mieli” - IT

July 2021

This publication represents a synthesis of Deliverable D2.1

Acknowledgement: FEEL FREE T@BE is a Rights, Equality and Citizenship (REC) project funded by the European Commission under Grant Agreement no. 963323.

Disclaimer: The views and opinions expressed in this publication are the sole responsibility of the author(s) and do not necessarily reflect the views of the European Commission.



This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

Partnership of FEEL FREE T@BE

LAZIOcrea S.p.A. (Coordinator) - IT



CIRSES Centro di Iniziativa e di Ricerca sul Sistema Educativo e Scientifico APS - IT



Nuova Associazione Europea per le Arti Terapie (NAT) - IT



Istituto Metafora centro ricerca e terapia della famiglia e del bambino e dell'adolescente SRL (METAFORA) - IT



Presidenza del Consiglio dei ministri – Ufficio Nazionale antidiscriminazione Razziali (UNAR) - IT



Circolo di Cultura Omosessuale Mario Mieli (CCOMM) - IT



A.GE.DO Nazionale ODV (AGEDO) - IT





This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

CONTENTS

Partnership of FEEL FREE T@BE	2
The FEEL FREE T@BE Project.....	4
1 QUESTIONNAIRES TO DETECT THE NEEDS OF THE TARGET GROUPS.....	5
2. MAIN RESULTS FROM THE ADMINISTRATION OF THE QUESTIONNAIRES	6
2.1 Data processing Social and health workers questionnaire	7
2.3 Comments on the data from the questionnaires for social and health workers.....	24
2.4 Data processing Questionnaire LGBT+ people.....	26
2.6 Comment on the data from the Questionnaires for LGBT+ People.....	34
3. FOCUS GROUP	36
3.1 Methodology for conducting focus groups.....	36
3.2 Elements collected in the focus groups	40
3.3 Comments on the Focus Groups.....	51
CONCLUSIONS ON THE ELEMENTS EMERGING FROM THE QUESTIONNAIRES AND FOCUS GROUPS.....	54

The FEEL FREE T@BE Project

Respect for the equality of persons, which includes respect for individual characteristics such as sexual orientation or gender identity, is one of the fundamental values of the European Union.

However, many LGBT+ people face discrimination related to different aspects of life, even when they turn to public assistance services and psycho-socio-health workers, who may engage in discriminatory behaviour, often unconsciously.

The FEEL FREE T@ BE project aims to contribute to increasing the psycho-physical well-being of the LGBT+ population through:

- ✓ the development of a training model, divided into modules, on LGBT+ issues for public psycho-socio-health workers
- ✓ the provision of 280 hours of training to at least 300 public psycho-socio-health workers
- ✓ the implementation of an awareness-raising campaign on LGBT+ issues
- ✓ the promotion of the replicability of the training model and its institutionalisation among policy-makers

The main project activities:

- In-depth survey on the training needs of psycho-socio-healthcare professionals in public services (direct beneficiaries of the intervention) and the needs of LGBT+ people (final beneficiaries of the project).
- Development of a training model with modules on different aspects of LGBT+ issues.
- Provision of 8 training courses for psycho-socio-health workers employed in public services such as:
 - social workers
 - medical staff (doctors, nurses, 118 operators, trainees)
 - psychologists, psychotherapists
 - first aiders (triage operators, those collecting initial patient contact data)
- Promotion of the Training Model through Advocacy activities
- Implementation of an awareness-raising campaign on LGBT+ issues

Project site www.feelfreetobe.eu

1 QUESTIONNAIRES TO DETECT THE NEEDS OF THE TARGET GROUPS

In February and March, the project partners worked on the development of two questionnaires.

The questionnaire addressed to social and health care workers aimed at investigating both the training needs in relation to LGBT+ issues and the attitudes of workers towards LGBT+ people. This twofold aim made it particularly complex to compare the Partners and to identify well-focused questions with respect to the research objectives, also considering the need to propose a questionnaire that would not be too long and articulated for respondents.

With regard to **the questionnaire aimed at LGBT+ people**, the Partners proposed questions that sought to understand the experiences of the respondents, their perceived difficulties and experiences when they needed to contact public social and health care professionals, exploring both individual and couple or family situations, with or without children. Also in this case, it was evaluated the need to propose a not excessive number of questions in order to favour an agile and more numerous compilation by the respondents.

The questionnaires defined by the partnership were then transformed into Drive Modules in order to prepare for their online administration to the target groups (one Module for social and health workers and one Module for LGBT+ people).

The Drive Modules generated two links which were disseminated through the FEEL FREE T@BE website <https://www.feelfreetobe.eu/questionari/>

The compilation of questionnaires started in April 2021 and ended at the end of May 2021.

All data were collected in a totally anonymous form and respecting the privacy of the respondents.

2. MAIN RESULTS FROM THE ADMINISTRATION OF THE QUESTIONNAIRES

The administration of the questionnaires resulted in 576 responses from social and health workers and 434 responses from LGBT+ people, for a total of 1010 responses.

This result is much higher than expected during the planning phase of FEEL FREE T@BE (more than double) and is to be considered the result of a very effective dissemination action carried out by the lead partner LazioCREA and the other project Partners through all FEEL FREE T@BE communication channels:

- The website www.feelfreetobe.eu
- Facebook page and other social channels
- Partners' shares on their institutional websites and social pages

The analysis of the answers collected through the administration of the two questionnaires was both quantitative and qualitative.



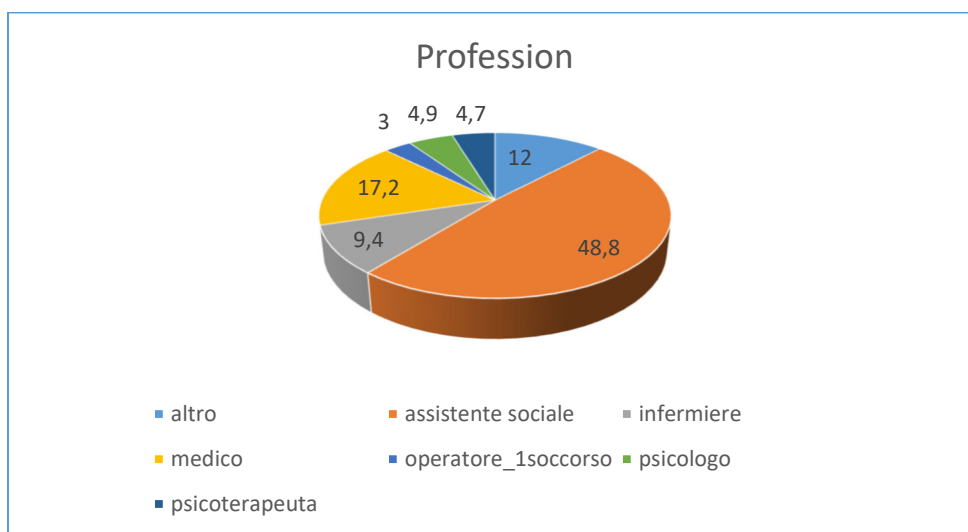
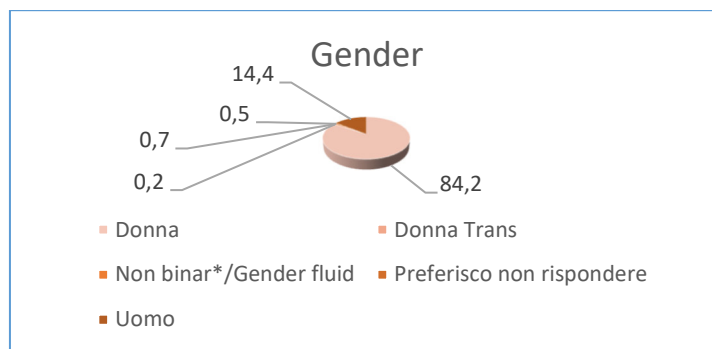
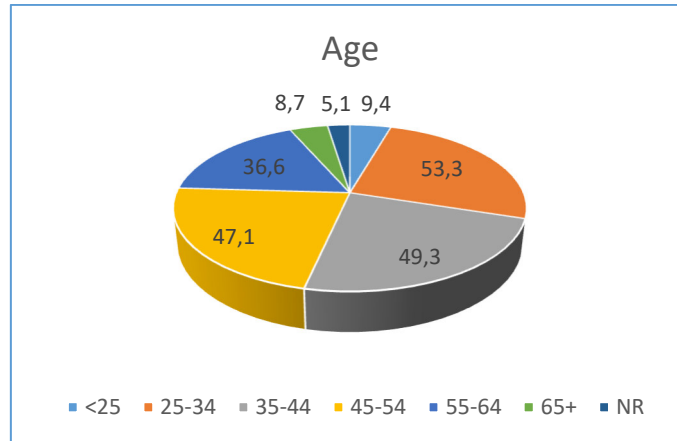
This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323

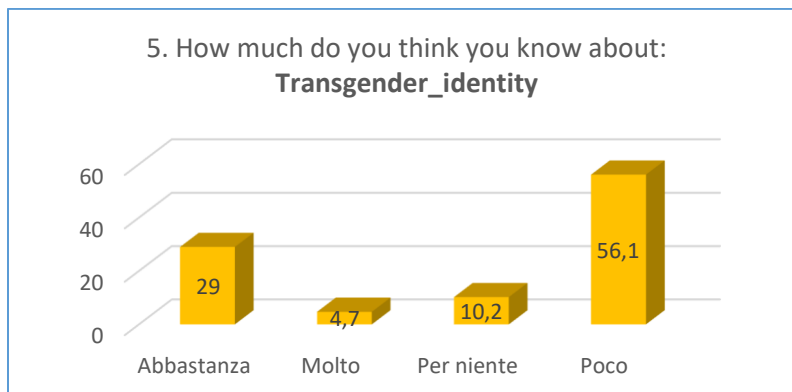
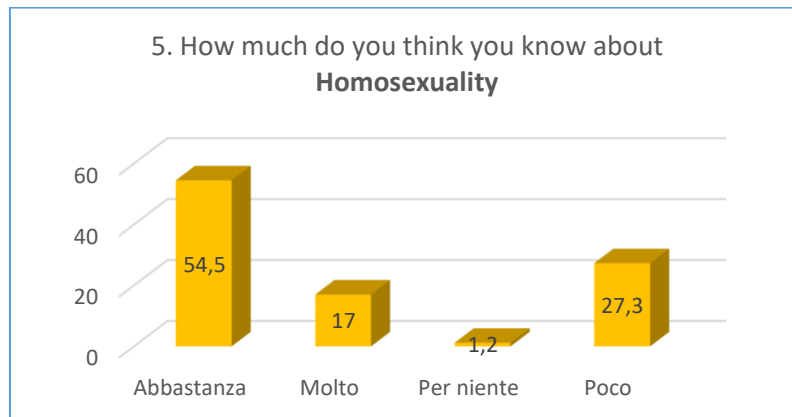
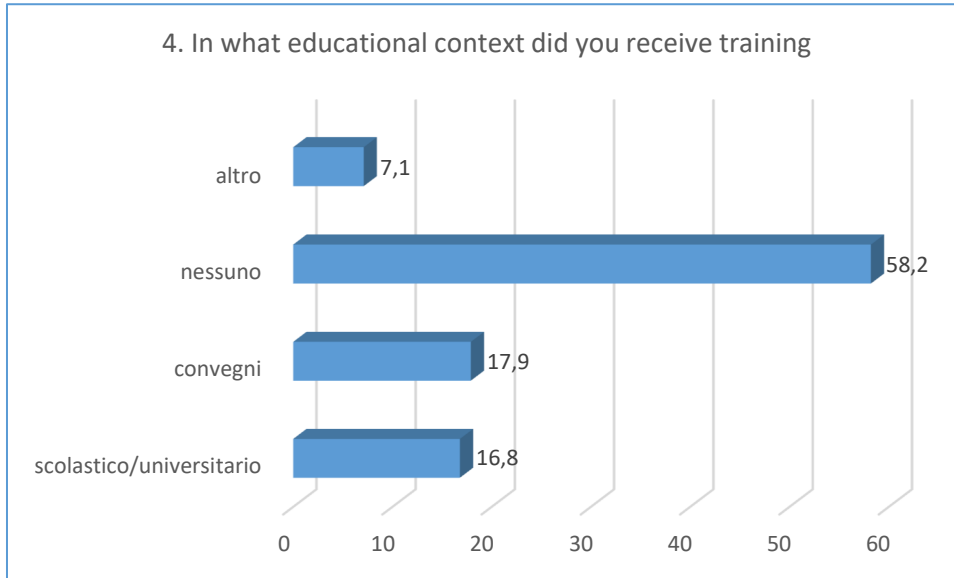


This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

2.1 Data processing Social and health workers questionnaire

Respondents (N)= 576



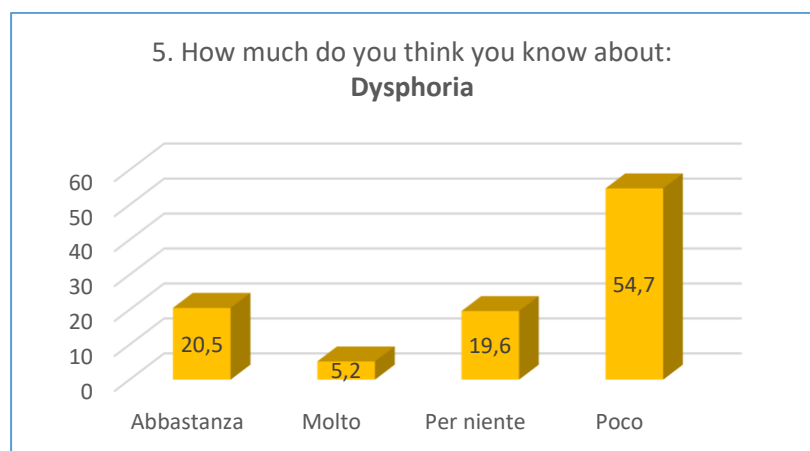
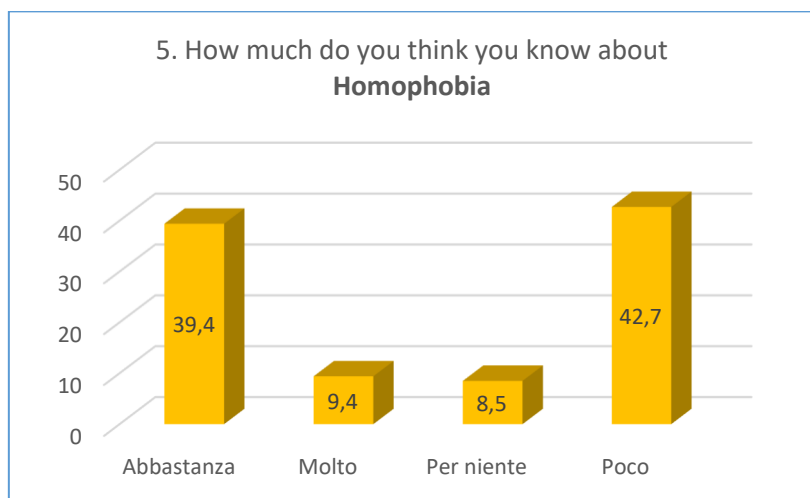
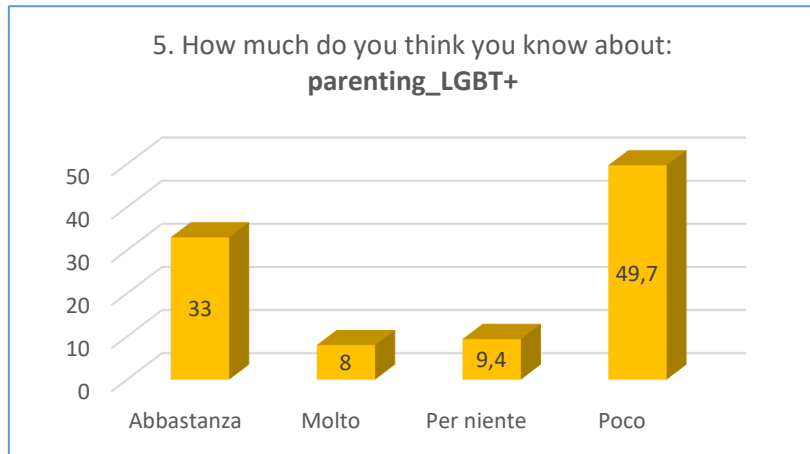


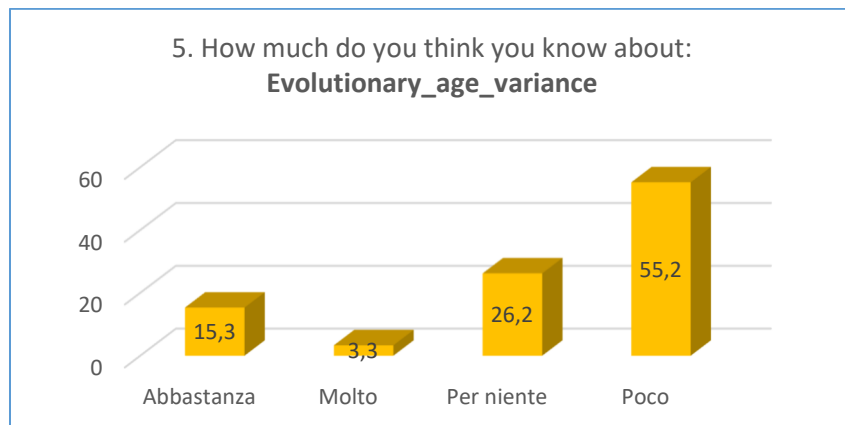
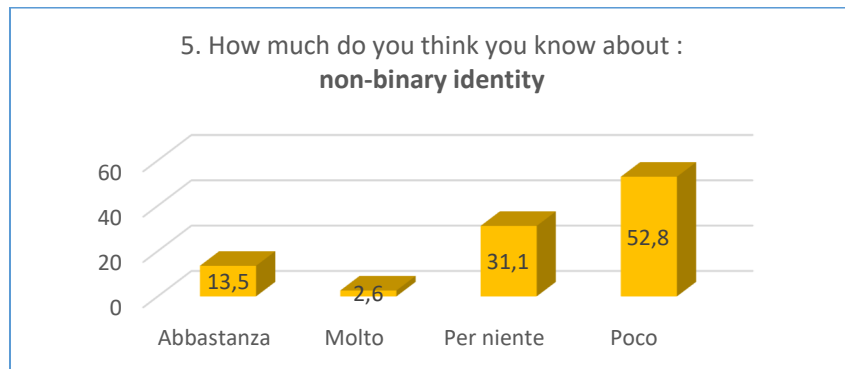
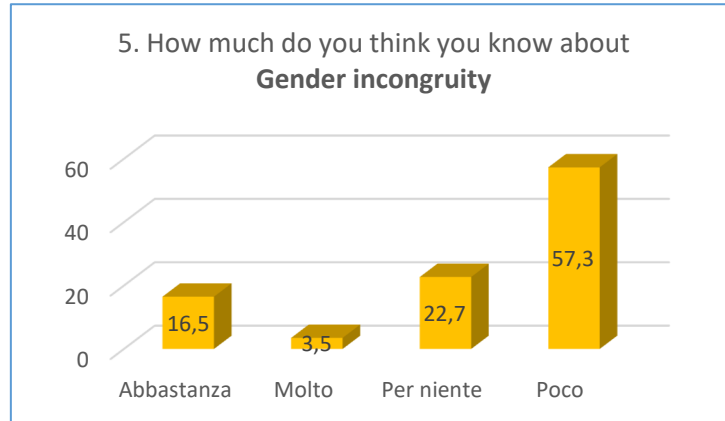


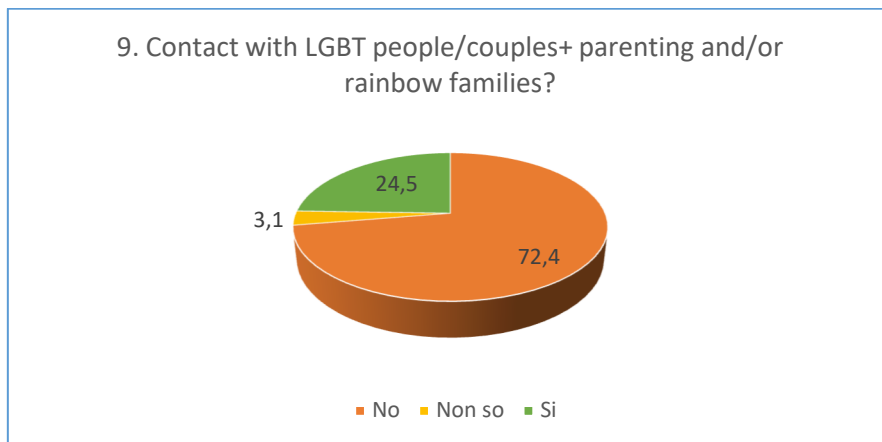
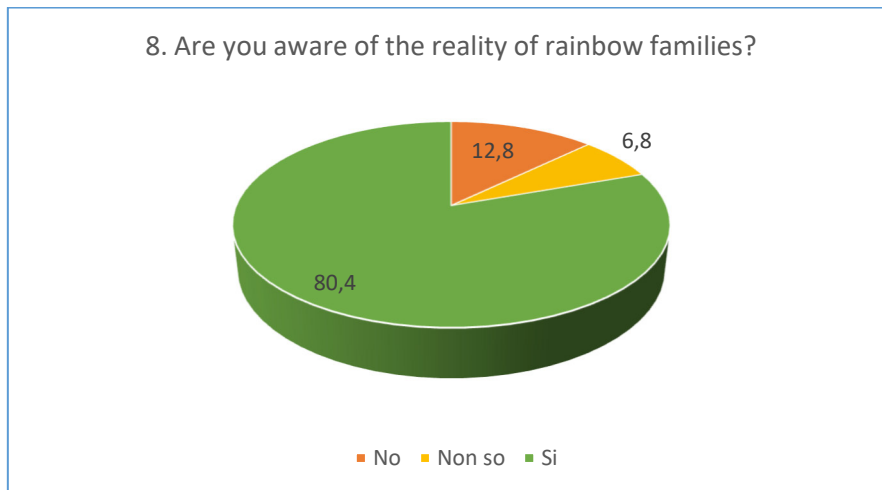
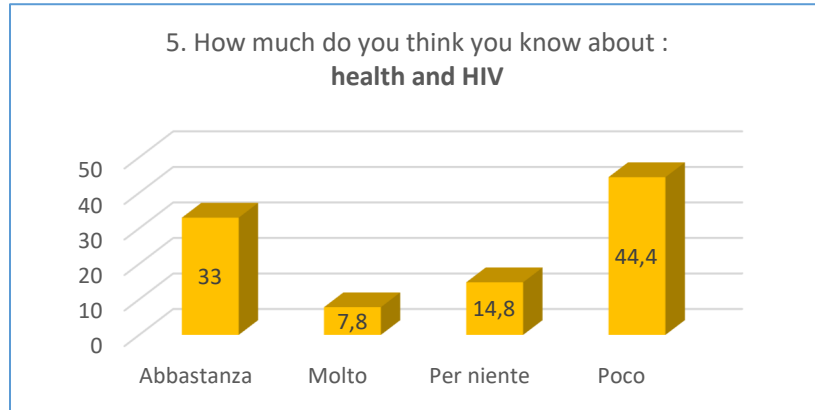
This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

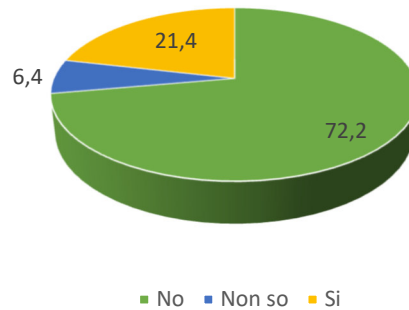




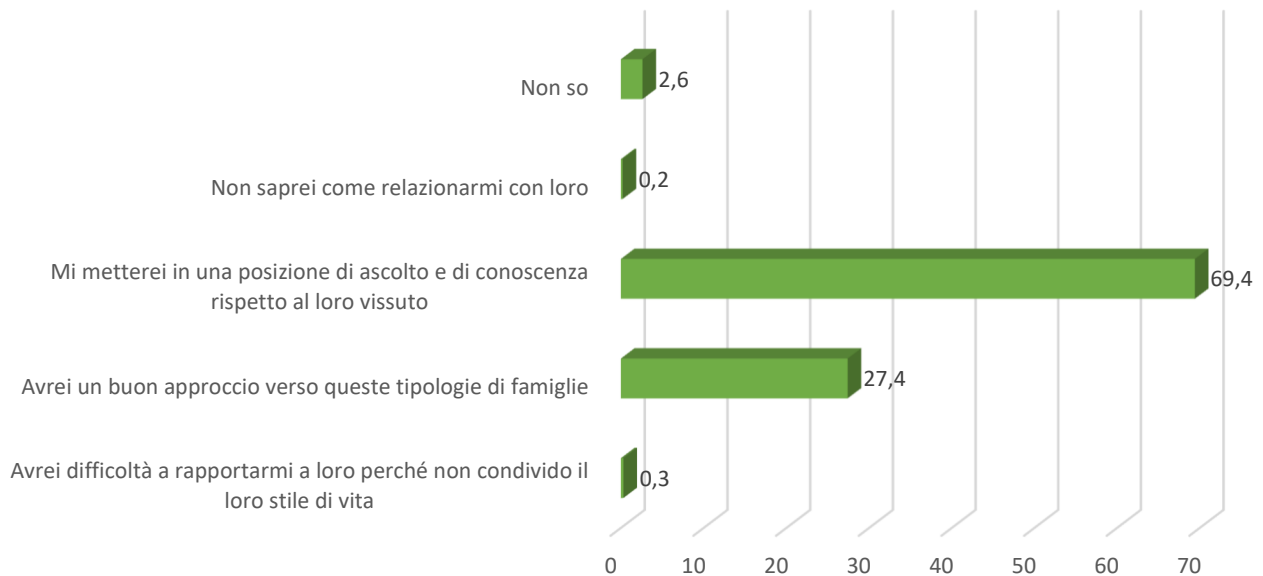




10. Contact with daughters/daughters of LGBT+ people?

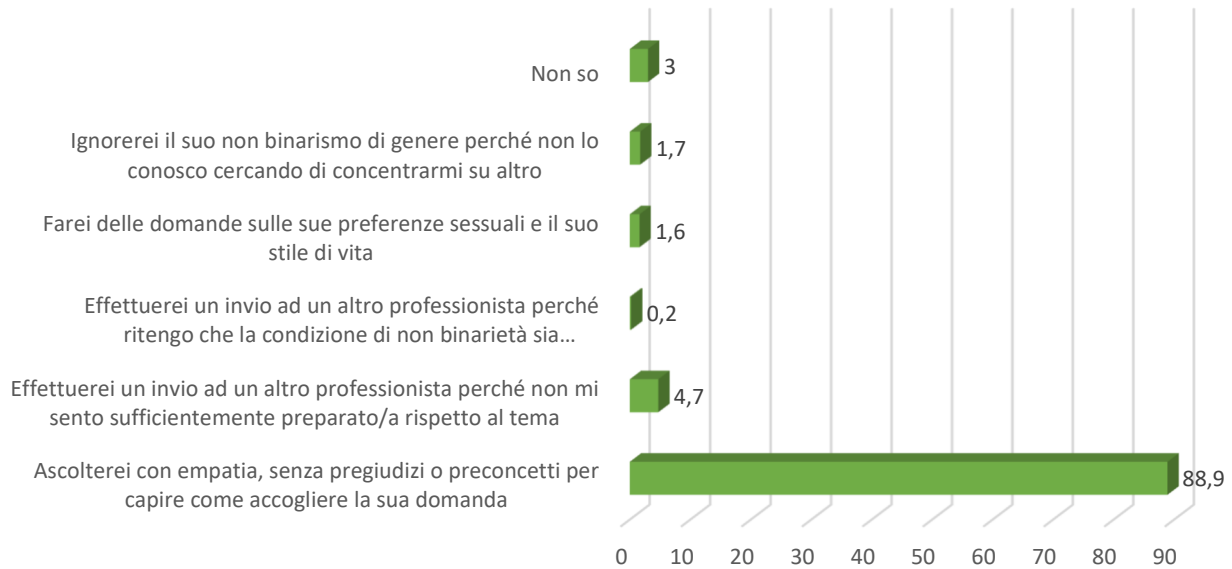


11. How would you behave if a rainbow family came to your service?

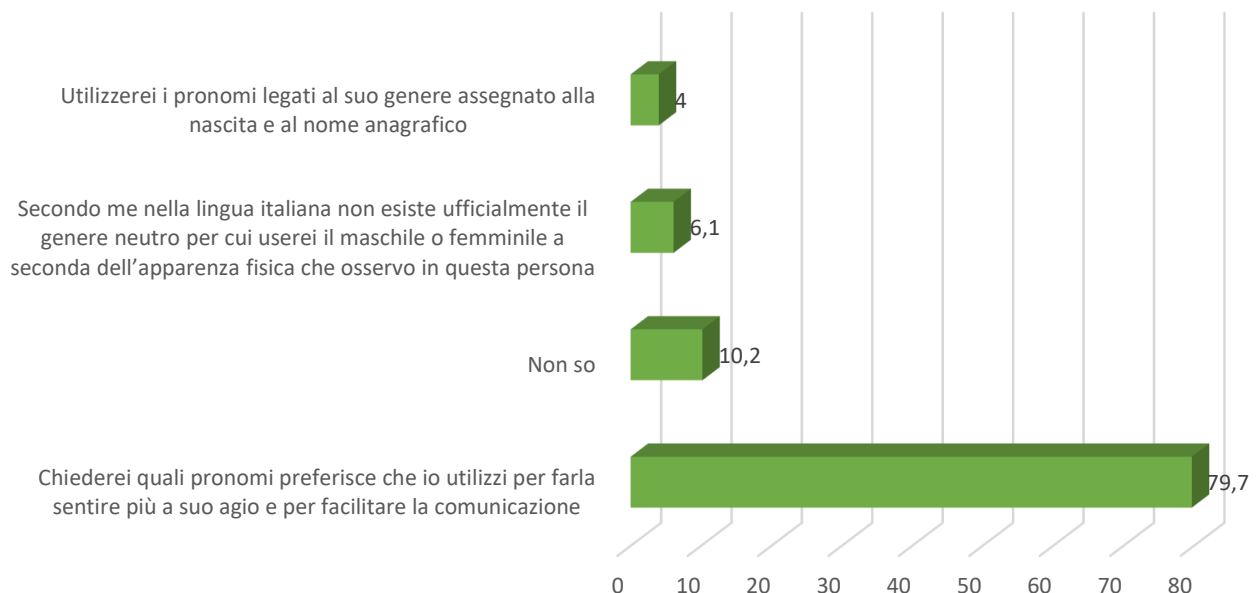




13. How would you behave if a person with a non-binary gender identity and expression (i.e. a non-binary person) came to your service?

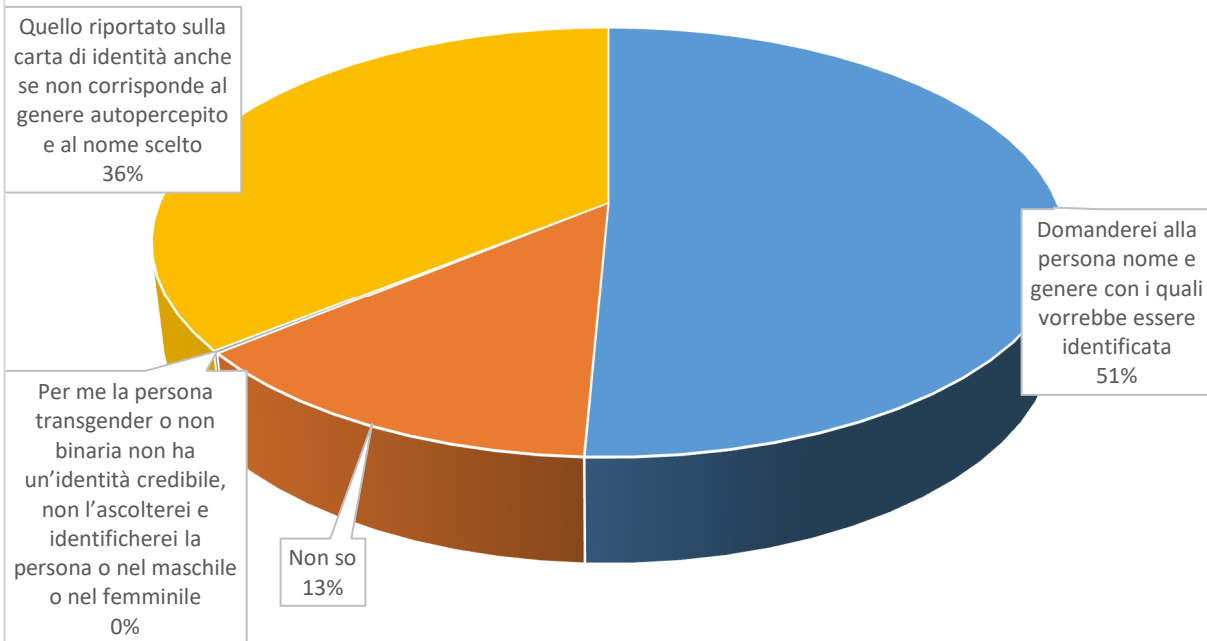


14. What language would you use when dealing with a non-binary person

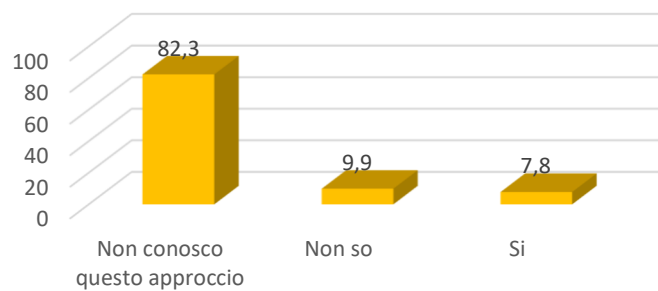


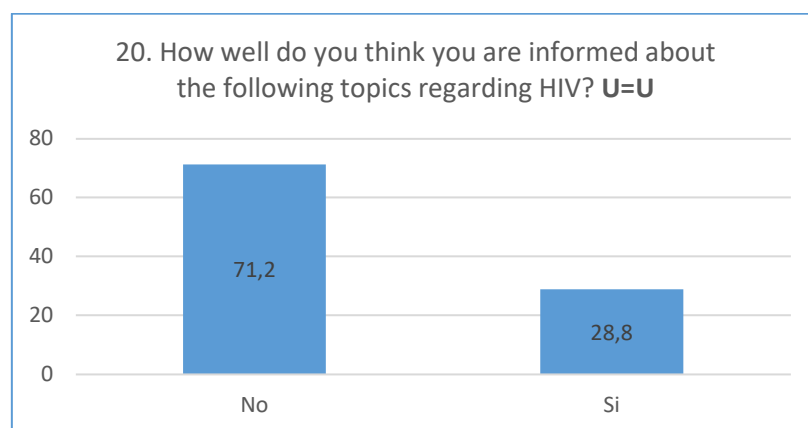
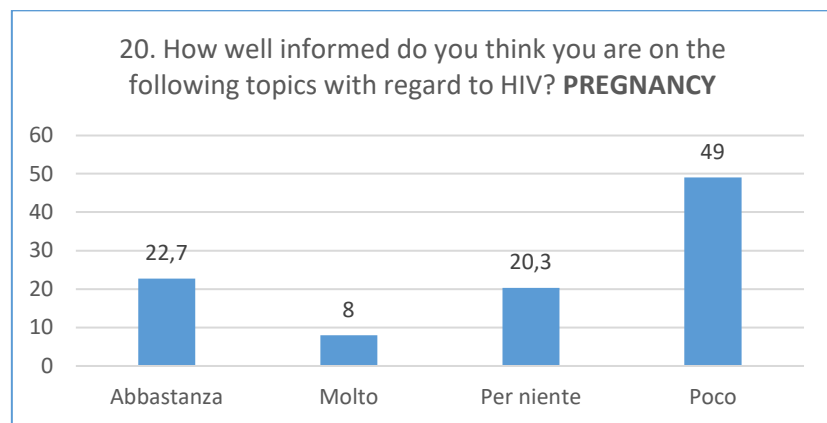
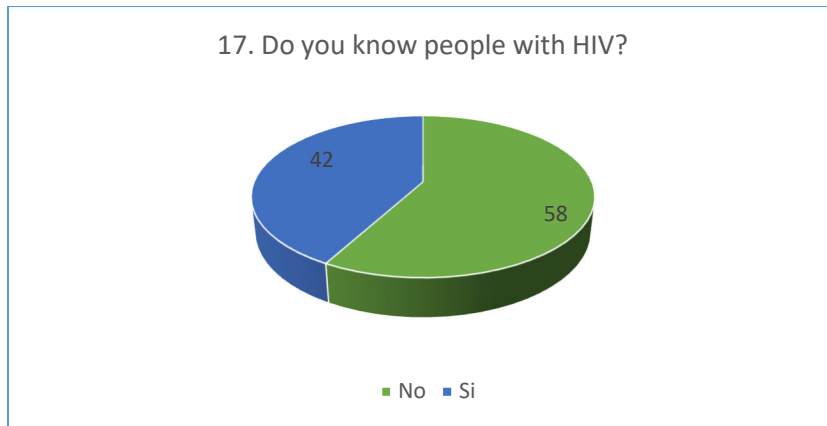


15. In your opinion, when filling out forms/forms/receptories what name and gender should be considered with regard to transgender or non-binary people?



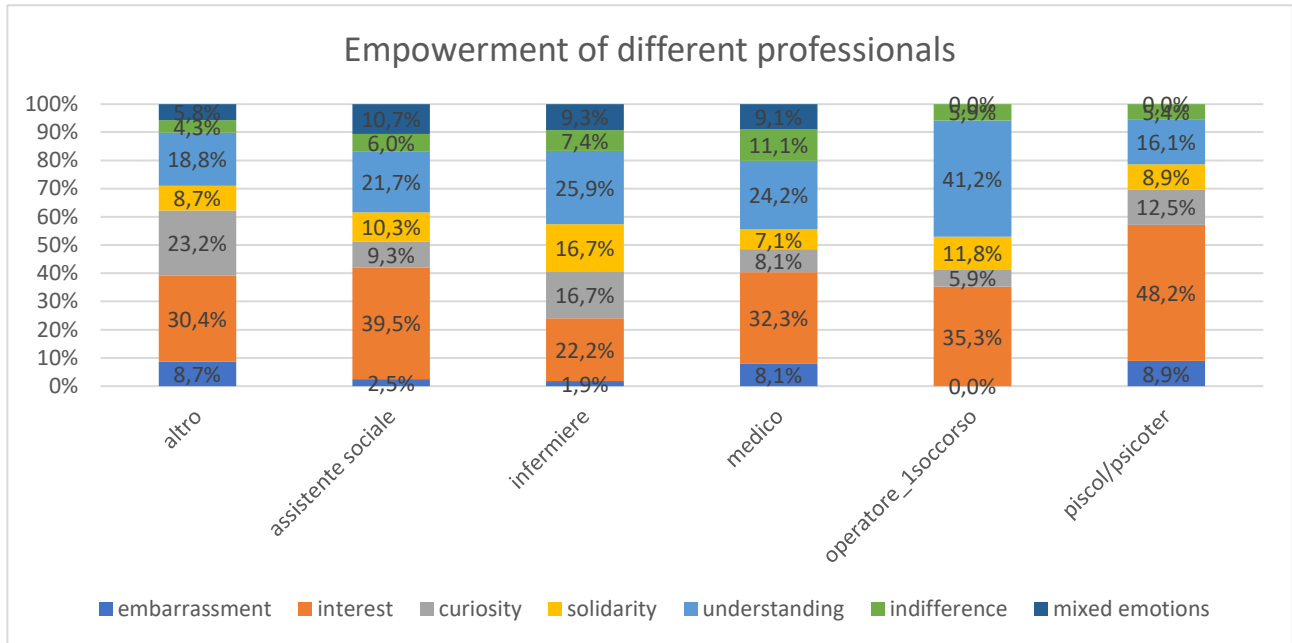
Are you familiar with the informed consent approach to caring for Trans* people as an alternative to diagnostic assessment and validation?



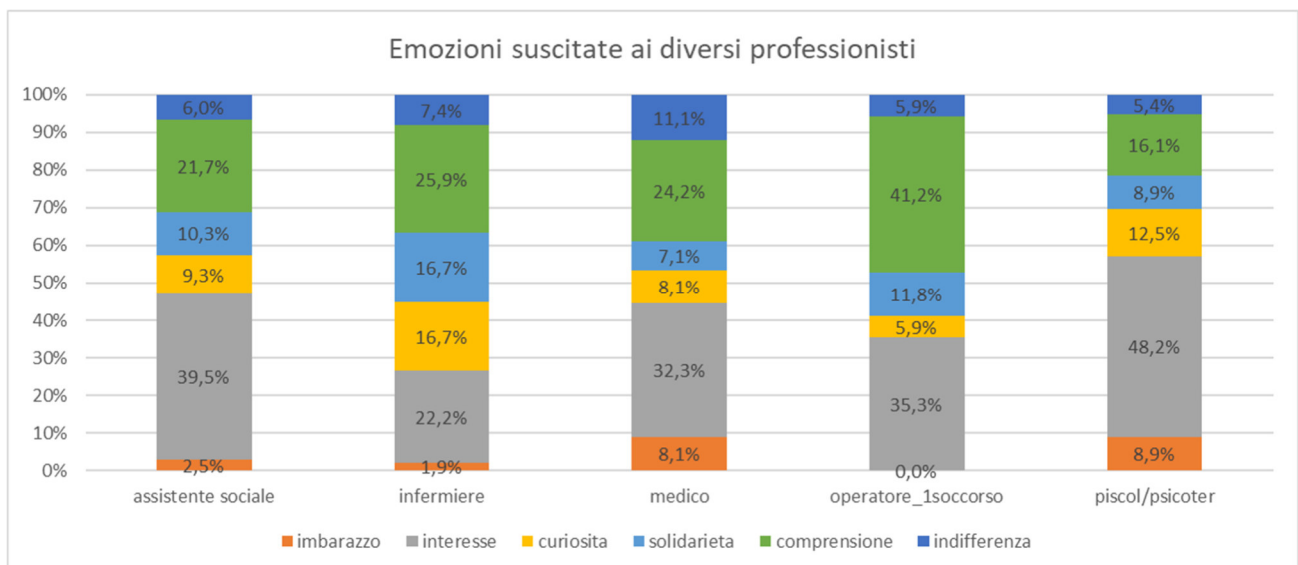


2.2 Correlations for some questions

Emotions that an LGBT+ person arouses in different professionals (incl.other)

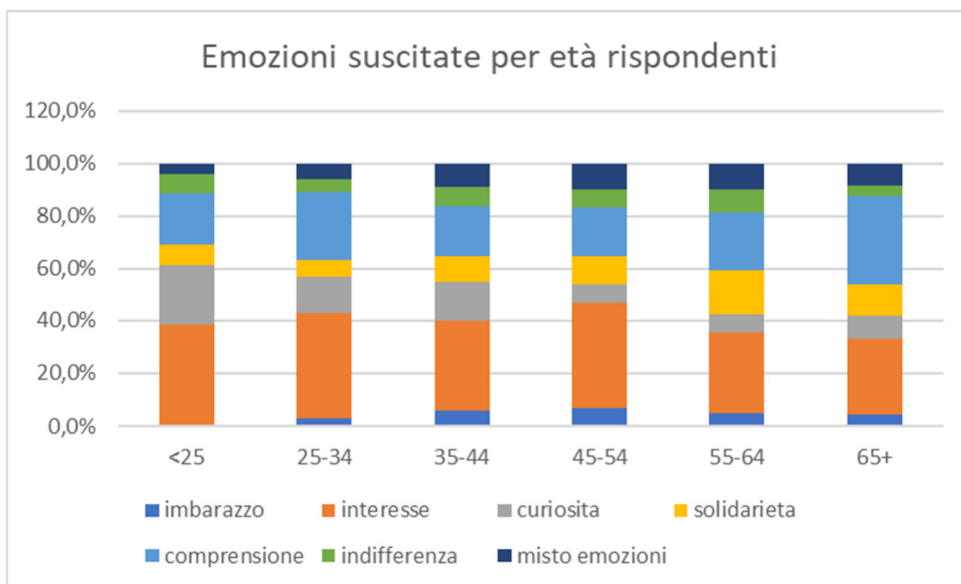


Emotions that an LGBT+ person arouses in different professionals (excl.other)



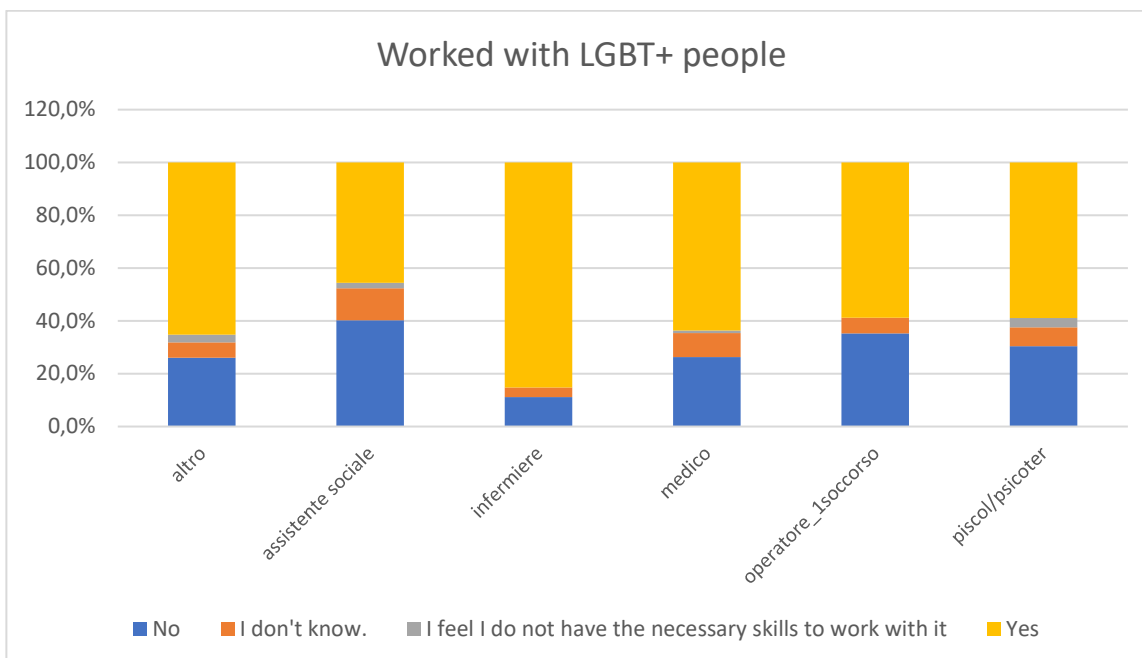
The distribution is not random but is significant at the chi2 test. In particular the interest for psychologists and the understanding for rescue worker 1.

Emotions that an LGBT+ person arouses in professionals according to age



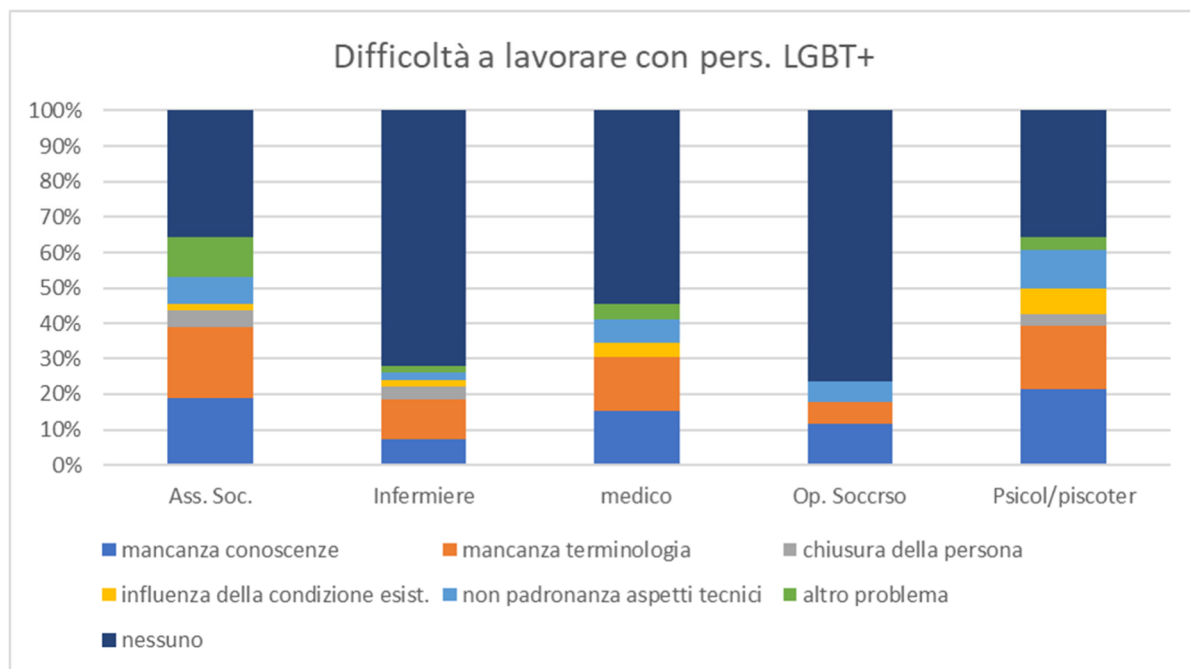
There is a gradient of understanding in relation to age

Working with LGBT people by profession



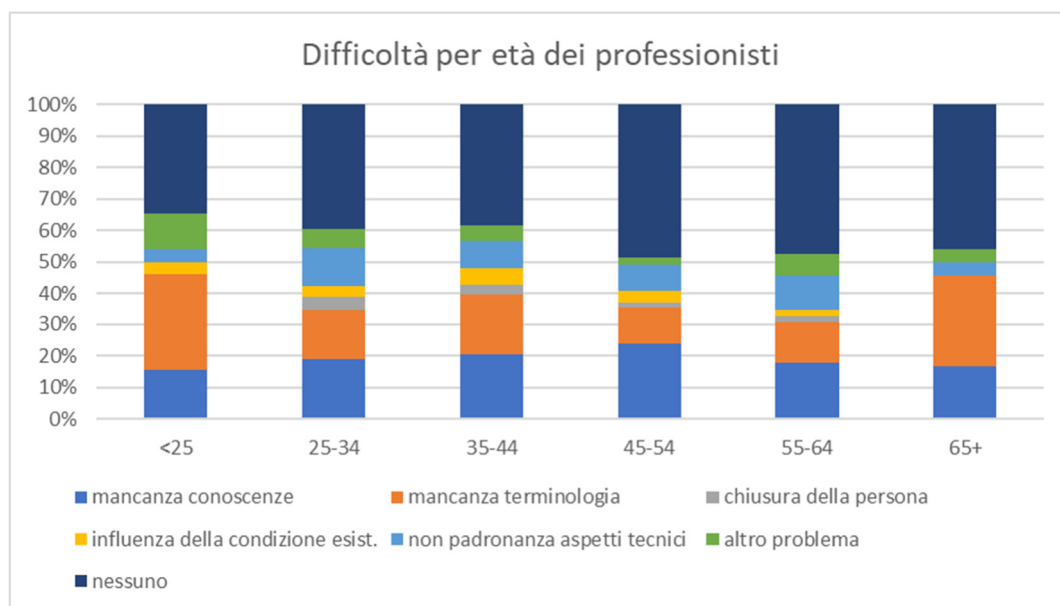
The distribution is not random but is significant at the chi2 test. In particular, the portion of social workers who have never worked/do not know is significant.

Difficulties in working with LGBT people per professional



The distribution is not random but is significant at the chi2 test. In particular, the proportion of nurses and operators who do not have any is significant.

Difficulties in working with LGBT people by age of professionals



There is an inverse gradient of understanding with respect to age

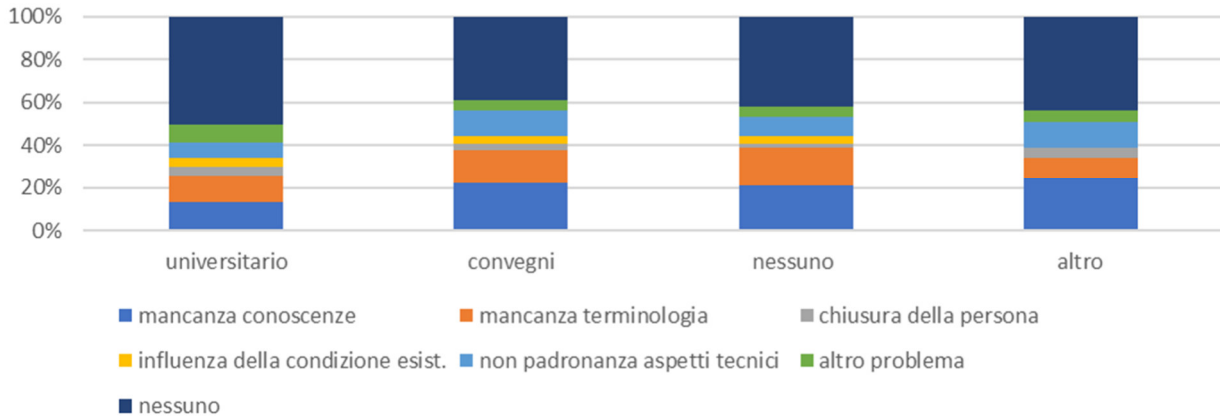


This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



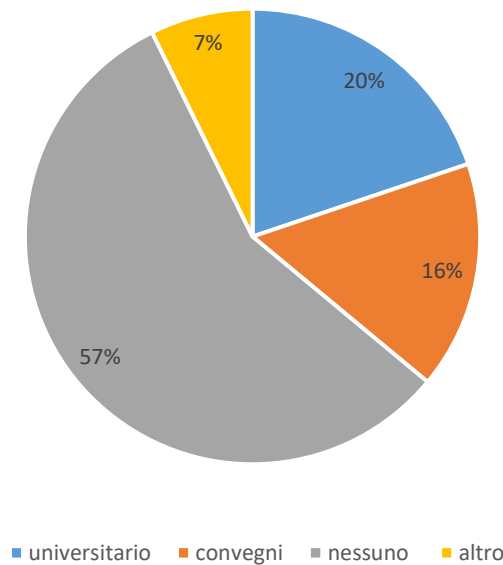
This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

Contesto formativo su LGBT+ per difficoltà incontrate

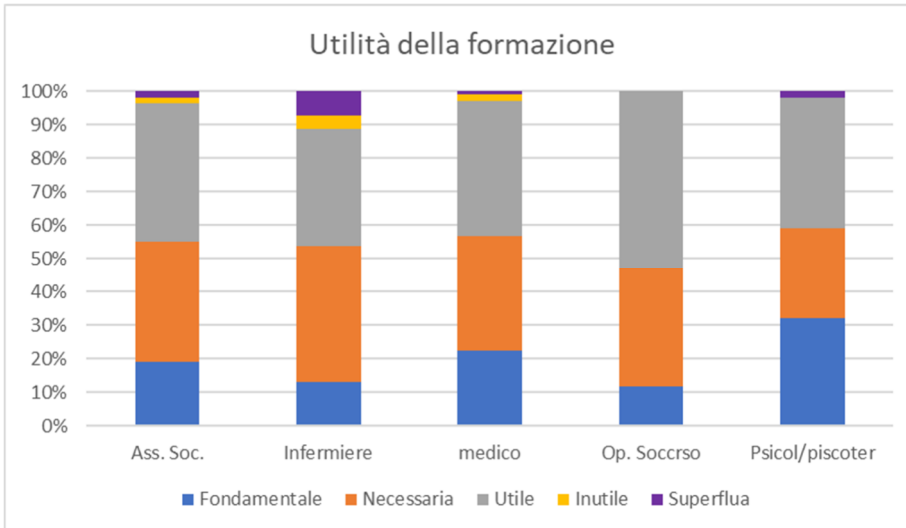


Amongst those who say they have no problem, 60% have no training.

Training context for no problem

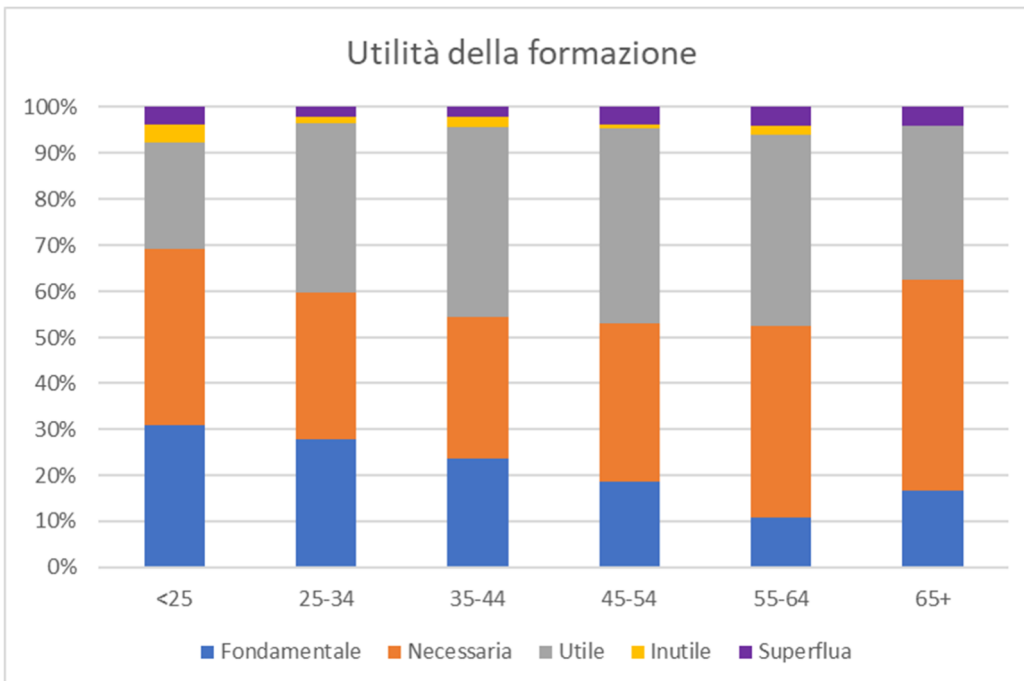


Usefulness attributed to training per professional

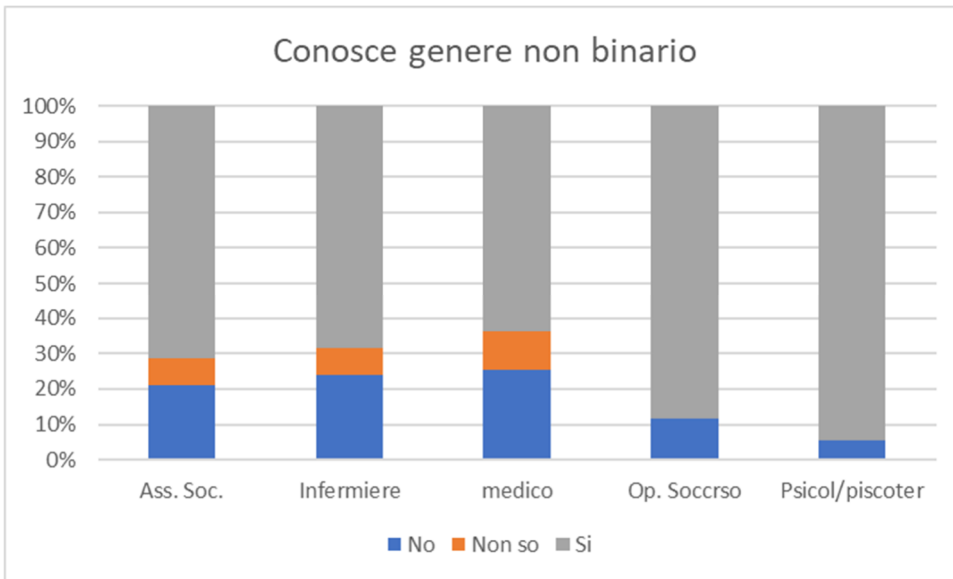


The distribution is not random but is significant at the chi2 test. In particular, the portion of psychologists who consider it fundamental is significant.

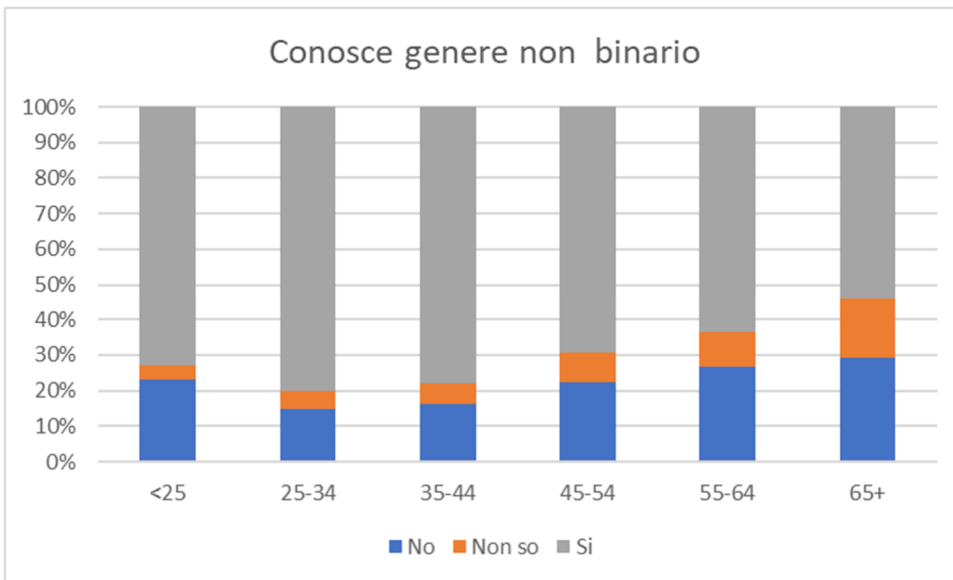
Utility attributed to training by age of the professional



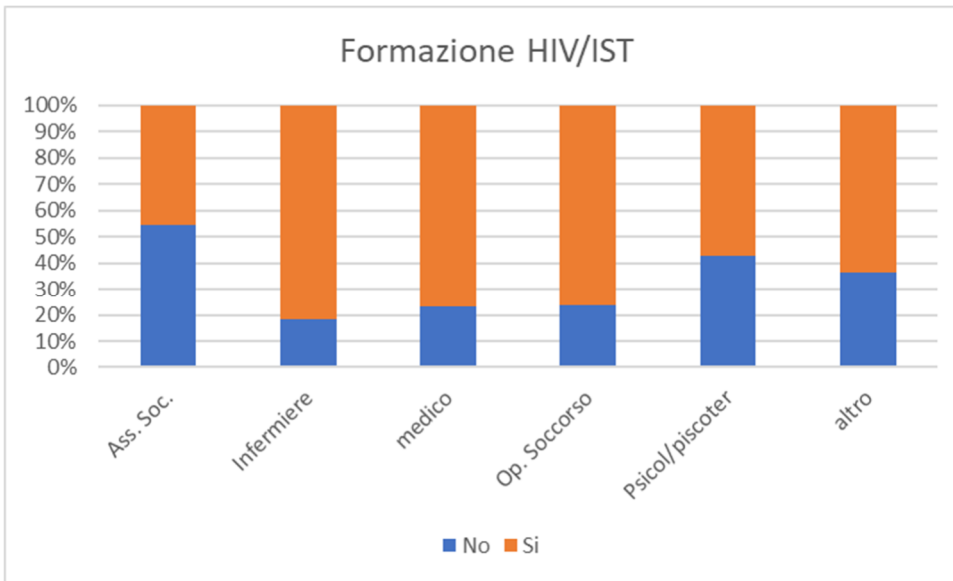
There is a reverse gradient of fundamental utility with respect to age.



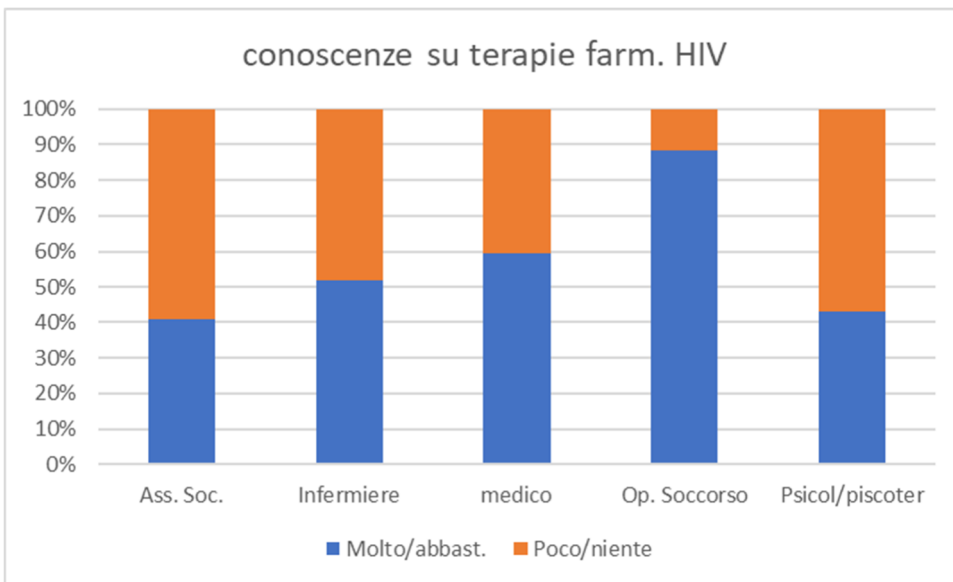
The distribution is not random but is significant at the chi2 test. In particular, the portion of psychologists who are aware of the non-binary identity is significant.



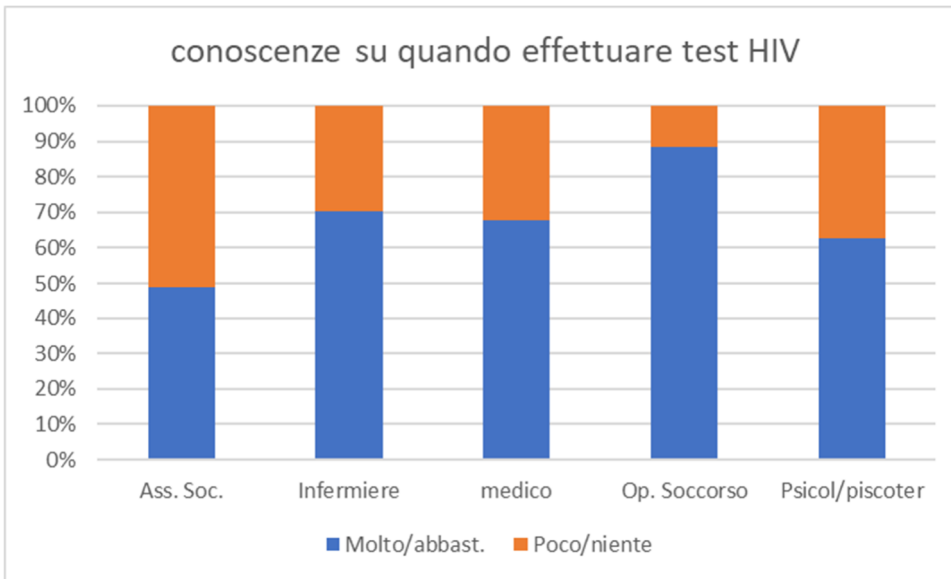
The distribution is not random but is significant at the chi2 test. In particular, the portion of the over-55s who are unaware of the non-binary identity is significant.



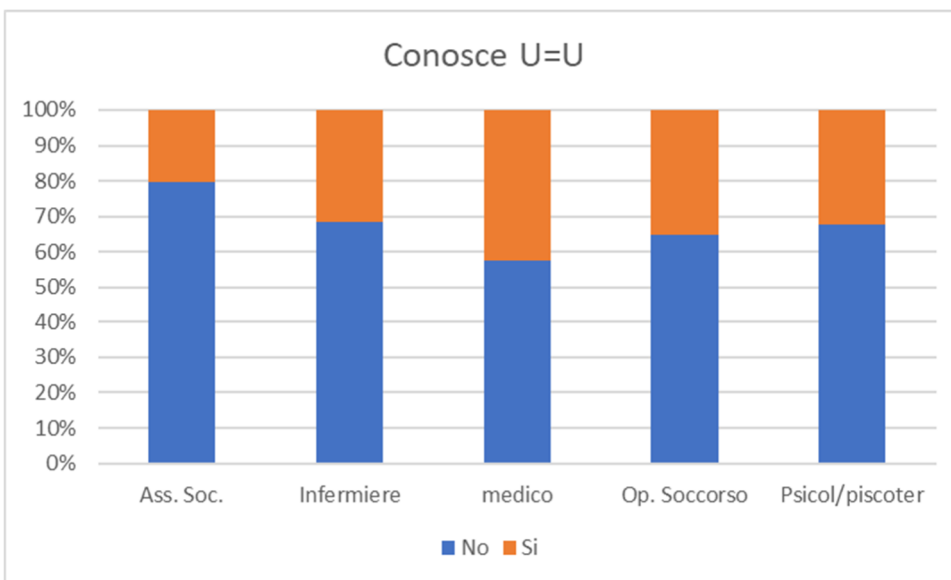
The distribution is not random but is significant at the chi2 test. In particular, the portion of social workers who state that they have no specific training on HIV/STI is significant.



The distribution is not random but is significant at the chi2 test. Particularly significant is the proportion of first aiders who claim to have specific training on HIV/STI.



The distribution is not random but is significant at chi2 testing. In particular, the proportion of health care workers (doctors, nurses, first aiders) who state that they know when to test for HIV is significant.



The distribution is not random but is significant at the chi2 test for all professions (except doctor).

2.3 Comments on the data from the questionnaires for social and health workers

Most of the respondents define themselves as women, have a university degree or a higher diploma. The professions intercepted are: Social Worker, Psychologist/Psychotherapist, Doctor, Nurse, First Aid Worker.

The prevailing emotions felt towards LGBT+ people are interest (more than 36%) and understanding (22.2%), but we must report, although in a modest percentage, embarrassment (4.7%), indifference (6.8%) and a mixture of emotions (8.3%), including sadness. It should be noted that among doctors and psychologists/psychotherapists, embarrassment exceeds 8%.

More than 56% say they have worked with LGBT+ people (only among social workers this percentage drops to 40%) and only 1.9% believe they do not have the necessary skills to work with them. However, when it comes to reporting problems and critical issues encountered, almost 43% (60% of whom had not received any specific training) state that there are no problems (only among nurses and first aid workers does this figure rise to more than 70%), while 20% of all respondents complain about a lack of specific knowledge on the subject and 16% about a lack of knowledge of terminology. In fact, it turns out that 58.2% of the respondents had not received any specific training.

More than 60% declared to have a good (very/quite) knowledge on the topic of homosexuality, while they declared to know little or nothing (more than 60%) about transgender identity, a similar percentage for LGBT+ parenting, a little less for homophobia (about 51%).

It emerges that there is little knowledge of the various specific issues related to gender identity: dysphoria, incongruence, non-binary identity, surgical paths, variance, legal procedures, ethical-deontological aspects are known (enough and a lot) with very low percentages ranging from 11% to 25% (with an average of under 20%). It should be noted, however, that more than 70% of those interviewed are aware of the existence of people who do not identify themselves as men and women, particularly among psychologists (90%), while among the over-55s the percentage drops below 50%.

In spite of the lack of knowledge of these aspects (even more than 90% do not know the informed consent approach) we register a positive attitude towards a possible transgender user: listening, empathy, non-prejudice (almost 90%), willingness to use the user's preferred pronouns (80%). Nevertheless, more than 35% of professionals would use the name on the user's identity card for forms/receptions.

Professionals interviewed are aware of the existence of rainbow families (80%), but not of the existence of rainbow families.

there is no contact with LGBT couples/rainbow families (over 70%). Despite this last figure, there is a willingness to listen to this type of user (70%) and 27% state that they could have a good approach.

On the topic of HIV there is not much knowledge. Only 40% stated very much/quite a lot. Around 58% declare that they have received training on STIs, but among social workers the percentage drops to 40%. It should also be pointed out that the interviewees declare to have a good knowledge of the HIV test and where to do it (over 60%), and of prevention (over 80%), but when it comes to specific topics the percentages drop drastically: on PPE 36%, on HIV pregnancies 30%. Connected to this aspect we can point out the figure of information on pharmacological therapies (about 47%).

Of concern is the lack of knowledge of the U=U concept (undetectable = non-transmissible) for over 80% of respondents, which is found significantly across all professions (except for doctors where it falls below 60%).

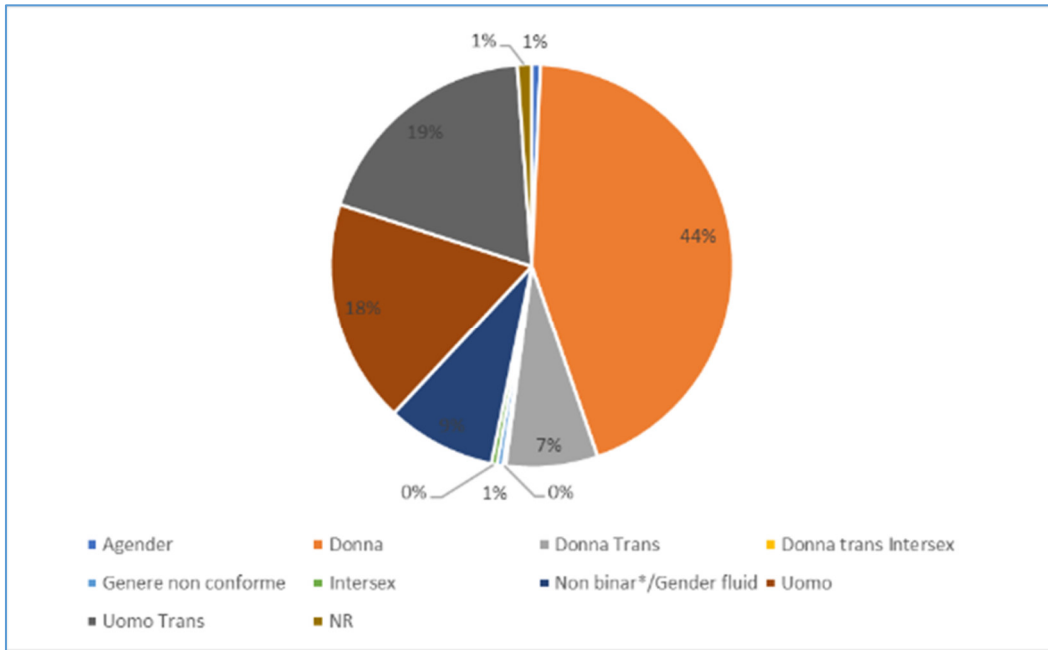
All these data point to a strong awareness on the part of the social and health workers interviewed of the lack of specific knowledge on LGBT+ issues, but at the same time highlight their willingness to fill the training gap. In fact, most of the interviewees believe that specific training is useful 39%, necessary 35%, fundamental 21% (among psychologists this last percentage exceeds 30% as well as for younger age groups).



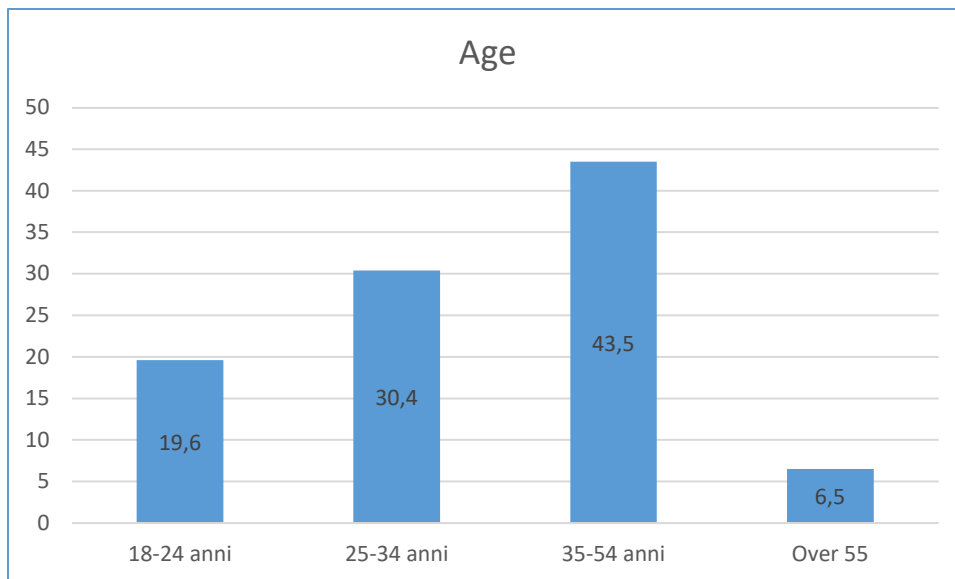
2.4 Data processing Questionnaire LGBT+ people

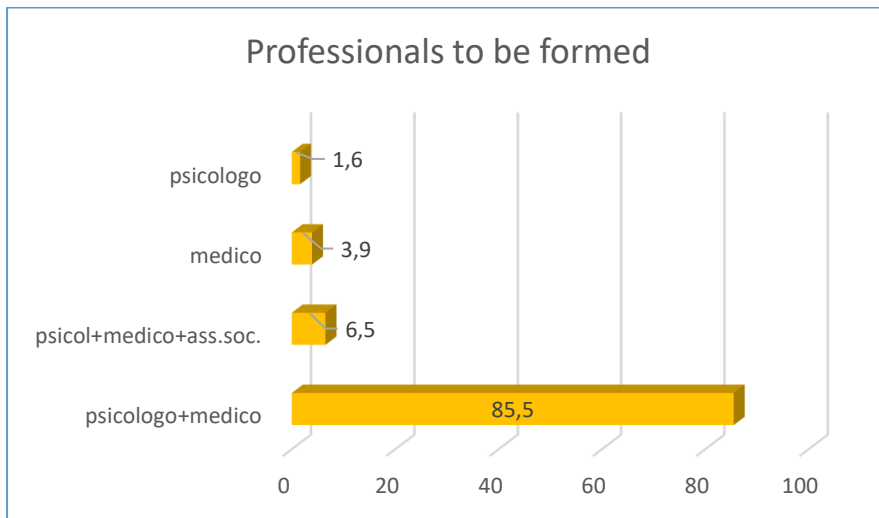
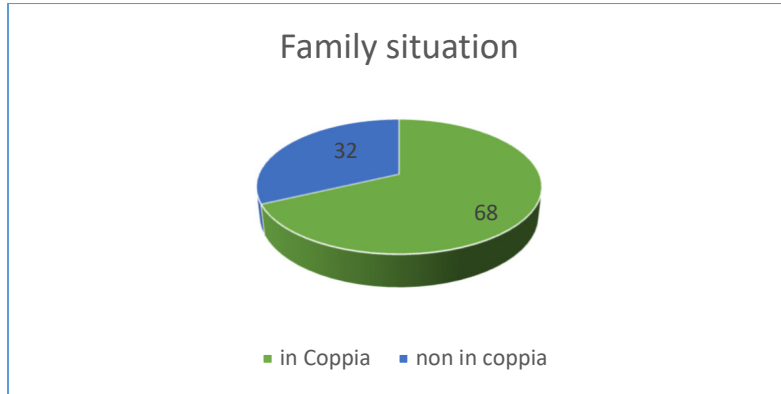
Number of respondents: 434

Gender

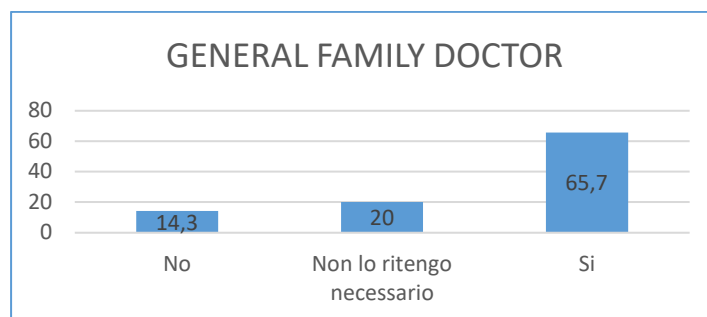


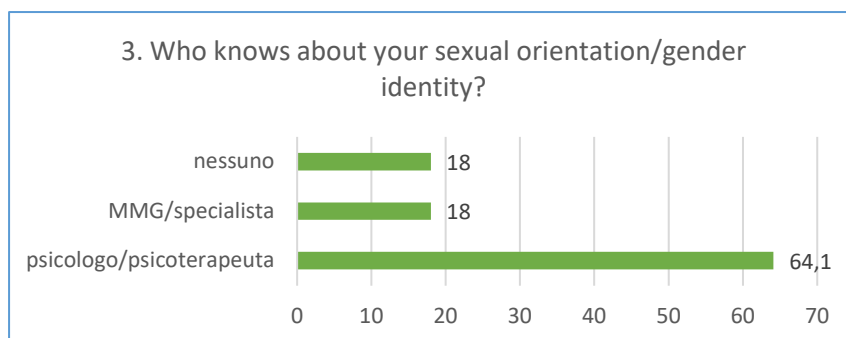
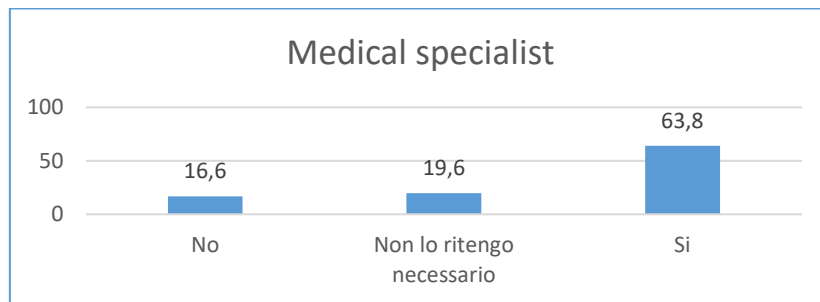
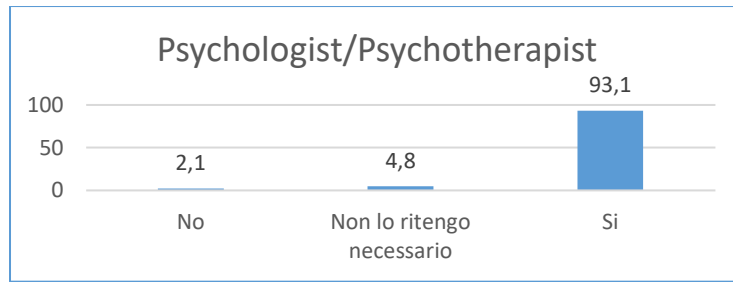
Age

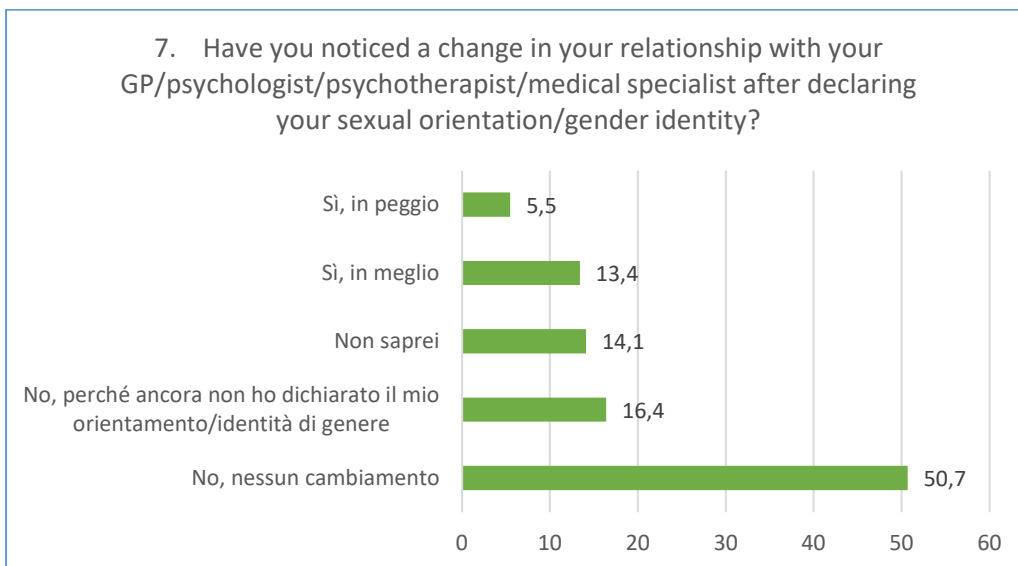
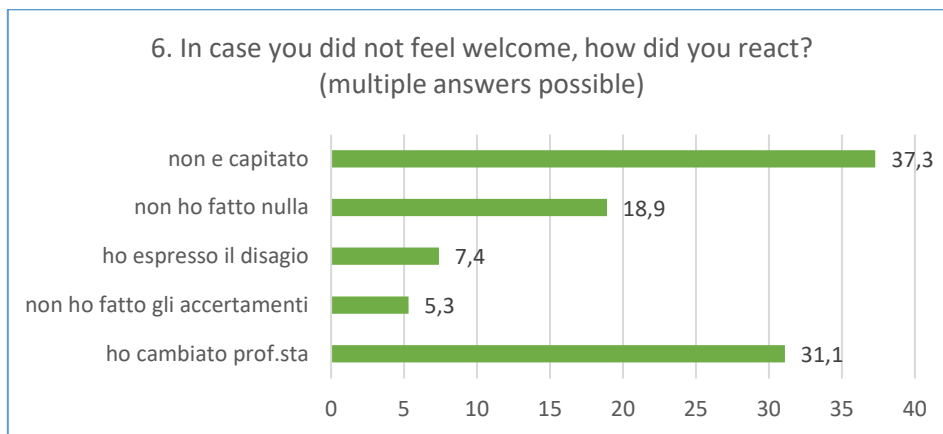
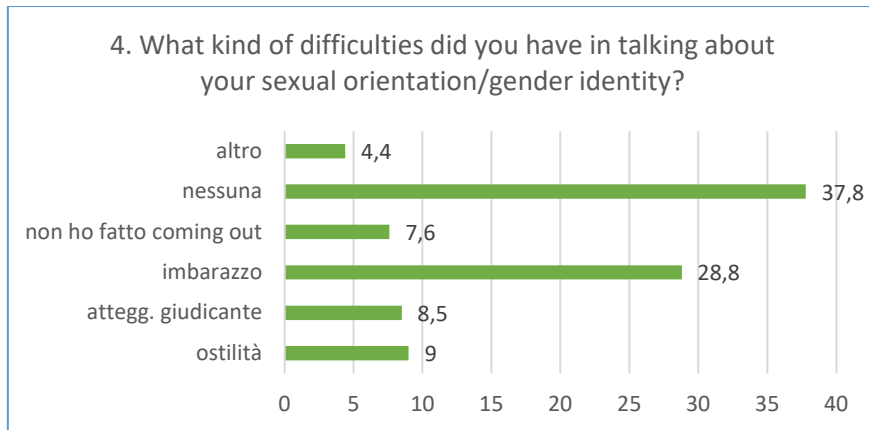




1. Which of these professionals do you think it would be useful to talk to about your orientation?

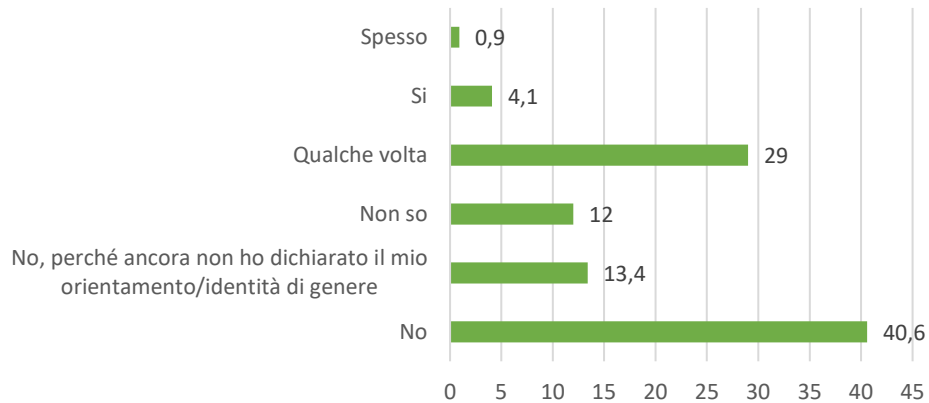




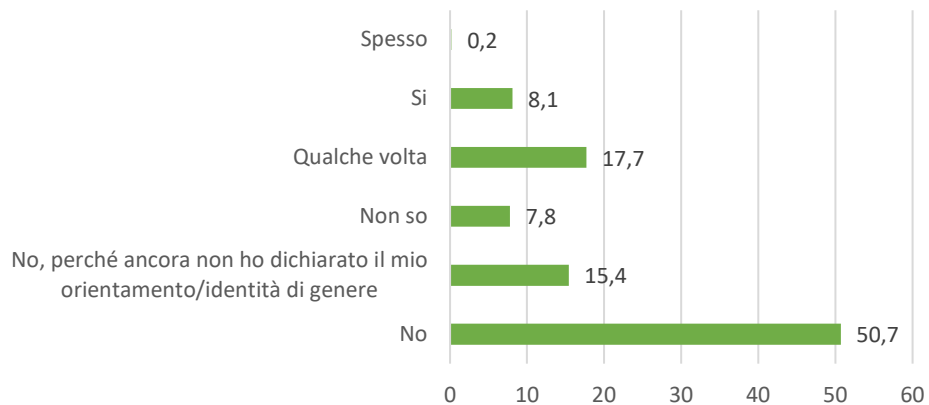


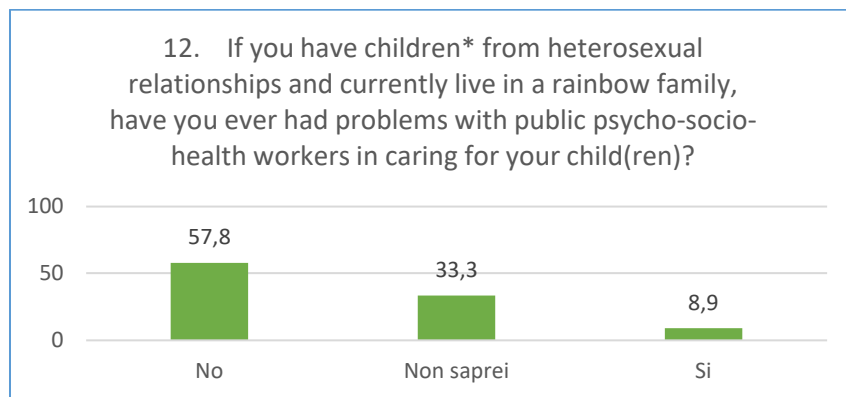
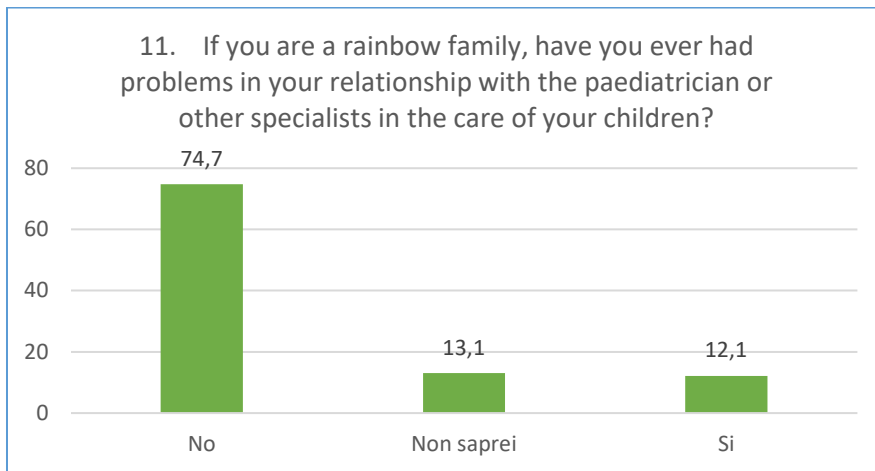
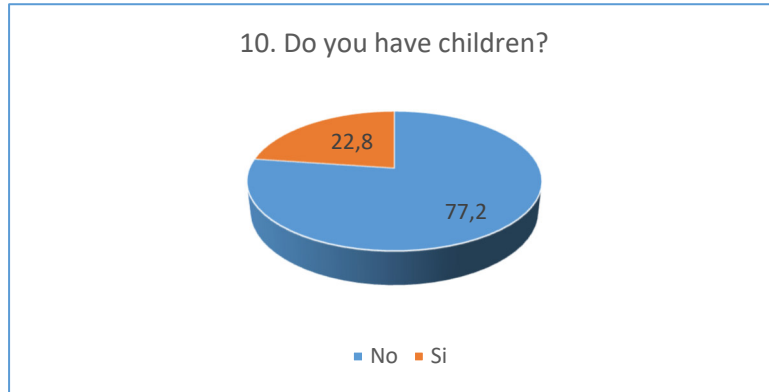


8. Do you think you receive worse treatment because of your sexual orientation/gender identity when you turn to public psycho-socio-health professionals?



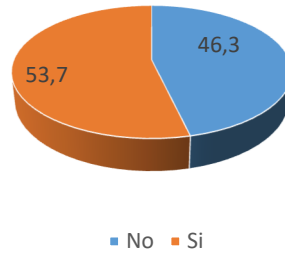
9. Have you ever been discriminated against because of your sexual orientation/gender identity when using public psycho-socio-health services?



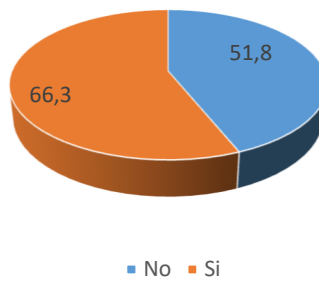




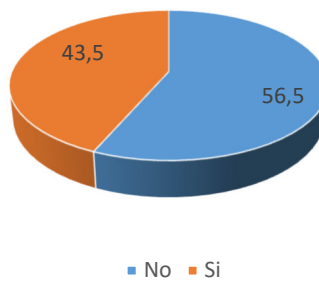
13. Have you ever had an HIV test?



14. Did you receive adequate counselling during the HIV test?



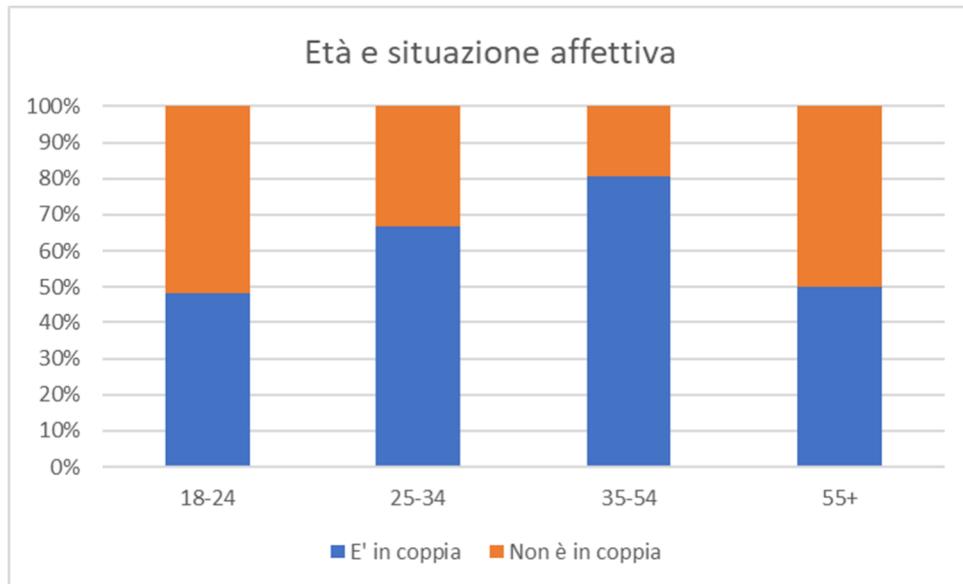
Do you feel comfortable talking about your sexuality with your general practitioner?





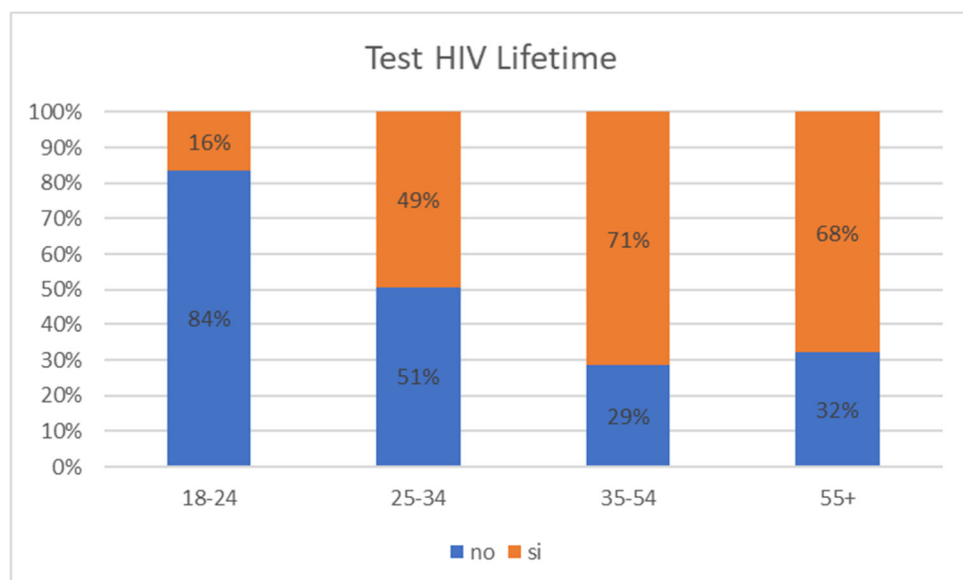
2.5 Correlations for some questions

Respondent age by affective situation



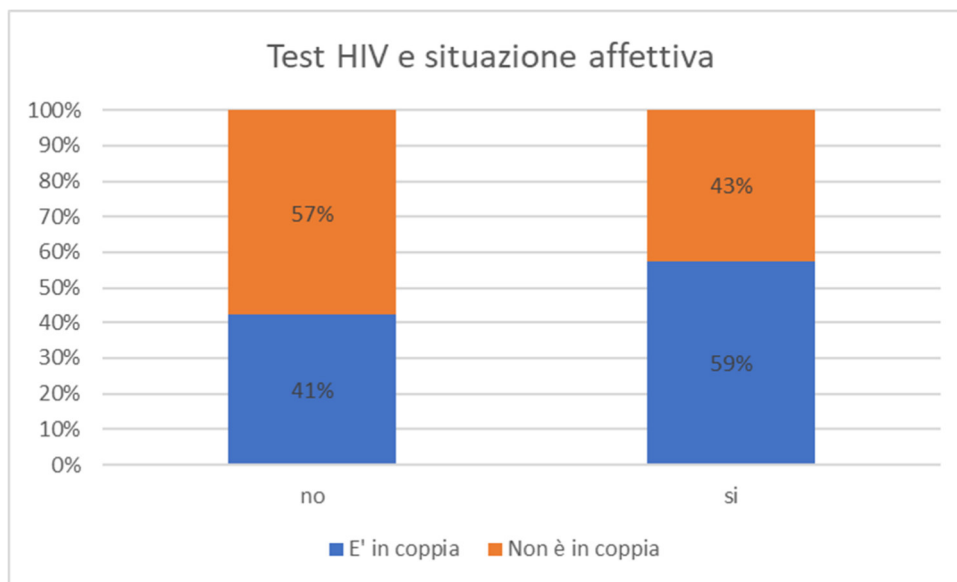
The distribution is not random but is significant in the chi2 test. In particular, there is a gradient between pairwise ages up to 55 years, then it reverses in the over-55s.

Respondent age for having performed at least one lifetime HIV test



The distribution is not random but is significant at the chi2 test. In particular, there is an inverse gradient between age and test.

Relationship status and having carried out at least one HIV test in a lifetime



The distribution is not random but is significant in the chi2 test. In particular, the largest portion of those who did not do so are not paired.

2.6 Comment on the data from the Questionnaires for LGBT+ People

Respondents are mostly LGBT+ people aged 35-45 (43.5%), employed (68%), with a degree or diploma (about 60%), in a couple (68%).

According to a high majority of respondents, it is essential to train the following professionals, psychologist and doctor (85.5%).

Respondents consider it useful to talk about their sexual orientation to various professionals: psychologist (93%), GP (65.7%), social worker (66%), medical specialist (64%).

However, it should be pointed out that among the professionals indicated as being aware of their sexual orientation and gender identity, only the psychologist, with 64%, has a significant percentage; then comes the doctor (18%).

The difficulties expressed in communicating with professionals about one's sexual orientation and gender identity include embarrassment (29%), hostility (9%) and fear of judgement (8.5%).

When they did not feel welcome, respondents changed professionals (31%), only 7% expressed discomfort, while 19% did nothing.

Having come out to the social and health professional for more than 50% (they are the graduates with the lowest percentage) did not produce changes in the operator-user relationship, while it produced positive changes in 13% and negative changes in more than 5% (the majority of these are the graduates). It is worth noting that more than 16% did not come out to the professional (among these the majority are single people).

More than 40% of the respondents believe that they have not been treated worse by service professionals for their sexual orientation and gender identity. Those who believe they have received worse treatment are 4%, while it is worth noting that 29% state "sometimes". The data are similar with respect to incidents of discrimination that occurred in services (when they approached a professional). 50% did not receive discrimination at all, sometimes (about 18%), while the percentage of those who actually experienced discrimination is higher (8%).

As far as couples are concerned, in particular couples with children, it is noted that almost 75% have never had problems with paediatricians or specialists following their children, but 12% "Yes". The data change slightly if the question concerns social and health workers of the services in general, the "No" rate goes down to around 58%, but the "Yes" rate also goes down (9%); on the other hand, the percentage of undecided people goes up to 33%.

Regarding the 'HIV' sphere there is a high percentage of people who have never been tested for HIV (over 46%), most of them are young people 18-24 years old (over 80%) and single people (57%).

Even more serious is the fact that more than 51% of people who have had an HIV test say that they have not received adequate counselling. It should also be pointed out that more than 56% do not feel comfortable talking about sexuality with their GP.

We can conclude that also from the analysis of these data it is necessary to start specific training courses for the various professional figures indicated to allow the construction of a better and effective operator-user relationship and to contrast possible episodes of discrimination in the services.

3. FOCUS GROUP

In May 2021, as part of the research activities on the needs of the target groups, the FEEL FREE T@BE Partners carried out 5 focus groups in order to further deepen the experiences and needs of LGBT+ people.

Specific areas of interest of the target groups were then investigated and 4 themes were identified:

1. Homoparental/transparental families
2. Experiences and needs of Trans* people
3. HIV
4. Experiences and needs of LGBT+ people from the psychotherapists' perspective

Considering the specific competences and expertise of the partners, the focus groups were divided as follows

THEME COVERED	ORGANISING PARTNER
1. Homoparental/transparental families	AGEDO (Rainbow Families)
2. Experiences and needs of Trans* people	Metaphor (Saifip)
	Mario Mieli (Dragonfly)
3. HIV	Mario Mieli
4. Experiences and needs of LGBT+ people from the psychotherapists' perspective	CIRSES/NAT

As shown in the table above, the topic of the experiences and needs of Trans* people was explored through two focus groups. Given the complexity of the topic, the Partners Metafora and Mario Mieli thought it was appropriate and necessary to analyse the topic from different points of view and to listen to the voices of different Trans* people.

3.1 Methodology for conducting focus groups

The methodology used to conduct the focus groups was borrowed from the social sciences. Each partner responsible for the activity drew up a number of stimulating questions to be asked of the participants in order to activate a discussion that was as participatory and democratic as possible.



This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

The CIRSES experts provided the partners with some methodological guidelines for the conduction of the Focus and for the collection of the elements that emerged from the comparison, in order to guarantee a homogeneity of the reports elaborated in the following phase of analysis of the answers provided by the participants.

The tools used by the partners to conduct the Focuses are as follows

GUIDELINES FOR ORGANISING AND CONDUCTING THE FOCUS GROUP

For each focus group, a **minimum of 5 and a maximum of 8 participants** per group will be involved in order to allow everyone to express themselves and will be led by **1 facilitator** and **1 observer**.

Each focus group will last approximately **2.5 hours** and will cover the following thematic areas

1. Exploration of the experiences, experiences and needs of **homoparent/transparent families** in accessing public health and social services
2. Exploration of the experiences, experiences and needs of **Trans* people** in accessing public social and health services
3. Exploration of the experiences, experiences and needs of **LGBT+ people with HIV** in accessing public health and social services.
4. Exploration of the experiences, experiences and needs of **LGBT+ people** in relation to public social and health services based on the elements that psychotherapists can observe in clinical practice and in any training activities for psychologists who are psychotherapy trainees.

A number of questions/reflections should be defined for each theme in order to encourage discussion among participants.

Methods and methodology for conducting the Focus Group

The **focus group methodology** is a qualitative research technique used to collect, in a participatory and warm way, evaluations, judgements, opinions, perceptions concerning a specific topic in a direct or indirect way. Therefore, within the FEEL FREE T@ BE project, focus groups can involve both LGBT+ people directly and professionals who come into contact with them.

The focus group is normally carried out by two people: **a leader, who facilitates the discussion, and an observer, who examines the relational dynamics of the group** and keeps the memory of the discussion, noting the most important aspects in a structured way, thanks to voice recording (where possible) or to transcription and subsequent compilation of a data collection and analysis grid.

In order to focus and guide the discussion, the presenter will have at her disposal, in addition to the **central topic, a series of stimulus questions** (as coherent developments of the short essential question and/or the two or three corollary questions) with some key words that constitute the first hypothetical infrastructure of the conceptual platform related to the topic.

The Champion

Within the FEEL FREE T@BE Focus Groups, the sample should be stratified according to the criteria indicated here:

- LGBT+ people diversified according to the different combinations that sexual identities and orientations can give rise to
- Differentiation by age group (20-29, 30-39, 40-49, 50-59; over 60)

Working methodology

Given the period of maximum attention that we are still experiencing with regard to the social distancing standards linked to COVID-19, the Focus Groups will preferably be conducted remotely, through an online platform. The **participants** (approximately 5/8 people), the leader and the observer will therefore meet after making an appointment on a specific day and time in advance in order to allow everyone to take part in the meeting.

If it is possible to carry out the focus in person, the **participants**, the leader and the observer will sit in a circle, if possible.

The **setting** elements (timing, modalities of intervention...) should be defined before the beginning of the meeting with the participants.

The leader provides the elements for the discussion, respecting the timing, but giving each participant the **opportunity to freely express their opinion** and ensures that this freedom is respected by all members of the group; communication in the group is set up in an open and participatory way, with a high propensity to listen.

The focus group will **last approximately 2 hours**.

Implementation phases

In order to better set up the conduct of the group, it should be borne in mind that in a focus group there are four distinguishable phases:

1. WARM-UP - this is the most delicate phase in which the outcome of the meeting is determined, since sometimes the conductor and the observer can be perceived with some form of mistrust. It is good to promote a welcoming climate with a friendly and soft approach, but above all sharing the aims and objectives of the focus itself.

2. REPORTING - in this phase the group atmosphere is promoted. It is therefore appropriate to make some considerations about the purpose of the meeting in relation to the objectives of the FEEL FREE T@BE project. Then the communication starts to be structured on the content.

3. CONSOLIDATION - it is usually at this point that the most acute internal problems emerge. Therefore, it can be very significant to activate processes which, in addition to allowing the group to highlight its own critical points and to follow its own itineraries, are able to promote attitudes and tensions that are decidedly task-oriented (capacity for effective mediation on the part of the leader in order to avoid the communicative structures typical of the devaluation of oneself, of others and of the context), with simultaneous attention to the strengthening of the relationship.

4. DISAPPOINTMENT - the fourth phase is the moment of leaving; in order to avoid disappointing expectations, but above all to enhance the expectations of the participants, a brief review of the meeting is made, thanking them for their cooperation.

Some practical indications

1. Do not use the directive communicative techniques of questioning and asking why.
2. Containing the informal leader who tries to direct the group with his/her influence.
3. Mediate in advance so that the meeting is oriented towards positive values. Attempt to increase the relationship between the leader - observer and participants.
4. Take care to always give a voice to the weakest and shyest, otherwise important points of view may be lost.



This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

5. Reducing and refocusing those considerations of the participants that trigger escape mechanisms from the topic.
6. Do not devalue the opinions of the participants, even if they are of an opinion contrary to your own (attention to care in verbal and non-verbal communication).
7. Don't express your opinion as a leader/teacher and don't make judgements, instead always try to raise the issue with the group.
8. Whoever conducts the focus group does not have to worry about deepening the problem/issue, according to his or her feelings, by orienting the discussion in a certain way.
9. The leader should stick as closely as possible to the timetable she has given herself before the meeting, in the knowledge that for many of the issues discussed, the time would still be "too little".

3.2 Elements collected in the focus groups

FOCUS GROUP "HOMOGENY AND TRANSGENDERISM".

Participants: three pairs of mothers, one pair of fathers, one mother of a trans girl (M to F) and one non-binary person

REPORT ON THE PROGRESS OF THE FOCUS	
<p>Starting from the stated objectives of the intervention and the expected contents, which thematic areas and contents were actually developed and which ones aroused particular interest; indicate if some areas were not covered/developed and for what reason.</p>	<p>The planned thematic areas - i.e. the exploration and collection of training needs of public psycho-social-health services and their professionals, in order to make access inclusive and LGBT+ friendly and the service of "human quality" - were developed.</p> <p>The episodes brought by the group participants included both relational/emotional (welcome, empathy, understanding) and more technical/medical aspects.</p>
<p>Methodology used; group climate; levels of participation; relationship between expectations and teamwork; evaluation of the experience by the participants; etc.</p>	<p>A welcoming and "fluid" atmosphere was immediately created in which each participant was able to express his or her own experiences and a desire to share emerged from the outset.</p> <p>Each participant talked about themselves and their lives in a natural way and without any special guidance from the group leaders.</p>
<p>Reflections on the organisation of the focus: ways of identifying and involving participants, logistical and time aspects, constraints on participation, etc.</p>	<p>The people who participated in the Focus were contacted through two partner associations supporting the project: the Rainbow Families Association and the Libellula Association.</p> <p>The focus was carried out on an online platform and took place in the evening in order to allow people to participate free from work and parental commitments. The duration of the focus, 1.5 hours, was congruent with the initial expectations, since all the participants remained focused on the proposed topic.</p>
<p>Any additional stimuli and materials made available for group discussion.</p>	<p>Initially, an overview of the project was given, with references to the European framework, the general objectives and in particular the objectives of the focus group.</p>
<p>Concluding reflection on the focus and possible added value that emerged.</p>	<p>In the light of what was heard and observed in the group, some important considerations seem to emerge:</p>



	<ol style="list-style-type: none"> 1) The first one is surely the knowledge and awareness of a homogenous reality that not all doctors and health workers seem to be familiar with. In most of the life episodes described by the group participants, it was fundamental to explain to the health worker their own family reality. Training is therefore useful when it helps to know, provides information but also real life stories about this reality, with the precise aim of breaking the heteronormative reality that many health workers still live with. In our opinion, training must stimulate open-mindedness and help the psycho-social health professional to welcome and contemplate more worlds, more realities, more existential and family possibilities. 2) The second reflection, more specific to the trans area, is that a training should clarify as much as possible who a transgender person is and underline the importance of pronouns and the use of masculine and feminine in the different situations because it is through the use of language that fundamental experiences of the therapeutic and care relationship are conveyed, such as acceptance, empathy, recognition of the other person as he/she is and how he/she lives. 3) A third consideration concerns the role played by the legislation currently in force: while on the one hand the law on civil unions has changed the way we talk about same-sex couples, recognising a fully legitimate role of 'husband' or 'wife' to the same-sex partner, the absence of a step child adoption, i.e. a law recognising the non-biological parent, makes the process of a homogenous and/or transgender couple needing a health service more complex and difficult. <p>If, on the one hand, there is an obvious legislative gap, on the other hand, we believe that training on LGBT issues aimed at raising awareness, informing, and making social and health workers aware of this gap, can bring these same workers closer to LGBT people and thus make diagnosis and treatment paths more accessible to users.</p>
--	--

FOCUS GROUP "EXPERIENCES AND NEEDS OF TRANS* PEOPLE" - 1

Participants 4:

- 1 AMAB (whose names we will abbreviate: M)
- 3 AFAB (whose name we will use abbreviations: G., G.L., M.A., E)

REPORT ON THE PROGRESS OF THE FOCUS	
<p>Starting from the stated objectives of the intervention and the expected contents, which thematic areas and contents were actually developed and which ones aroused particular interest; indicate if some areas were not covered/developed and for what reason.</p>	<p>The aim of this intervention was to investigate the experiences and needs of transgender people in accessing health, social and psychological services. Six specific questions were formulated to pursue this task:</p> <ol style="list-style-type: none"> 1) Which professional(s) do you think it would be helpful to talk to about your sexual orientation/gender identity? 2) Have you ever felt difficult to communicate with or ask for assistance from a health professional in relation to your gender orientation or identity? 3) Have you noticed a change in your relationship with your GP/psychologist/psychotherapist/medical specialist after declaring your sexual orientation/gender identity? 4) Has the fear of not being understood or welcomed in relation to your orientation or gender identity by a health professional ever prevented you from seeking assistance? 5) Have you ever experienced <u>discrimination on the grounds</u> of your sexual orientation/gender identity when using public psycho-socio-health services? 6) Have you ever experienced being a <u>victim of prejudice</u> related to your orientation or gender identity by health professionals in public psycho-socio-health services?
<p>Methodology used; group climate; levels of participation; relationship between expectations and teamwork; evaluation of the experience by the participants; etc.</p>	<p>All the thematic areas were discussed by the participants, with the help of the moderators in stimulating the elaboration, who showed interest in sharing their experiences and comparing them with each other.</p> <p>The methodology used was that of the <i>focus group</i>: six questions were identified, posed by the moderators, from which the participants started to recount their experiences and put forward reflections.</p> <p>The atmosphere was warm and relaxed for most of the meeting; only at the end of the meeting, during the final reflections, did it become more lively due to divergent ideas on the topic of practitioner training.</p> <p>Participation was high and continuous throughout the meeting and reflections were shared.</p> <p>There seems to have been a positive evaluation from the participants, who joined with enthusiasm and interest and perceived the importance of their contribution in the development of this project.</p>



This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

<p>Reflections on the organisation of the focus: ways of identifying and involving participants, logistical and time aspects, constraints on participation, etc.</p>	<p>Participants were identified through contacts at SAIFIP in Rome. Four transgender people were recruited (one AMAB and three AFAB), who had already carried out and completed their adaptation process. They come from different parts of the country (one from Northern Italy, one from Central Italy, two from Southern Italy), and three of them were followed in their psychological pathway at SAIFIP. Following the identification of the participants, they were contacted by telephone and the purpose of this work was explained: once accepted, they were sent by e-mail an informed consent for the use of personal data and the protection of privacy and, once signed, they were sent the link to connect to the meeting on the Skype platform two weeks later.</p> <p>There were no difficulties or logistical hindrances by using the Skype platform and scheduling the meeting at a non-working time.</p>
<p>Any additional stimuli and materials made available for group discussion.</p>	<p>No</p>
<p>Concluding reflection on the focus and possible added value that emerged.</p>	<p style="text-align: center;">FINAL CONSIDERATIONS OF THE MEETING</p> <p>The atmosphere established during the intervention made it possible for the participants to engage in discussions and reflections among themselves on the basis of the established questions. At the end of the intervention, they confronted each other about the necessity and the modalities of training for operators working in public services, showing different ideas and expectations about it. It was interesting to note that each subject had different life experiences from the others, not only between AFAB and AMAB, but also within the group of AFAB people.</p> <p>During the final discussion of the meeting, the participants were confronted with their own experiences and together they found little, if any, preparation on the topic or willingness to welcome them. It even often happened that they were not allowed to stay in the waiting room because they were not allowed to be with other patients (VISSUES AND DISCRIMINATION IN THE HEALTHCARE ENVIRONMENT).</p> <p><i>It was agreed that the real form of discrimination is "ignorance about many aspects of gender incongruity, it is not wanting to know or be informed about it, because it is seen as something less valuable".</i></p> <p>Many professionals were not prepared then and are not prepared now: the ignorance is TRANSVERSAL ("<i>I don't know anything about it but that's not the problem</i>": this attitude should be corrected), although the situation has improved somewhat over time.</p>



REFLECTIONS ON TRAINING FOR OPERATORS

In the context of training, it is important for professionals and practitioners to ask questions and request further information, but in everyday life, asking questions of the T persons in front of them creates difficulties: it is difficult to explain one's condition to everyone. It is difficult to explain one's condition to everyone. In face-to-face relationships, safeguards are removed and professionals allow themselves to ask indiscreet, personal and morbid questions.

M: In a training course, it would be necessary to provide a GLOSSARY to encourage a signifying process. The use of correct language is essential to create a training and information network, but also to welcome people properly. In this sense, continuous updating is important. If a person does not know a subject, he fills the unknown with his own knowledge: in this respect, training must be MULTIDISCIPLINARY.

G: She states that it would be enough for the operators in each area to be made aware of this shared glossary in order to welcome in the best possible way the users, who must be treated like everyone else.

G.L: He disagrees with G., stating that a lexical knowledge would be too "superficial" and not exhaustive of T people's needs: it is also necessary to provide a complete training, including lessons on both psychological and social experiences, the medical and legal part of the adaptation pathway and not to limit oneself to an inclusive and politically correct language.

E: It is of paramount importance to educate on empathy and the human aspect. Not all professionals in every field are trained in attention and care.



This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) - GA 963323



This content represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

FOCUS GROUP "EXPERIENCES AND NEEDS OF TRANS* PEOPLE" - 2

Participants: 7

FOCUS GROUP PROGRESS REPORT	
<p>Training of psycho-socio-medical staff</p>	<p>All participants expressed the need to train psycho-socio-medical staff and in particular psychologists and psychotherapists on the different aspects related to sex assigned at birth, gender identity, gender expression. Some key factors to improve their training are thus identified:</p> <ul style="list-style-type: none"> • Adopt the good practice of asking for the person's used pronoun instead of assuming the perceived gender of the operatz and adopt a less sexualised language. • Adapting paper forms to non-binary genders and not confusing sex with gender • Training on vocabulary, trans corpus and microaggressions also tuttz l3 personal3 socio-sanitary • Multidisciplinary training in which l3 professionals are in dialogue with each other <p>There is also a need to change the attitude of the operator in taking care of the person:</p> <ul style="list-style-type: none"> • Recognising the existence of non-binary people and their desire to stay outside gender affirmation pathways (by choice or by imposition) <p><i>"There is a growing interest on the part of health professionals to work with trans* people, but for example for non-binary people many times the care pathways are determined by the situation of the services due to the lack of recognition of their subjectivities and therefore they are outside the medicalised health pathway, and this being outside can be either by choice of the person or due to inaccessibility to the service in forms and ways that include other subjectivities".</i></p> <ul style="list-style-type: none"> • Greater respect • Strengthening the public service in order to respond to the demand for service to avoid recourse to private health care. We would also point out that public practice is extremely pathologising. • Let visiting persons (or others) in with a number or not by name, in case you do not have gender-aligned documents • Setting up appropriate local services (counselling centres/counselling centres) is also important because one of their aims is education in schools.



	<ul style="list-style-type: none"> • Elimination of surgery on intersex babies • Aligning the timing of transitions (they are very diverse and can range from 3 sessions to 5/6) • Individualising the pathways and offering more perspectives (e.g. different hormone doses) by breaking the pattern of a one-size-fits-all pathway. <p>At the level of structures and organisation of space, it is important to address together with the staff the problem of wards, emergencies and bathrooms in the social and health services.</p>
<p>Informed consent and depathologisation</p>	<p>All 13 participants are aware of the informed consent pathways and the depathologisation of trans* experiences. In particular, the factors that emerged to initiate more inclusive and comprehensive care are:</p> <p>Refer to the network against the pathologisation of trans* people and learn about informed consent routes that can also be implemented in the public service (informed consent is almost exclusively present in the private sector)</p> <ul style="list-style-type: none"> • Thanks to the concept of self-determination, informed consent counteracts gatekeeping by making the therapeutic process guaranteed and free of charge, which can support the psychological process of gender affirmation. The latter must be released from the diagnosis and the pattern of the diagnosis that links the affirmation process to a process of suffering must be broken. • Importantly, the presence of trans* staff within the services further disrupts this gatekeeping mechanism. <p><i>"Trans* staff, however, cannot be exoticized because otherwise they are loaded with work and the risk of microaggressions becomes continuous. They use you as a testimonial, as a quota to show more than as a real act."</i></p> <ul style="list-style-type: none"> • It is important to work on reception as the first moment of approach to services, which almost always generates estrangement, abandonment, frustration and unrealistic behaviour. • Those who apply WPATH apply informed consent. All other services apply the old ONIG model or an update. • Need for mapping of endocrinologists taking the informed pathway • Referring to services that apply it in order to share knowledge and expertise and make it common practice in the public service



	<ul style="list-style-type: none"> • Informed consent reduces the economic burden of both the user and the public structure. • There is a general adjustment to overdetermination generated by the fear of not being able to continue on gender affirmation paths. • The greatest barrier to the use of informed consent is the confusion between pathology and gender affirmation pathways, as there may be situations of minority stress but they are related but not determined by gender identity. <p><i>"The current path can be defined as institutionalised and normalised violence".</i></p>
<p>Pathways to sexual and reproductive health</p>	<p>The training that all psycho-socio-medical operators should have in order to ensure proper and careful care of trans* people also emerged as a central issue:</p> <ul style="list-style-type: none"> • Training starting in schools, with sex education, so as to teach sexuality that is not only heterocisnormal in relation to reproduction, so that what is currently considered as 'everything else' is no longer experienced as 'abnormality'. • Deepening the dimension of sexually transmitted diseases, which to date are not talked about but continue to be a reality • For those who apply informed consent or even for those who work in care, make trans* people aware of their reproductive choices in the process of gender affirmation so that they do not have consequences in their life choices. • Absolute misinformation regarding contraception for trans* bodies: testosterone is not a contraceptive <p>Access to sexual health:</p> <ul style="list-style-type: none"> • Gynaecological examinations may also not be requested by a person with male papers as well as the opposite • Sexual health is also understood as the pursuit of pleasure as well as well-being. <p><i>"Medical check-ups by "gender" are not accessible to T* people (e.g. T men, after a certain age, get a check-up letter, like cis men get a prostate check-up), but depending on the type of pathway taken, T* people must be enabled to monitor themselves, just like cis* people."</i></p>



	<p>Playback:</p> <ul style="list-style-type: none"> • Surgery or very high hormone doses can be defined as forced sterilisation. • Making the egg freezing route easier because rules currently prevent trans* people from referring to it • Developing research into drugs that do not impede reproductive capacity and thus forced and unwanted sterilisation <p>Abortion:</p> <ul style="list-style-type: none"> • Do not apply censorship on abortion and gender identity • Law 194 on abortion talks about a legal subject being a woman and as staff are not informed about the possibility of non-binary people or trans men being able to conceive/birth this can facilitate an objection if a trans* man turns up for an abortion <p><i>"We need to talk about reproductive justice of the possibility for all pregnant bodies to reproduce or resort to abortion when they want to."</i></p>
--	---

FOCUS GROUP "NEEDS OF LGBT+ PEOPLE WITH HIV".

Participants: 5

REPORT ON THE PROGRESS OF THE FOCUS	
Starting from the stated objectives of the intervention and the expected contents, which thematic areas and contents were actually developed and which ones aroused particular interest; indicate if some areas were	The contributions made by the participants allowed for an in-depth development of the thematic areas concerning the relational and communicative methods of health care workers called to welcome LGBT+ patients diagnosed with HIV. The quality of the perceived care relationship is strongly conditioned by the level of preparation on the subject of HIV infection, in operators who do not deal with this pathology and by the heritage of stigmatising beliefs that in the collective imagination are

not covered/developed and for what reason.	attributed to those who are carriers of this pathology, beliefs that unconsciously belong to the figures who work in different healthcare contexts.
Methodology used; group climate; levels of participation; relationship between expectations and teamwork; evaluation of the experience by the participants; etc.	The presenters presented the objectives of the project, leaving the group the possibility of a spontaneous confrontation on the experiences that each participant chose to share. The stories told highlighted elements common to all, favouring significant levels of identification within an emotional climate characterised by involvement and deep attention. The meeting was a moment of reflection and sharing that was appreciated by all.
Reflections on the organisation of the focus: ways of identifying and involving participants, logistical and time aspects, constraints on participation, etc.	People who attend the Circolo Mario Mieli and associations that deal with HIV took part in the focus group. The meeting was held on an online platform and this made it particularly easy to involve people from different regions. The focus group lasted two hours, half an hour longer than planned, as the participants' motivation to go into the proposed topics was high.
Any additional stimuli and materials made available for group discussion.	An interesting stimulus was given by the comparison between very different territorial realities, with the group representing northern, central and southern Italy. This heterogeneity made it possible to compare divergences and similarities between health contexts.
Concluding reflection on the focus and possible added value that emerged.	<p>The issues brought to the participants' attention highlighted complex needs that require a comprehensive care of the LGBT+ person with HIV. Two aspects in particular are worth mentioning:</p> <ol style="list-style-type: none"> 1) the importance of specific training on HIV and LGBT+ issues for all those working in the health sector, regardless of their context, as these two elements are at the root of double stigma. 2) Better life prospects and the consequent problems associated with ageing require coordination between specialists from different medical disciplines whose training in HIV and LGBT+ is in some cases inadequate to meet the needs of a population exposed to approximate judgements and interventions that pay little attention to the psychological variable that determines the quality of compliance with drug therapies.

FOCUS GROUP "EXPERIENCES AND NEEDS OF LGBT+ PEOPLE FROM THE PERSPECTIVE OF PSYCHOTHERAPISTS".

Participants: 8

REPORT ON THE PROGRESS OF THE FOCUS	
<p>Starting from the stated objectives of the intervention and the expected contents, which thematic areas and contents were actually developed and which ones aroused particular interest; indicate if some areas were not covered/developed and for what reason.</p>	<p>The envisaged thematic areas - i.e. exploring and collecting the training needs of public psycho-social-health services and their professionals, in order to make access inclusive and LGBT+ friendly and the service of "human quality" - were developed. The topics that aroused most interest were, on the one hand, the question of the importance of the professional-patient relationship and how to make it comfortable for both of them to be in a relationship, and on the other hand, the need to formally explain the protection of privacy in the relationship, since the act of coming out by LGBT+ people continues to be a moment experienced as exposing themselves to vulnerability.</p>
<p>Methodology used; group climate; levels of participation; relationship between expectations and teamwork; evaluation of the experience by the participants; etc.</p>	<p>The group that took part in the focus was made up of 2 psychologist-psychotherapists and 4 psychologist-psychotherapists with different seniority of work, although all of them were senior professionals with more than 5 years of work experience. All the participants contributed to the discussion with mutual attention to connect gradually to the elements that emerged from each of them, in a sort of flywheel that held together points of contact and openings to new perspectives related to the proposed themes. The participants were satisfied with the discussion, proposing the reading of concrete cases of LGBT+ patients and their families, who had been in their care in the past and are currently undergoing therapy.</p>
<p>Reflections on the organisation of the focus: ways of identifying and involving participants, logistical and time aspects, constraints on participation, etc.</p>	<p>The people who took part in the focus group were identified within a network of professionals who deal with psychotherapy paths also addressed to LGBT+ people, with various percentages compared to the total number of patients. This aspect was relevant in order to collect not only the needs/needs of the psychotherapists but also the experiences of the patients. The focus was carried out on an online platform and this made it possible to facilitate the presence of the professionals involved in their daily work. The duration of the focus, 1 hour and a half, was congruous with respect to the initial expectations, since all the participants remained focused on the proposed topic.</p>
<p>Any additional stimuli and materials made available for group discussion.</p>	<p>Initially, an overview of the project was given, with references to the European framework, the general objectives and in particular the objectives of the focus group.</p>
<p>Concluding reflection on the focus and possible added value that emerged.</p>	<p>The focus brought to light the attention that must be given to professionals in the helping relationships in order to make the relationship equal and welcoming for LGBT+ people. The added value was the sharing of the social and historical framework of the change in perception towards the issues of sexual orientation, gender identity and the reduction of sexual differentiation, in a binary key only. The contrasts that emerge with the changes were also discussed, for example how a greater degree of freedom</p>

	in sexual relations seems to be matched by an increase in psychological and physical violence, but also the persistence with the past, as in the case of the issue of coming out, always central to the entire life span of LGBT+ people.
--	---

3.3 Comments on the Focus Groups

The qualitative survey carried out through focus groups on the discussion topics chosen by the Partners confirmed what had already emerged from the questionnaires regarding the importance of training on LGBT+ issues for social and health care workers in public and private services.

The focus on parenting highlighted experiences of discrimination linked above all to a lack of knowledge on the part of operators, which fuels heterosexist views and prejudices. In some situations, in fact, participants reported having experienced episodes in which it was taken for granted that their children had heterosexual parents, resulting in embarrassment on the part of all when they came out.

The problem of the lack of legal recognition of LGBT+ parental couples was also highlighted, which, especially in situations of illness, causes a strong perception of lack of protection for the non-biological parent. The aspect of legal recognition also has a strong impact on how LGBT+ couples manage their children's daily lives.

With respect to gestation courses, participants in this focus stated that they found more welcoming and prepared services abroad than in Italy, especially within the public services.

A further element to underline with regard to LGBT+ parenting concerns Trans* people for whom even thinking about a reproductive project is very difficult. Operators appear to be totally unprepared to accept such requests and probably because of this lack of competence they do not show feelings of understanding and empathy towards Trans* users. The same, or to an even greater extent, happens with people who declare themselves non-binary, about whom even psychologists and psychiatrists know very little.

These observations are also largely confirmed by the focus groups conducted specifically on the needs of Trans* people. For many, the lack of knowledge is accompanied by a lack of sensitivity in dealing with Trans* users, who are often asked questions that are perceived as intrusive and morbid. One of the participants stated that he had found great incompetence and ignorance, as well as a lack of confidentiality, on the part of healthcare personnel. In addition, he often perceived a strong prejudice against himself and felt he was treated "as if he was worth less than others". Again, the critical elements are stronger in the public sector than in the private sector.

General practitioners play a key role for Trans* people who, however, report experiences of a lack of expertise and support, as well as sexualising and empathic approaches.

As far as psychologists and psychotherapists are concerned, the importance of training with regard to the concepts and terms of sex assigned at birth, gender identity and gender expression is emphasised.

For this reason, in the context of the Trans* themes, focus participants highlight the need to include a GLOSSARY among the training tools for social and health workers in order to favour a meaningful process. The use of a correct language is fundamental to create a training and information network, but also to adequately welcome people. In this sense, continuous updating is important. If a person does not know a subject, he fills the unknown with his own knowledge: in this respect, training must be multidisciplinary. It is also essential that such training starts at university.

The observations that emerge from the focus on the needs of Trans* people therefore confirm the need for the FEEL FREE T@BE training course to be able to affect not only the knowledge but also the attitudes of social and health workers and several aspects of Trans* users' lives: self-determination, care, periodic checks on their state of health, reproduction.

With regard to the focus on HIV it is clear that there is still prejudice, stigma and discrimination, which can be seen even in professionals working in infectious disease services. HIV and sexual orientation are strongly discriminating elements, making it difficult to create a climate of trust in the care relationship. It emerged that the work of the associations in supporting people with HIV and mediating with the public institution plays a significant role both in the phase of taking charge and in the phase of care. People with HIV do not always feel that their privacy is fully protected. Misinformation and a lack of training constitute an obstacle to a psychological pathway.

Finally, with regard to the Focus carried out with psychologists and psychotherapists, it is worth underlining once again the difficulty reported by LGBT+ patients to talk to their GP because he/she is their family doctor and they do not feel protected with respect to privacy. For Trans* people this aspect is particularly critical, since they have to go through the GP for prescriptions and do not trust and rely on them.

Another important issue is coming out, which is still very difficult and is central to psychotherapy.

There is also evidence of changing experiences and needs between older and newer generations of LGBT+ patients. There are differences in attitudes towards the LGBT+ issue in the 20-30 and 40-60 year old generations and according to their cultures. The demands of LGBT+ adolescents have increased and the issue of fluidity is central in post adolescents (22-26 years old) who seem to experience themselves* with more "normality". People in their 40s find it more difficult to assert their own being.

This confirms the great need for psychotherapists to be trained in LGBT+ issues in order to be able to welcome and help people, building a caring relationship on an equal footing between therapist and LGBT+ patient.

CONCLUSIONS ON THE ELEMENTS EMERGING FROM THE QUESTIONNAIRES AND FOCUS GROUPS

In conclusion, we can say that both the quantitative and qualitative surveys clearly show the issues on which it is essential to intervene through the training of social and health workers.

Among the issues to be given more attention are:

- Gender identity

As already mentioned, it is fundamental to have training on some specific aspects such as dysphoria, incongruence, non-binary identity, surgical procedures, variance, legal procedures, ethical and ethical aspects. This is a strong critical point that does not allow for a complete and welcoming care of transgender and non-binary people by the services. Cases of discrimination and stigma are often reported, as also emerged in the focus groups.

- Parenting

Also in this case there is a lack of information on various issues which leads to situations of stigma and discrimination, creating great discomfort for LGBT+ users and their children. Several negative episodes have been reported, which often start from the lack of simple forms in the services that include LGBT+ couples and their children.

- HIV

The surveys reveal a lack of information on all the innovations in the field of HIV, both in terms of prevention and pharmacological therapy. This lack of knowledge about revolutionary scientific concepts, such as U=U (Undetectable = Not Transmissible), still feeds old prejudices which do not help HIV people to live their relationship with their GP or other social and health service operators in a serene manner. Furthermore, we point out that as reported by all international agencies and by UNAIDS, the lack of correct information hinders the achievement of the 2030 objectives, both in the field of prevention and for the fight against stigma towards people with HIV.

The need for training for social and health workers is not only requested by the LGBT+ people interviewed, but is also strongly felt by professionals who are aware of the lack of specific knowledge about different aspects of the LGBT+ universe. This denotes a positive attitude on the part of professionals, which may facilitate the construction and implementation of training courses.

We can conclude by emphasising that training on LGBT+ issues and HIV is central to creating an effective and inclusive helping relationship between social and health workers and LGBT+ users, an important element to fight discrimination and stigma due to sexual orientation, gender identity and HIV.