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Professional care for LGBTI people in rural areas: knowledge, beliefs and practices. A case study in the La Selva region, Spain.

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Over the last decade, lesbian, gay, bisexual, transgender, and intersex (LGBTI) policies have been developed in Catalonia (Spain). This has resulted in official efforts to address the needs of LGBTI people in rural areas of a territory that, until recently, had neglected these needs. In this article, through mixed methods research, we analyze the knowledge, beliefs and practices of health care and social service professionals in the region of La Selva. The results show how, despite professionals' desire to provide good care for LGBTI people, ignorance, prejudice and cisheterocentric outlooks limit professional practice.

Keywords: Rural; cisheterocentrality; professional care; intervention; LGBTI policies

Introduction

State intervention in matters of sexuality and gender has been common practice in modern nation states (Brown, 1995). Both Foucault's interpretations (Foucault, 1976) and the historical analyses applicable to Spain undertaken by Francisco Vázquez García and Richard Cleminson (2007), Geoffroy Huard (2014), Gracias Trujillo (2009) and Alberto Mira (2004), among others, recount the different roles that, throughout the last three centuries, the state and public institutions have played in the control, regulation and sanction of sexual practices, expressions and gender identities that do not follow the norm of male/female sexual desire or sex/gender concordance. However, in Spain and in many other countries in the European Union and the Global North, we have witnessed over recent years a paradigm shift in discourses and institutional political practices regarding sexualities that do not conform to heterosexual models and/or gender identities and expressions situated outside the male/female dichotomy and sex/gender coherence. This new discursive production gives new meaning to sexual categories and situates them within narratives of diversity, integrating lesbian, gay, bisexual, transgender, and intersex (LGBTI) people into the wider body of the citizenry. In addition to the conservative positions traditionally opposed to sexual and gender diversity, LGBTI public policies have also received some criticism from more anti-establishment social groups (Calvo Borobia, 2017), from homonationalist (Sadurní & Pujol, 2016) and anti-punitive theoretical approaches (Spade, 2015). While using different arguments, these both point to an instrumentalization of sexuality by officialdom to obtain new administrative and political power.

Despite these tensions, Spain has met a number of demands made by the sexual and gender liberation movements: first, the repeal of several articles of the law that penalized homosexuality, namely the "*Ley de peligrosidad y rehabilitación social*" (*Social Danger and Rehabilitation Act*) (1979); the subsequent legalization of equal marriage and adoption by people of the same gender (2005); the passing of legislation in 2007 enabling individuals to change their name and sex on the DNI (*National Identity Card*), and, in 2015, the classification of hate crimes as an offence in the Spanish Penal Code. In addition, in 2021, the "*Ley Trans*" (*Trans Law*) bill was introduced in the Congress of Deputies, which finally, after intense debate, entered into force on March 2, 2023. The political agenda on LGBTI matters in the last two decades has been marked by a fundamentally legal approach, leaving aside other social emergencies such as the HIV pandemic, for example. In this context, on October 10, 2014, the Parliament of Catalonia passed the 11/2014 Act to guarantee the rights of lesbian, gay, bisexual, transgender and

intersexual people, and to eradicate homophobia, biphobia and transphobia. This law is known as the “Llei LGTBI” (*LGBTI Act*). Over the following years, other autonomous communities in Spain have passed their own regional LGBTI laws. These regulatory mechanisms, beyond the particularity of being autonomous-regional laws, represent an opportunity for the introduction of public policy addressing sexual and gender diversity. Although the effects have been different across the various autonomous communities, this has enabled, for example, the development of LGBTI policies for non-urban centers (Langarita, Mas Grau and Albertín, 2023) and the creation of specific services for LGBTI people (Pineda Lorenzo, 2019).

In this regard, in Catalonia the "Servicios de Atención Integral a las personas LGBTI" (*Comprehensive Care Service for LGBTI people*), shortened to SAI in Catalan, has been active since 2017. The service currently falls within the remit of the General Directorate of LGBTI+ Public Policies of the Government of Catalonia, but is managed by local authorities and, within these, principally by social services. For this reason, many city councils and regional¹ councils have their own local LGBTI policy plans.

This new paradigm has not only had an impact on local policies, but also on professional relationships. Professionals within the public sector have involved themselves in a new field of action that had not previously been assumed as their own. As such, professionals from social services and the field of health provision have also been involved in these changes.

Although the deployment of public policies as specifically focused as those introduced in Catalonia is a novel development², various studies in other contexts have explored the knowledge, beliefs, prejudices and attitudes that social, health and educational care professionals have regarding sexual and gender diversity. These studies have shown how, although professionals can often have a positive attitude towards sexual and gender diversity, the assumption of heterosexuality, cisgenderism and non-intersexuality of patients influences their professional practice (McGlynn et al., 2020).

1 Regional councils are the administrative and government bodies of each region (understood as the geographical demarcation of a political-administrative area that groups together different municipalities)

2 The European Commission gave the European Capitals of Inclusion and Diversity Award to the Government of Catalonia for its policies geared towards LGBTI+ equality : https://exteriors.gencat.cat/en/ambits-dactuacio/afers_exteriors/delegacions_govern/ue/actualitat/not_230427_comissio_europea_premis_inclusio

Moreover, they highlight how the presumption of heterosexuality and cisgenderism can lead to differences in the support provided to those who do not identify according to predominant sexual and gender categories (Stewart & O'Reilly, 2017). In addition, while professionals may have sufficient knowledge, this may not necessarily mean that services are provided to users in a supportive and protective environment (Greeno et al., 2022). In this sense, social work training centres and other professional training in social, educational and health care can provide effective measures to improve professional skills in this area. Nevertheless, support for training in sexual and gender diversity remains limited both in Spain (Álvarez-Bernardo et al., 2022) and in other countries, such as the United States of America (McCarty-Caplan, 2018). Of course, training needs in terms of sexual and gender diversity are not new; research dating back to the 1990s shows that, during the training phase in social work, measures can be taken to improve the skills of future professionals (Berkman & Zinberg, 1997). However, it must also be taken into account that LGBTI people are not only service users but also professionals, and they may also experience the effects of cisheterocentrality. Indeed, research by Atteberry-Ash et al. (2019) shows precisely how social work students who identified as LGBTI experienced the effects of cisheterocentrality, including in their own training. For this reason, and although public policies are essential in promoting the well-being of LGBTI people, it is essential that the professionals charged with putting them into practice have the necessary skills and remit to ensure that the rights to equality and non-discrimination are upheld, taking into account specific individual needs.

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With this article, we intend to (1) evaluate the knowledge of professionals involved in social, health, educational and law enforcement engagement, in matters of sexual and gender diversity as they relate to their professional duties, (2) analyze the beliefs, prejudices and perceptions of professionals regarding sexual and gender diversity, and (3) study their professional practices in relation to care for LGBTI people, as well as regarding community engagement. This study aims to make a contribution towards guiding public engagement with respect to sexual and gender diversity.

Context of the research

The region of La Selva is located in the south of the Province of Girona. It has a total population of 170,044 and is made up of 26 municipalities. There are significant demographic differences between the municipalities of the region; For example, the most populated municipalities are located on the coast (Blanes has 39,914 inhabitants, and Lloret de Mar, 39,089^{4 5}), while, among the inland municipalities, there are fifteen with less than 5,000 inhabitants, with cases such as Susqueda, which has only 93 registered inhabitants. Large differences are also observed between the coastal and inland populations with respect to economic activity and the seasonal population. Registered unemployment is especially noteworthy, reaching up to 14.26%⁶ in Blanes, well above that of the majority of the region's inland municipalities, where the figure stands between 4 and 6%. Disposable household income stands at €14,700 (\$ 16.366)⁷ per capita, while the average for the province of Girona is €15,500 (\$ 17.257). For Catalonia as a whole, it is €17,600 (\$ 19.597).

Method

This research employs a mixed methods approach. On the one hand, a quantitative approach was carried out through the use of a questionnaire; on the other, a qualitative approach was deployed through the convening and meeting of a discussion group.

Participants

A total of 78 participants collaborated voluntarily and anonymously, answering the questionnaire in the first phase of the investigation.

TABLE 1 HERE

4 Projected data as of 31 December 2021. IDESCAT

5 Social Services Act 12/2007, passed 11 October by the Parliament of Catalonia, stipulates that basic social services are the responsibility of the Town Councils governing municipalities with more than 20,000 inhabitants, or of the County Councils in the case of municipalities of less than 20,000 inhabitants.

6 Projected data as of December 31, 2021. IESCAT

72019 Statistical Review, referring to 2018 data. IDESCAT

In the second phase of the research, 9 professionals participated in the discussion group. Two of the nine participants came from the Mossos d'Esquadra (regional Catalan police force), three from the field of children's and adolescents' mental health, one from basic social services, one from youth work, one from primary health care services, and one from social services specialized in care for women and LGTBI people.

Instruments

In the first phase of the investigation, the instrument used was a questionnaire. The first part of the questionnaire focused on assessing the knowledge, beliefs, prejudices and attitudes of professionals towards sexual and gender diversity. The second part collected information on professional practices and care services, as well as the need, or not, for training on the matter. Finally, the questionnaire ended with the collection of participants' sociodemographic data. Some examples of the questions included in the questionnaire were: "How would you rate your knowledge and information on LGBTI issues? I am familiar with LGBTI legislation and policies that relate to my work environment (Strongly disagree- Strongly agree)", "How often do you think the following forms of prejudice occur in La Selva? (Racism, Transphobia, Homophobia, Biphobia, Religion or beliefs, disabilities Social Class and Age)" or "What would you do? If you witnessed an act of discrimination in a public space or at work, would you offer support to the person affected? (Yes, No, Not sure)" (See Appendix 1)

It should be noted that the first part of the questionnaire was based mainly on 5-point Likert-type response questions (some included a sixth option, allowing for a "don't know" response). The second part of the questionnaire, although it also presented questions in this format, included other questions with short, open-ended answers. In the third and final part, the sociodemographic data was presented in a list form for selection.

In the second phase of the investigation, the data collection technique took the form of a discussion group, guided in a semi-structured manner, with the aim of collecting further and more detailed information on the practices, knowledge, beliefs, prejudices and

attitudes of the professionals towards affective-sexual and gender diversity. So examples of the questions included in the discussion group were: “Are you familiar with the policies aimed at the LGBTI population, both at a Catalan and at a regional level? What are they? What do you think of them?”, “What do you think about gender reassignment operations being covered by social security contributions?” or “If a trans person came to your service to tell you that they need your help to talk about their gender identity with their family, what support would you provide, and how?”(see Appendix 2). The participants in the discussion group with professionals were pre-selected to cover different services in the area and conducted by two facilitators.

Procedure

The construction of the questionnaire was based on those undertaken as part of the COME FORWARD research project, financed by the European Union (JUST/2015/RRAC/AG/VICT/8957), and the 2013 survey by the European Union Agency for Fundamental Rights (FRA), both of which were adapted to the context of this research. The questionnaire was made available online through the Google Forms platform. The questionnaire included an initial presentation of the study, general instructions, and information on how responses would be processed. It was distributed through the professional mailing list of the regional council that commissioned the study for the first time on April 29, 2019, and up to three reminders were sent, the last of these at the beginning of July. Data collection closed on July 14, 2019. For the purposes of distribution, people who held management positions in the different professional fields of the region were contacted. They were asked to send the questionnaire to members of staff who worked in public engagement or direct support provision, and who might work with LGBTI people or in related fields. The selection of the sample was undertaken on the basis of non-probabilistic sampling.

The discussion group was held on October 4, 2019, and lasted two hours. Participant selection took into account diversity in training, professional status and duties carried out in their work, age, gender identity and manifest sexual orientation.

In terms of ethical considerations, this research has been undertaken in accordance with the principles of protection and respect for human dignity, individual rights and freedoms, equality, human rights and, especially, the right to privacy.

It should be noted that all the people surveyed and who participated in the discussion groups were of legal age and capacity. The people who participated in the research did so voluntarily, providing informed consent. Likewise, the guidelines of the Ethical Code of the Official College of Social Work of Catalonia have been respected, guaranteeing well-being, safety and protection, and ensuring the dignity, privacy and consent of the participants. The degree of anonymity was agreed with the participants, and the information derived from this work is available to all of them.

Data analysis

Data from the questionnaire was statistically analyzed through a descriptive analysis using Excel and based on frequency and percentage. The analysis of the data from the discussion group was analyzed through a thematic content analysis (Vaismoradi & Snelgrove, 2019). For this purpose, the transcribed fragments from the discussion group were coded based on the research objectives, which allowed us to identify congruence in the speeches, as well as their reliability and generalization. Consequently, and in order to respond to the specific objectives set out above, three lines of analysis were developed. The first of these relates to engagement policies directed towards LGBTI people, their extent, and public and professional knowledge. The second focuses on the beliefs, prejudices and attitudes of professionals towards sexual and gender diversity. Finally, in the third line of analysis, emphasis is placed on the engagement practices and strategies used by social, educational and health care professionals.

Ethical issues

Due to the characteristics of this study, institutional ethics committee approval was not mandatory in Spain. However, the research team diligently adhered to ethical standards in social science research, focusing on informed consent, anonymity, data management and confidentiality.

Results

We analyzed the results of the research based on three lines of analysis which allow us to examine the study of the knowledge, beliefs, practices and attitudes of the professionals.

Public policies and social, educational and health engagement of LGBTI people: extent and professional knowledge

The use herein of the concept of "public policies and engagement" is limited only to those designed and carried out by the *Consell Comarcal de la Selva* (regional council) and the *Generalitat de Catalunya* (Government of Catalonia). Those pertaining to Spain or the European Union are not included, although their importance is acknowledged. This limitation is a result of two main factors: the degree of specific public impact, due to their proximity, and secondly, the fact that the political and legislative level at which the state, the EU and the judiciary act are not the responsibility of the regional council and, therefore, direct engagement by the professionals. Specific local policies, such as motions and institutional declarations, are also not included. Finally, it should be remembered that the municipalities of Lloret de Mar and Blanes have been excluded for reasons of the degree of administrative responsibility of their respective local councils, as municipalities with more than 20,000 inhabitants, they have administrative and political competences in this area.

In this first analytical axis concerning knowledge of sexual and gender diversity and public policies, and of engagement carried out by professionals from different fields, it was found that more than half of those surveyed considered that they had specific knowledge of LGBTI issues. (44.87% agreed, and 7.69% strongly agreed). Moreover, a large number stated that they knew the meaning of all the letters L, G, B, T, and I (76.92%). However, significant gaps were detected in terms of knowledge of the legislative framework, policies aimed at LGBTI people, and services in the region, with only 8.59% of those surveyed familiar with LGBTI legislation and policies at Spanish, Catalan and regional level. In this sense, 55.12% were unaware of the specific services of the regional SAI and its functions. On the other hand, 67.95% stated that they were aware of the effects of discrimination based on sexual orientation and/or gender identity. Nevertheless, most of those surveyed answered, in an open-ended question, that they did not frequently encounter violence against LGBTI people in their professional role, stating (57 answers): "I have not observed any, at the moment"; "I am not aware of it"; "it has little repercussion where I work"; "we have not come across it"; "I have not detected it clearly"; "none"; "not visible". These and other, similar responses represented the majority of answers to the question regarding awareness of possible violence against LGBTI people using these services.

Regarding care, 42.3% of respondents admitted that they did not know how to address the specific needs of LGBTI people. Thirty-nine percent said that they had no knowledge about care for victims of anti-LGBTI discrimination, a percentage which rose to 73.07% if we take into consideration those who answered "neither agree nor disagree". On this matter, one of the respondents stated that:

"I think it would be very important for primary care professionals to receive information about everything related to LGBTI, since we are an immediate 'port of call' at which they [LGBTI people] might ask for help, and I think we are not trained [to provide this]" (Female, 29 years old, health services).

Seventy-three percent of respondents reported that they were unfamiliar with or unsure of the guidelines and recommendations for care of victims of anti-LGBTI discrimination. Moreover, 61.5% commented that they had not received training, or that they considered the training they had received to be insufficient. However, a desire to remedy this gap in knowledge was observed, with respondents voicing the need for training in key aspects such as LGBTI legislation (74.4%), protocols for the care of LGBTI people (92.3%), support provision (85.9%), care in crisis situations (85.9%), first contact with LGBTI victims (83.3%), terminology and identity issues (79.5%), strategies to promote better care in services for LGBTI people (85.9%), resources and services for LGBTI people (84.6%), identifying anti-LGBTI discrimination (87.1%), safeguarding personal data and confidentiality in sexual and gender diversity monitoring (78.2%) and in data registration that incorporates LGBTI perspectives (67.9%), and in the evaluation of services aimed at LGBTI people (67.9%). This data indicates a prioritization of training focused on the establishment of protocols, along with the provision of emotional support, crisis care and strategies to promote better care. Along the same lines, when asked what they considered to be necessary policies, most respondents focused on the development of training programs for professionals.

Professionals' beliefs, prejudice and attitudes towards sexual and gender diversity

In general terms, the respondents surveyed strongly agreed on equal rights and recognition of sexual and gender diversity. The values for "agree" and "strongly agree" reached approximately 97% for the questions regarding support and equal rights for LGBTI people, marking a significantly uniform response pattern. However, these

values decreased when it came to the coverage of sex reassignment operations. That is to say, although the trend continued to show receptiveness, there was reluctance on the part of the personnel regarding the granting of this right. This fact was especially significant among health personnel.

TABLE 2: HERE

As can be seen in Table 2, professionals in La Selva pointed to significant differences between discrimination based on sexual orientation or gender identity and other forms of discrimination, considering the latter to be more frequent.

TABLE 3: HERE

Table 3 shows the high degree of consensus on the need to include an LGBTI perspective in public policy and in professional practices. However, it also serves to highlight how responses to incidents of discrimination have been delegated fundamentally to the victim and not to professionals. As such, participants considered that the reporting of discrimination by victims is very important but, when asked about professionals' role in such reporting, were less forthright.

In working environments, while the general feeling among male and female colleagues regarding sexual and gender diversity was positive, some respondents stated that they never speak about the issue, or that there is indifference towards it. Furthermore, some participants in the discussion group even affirmed that there are colleagues who speak about sexual and gender diversity with disrespect or with derogatory comments: "there are some people who speak disrespectfully", "there are derogatory comments regarding the appearance of girls who they see as masculine", or "I think it is accepted without further ado, but I have sometimes heard comments that went beyond what is professional in terms of the correct care of the patient."

Engagement practices and strategies by social, health and educational care services and professionals

Following analysis of public policies, their reach and knowledge of them, as well as the conceptions and beliefs of the professionals whose responsibility it is to put them into practice, it is necessary to study professional engagement practices and strategies.

These practices and strategies diverge significantly according to the service, the area of work and assigned duties, and also the person who carries them out. Given this diversity, it is necessary to undertake, at minimum, a two-level review: (1) of public services, regarding the type of practices and forms of care which they wish to favor, and (2) of professionals, to analyze how their discourses, beliefs and prejudices may affect engagement.

In terms of the first level, those surveyed were asked if, within the service for which they worked, specific actions on LGBTI issues were being or had been carried out. Thirty-three and a third percent agreed or strongly agreed, 33.3% neither agreed or disagreed, and only 12% disagreed or strongly disagreed. By the same token, 39.7% agreed or strongly agreed with the statement “The service supports LGBTI actions”, with 38.4% neither agreeing nor disagreeing, and 21.8% disagreeing or strongly disagreeing. When asked if the need to undertake specific actions on LGBTI issues had been discussed in their workplace, 26.9% of respondents agreed or strongly agreed, while 35.9% disagreed or strongly disagreed. Focusing on whether the policies of their service took LGBTI people into account, the majority strongly disagreed, disagreed, or neither agreed nor disagreed (52.5%).

In the analysis of the actions of the professionals themselves, it was observed that the vast majority considered that it was important or very important to include the perspective of sexual and gender diversity in professional practice (76.9%). Including those who believed this to be moderately important, this percentage rose to 96.1%, indicating widespread support for services to play an active role in this regard.

The professionals surveyed were, to a large extent, willing to intervene if an incident of discrimination arose in their immediate environment, as shown in Table 4:

TABLE 4: HERE

In terms of care practice, in response to the question If required to provide assistance where a person's gender identity and/or sexual orientation is the focal point, I would know how to provide them with a welcoming service and resolve the situation, 23% strongly disagreed or disagreed, 34.6% agreed or strongly agreed, and 42.3% neither agreed nor disagreed.

In the discussion group, most professionals reflected on cases hypothetically, insofar as they considered that only on a select few occasions had the question of sexual

orientation or gender identity/expression been a key element in their intervention. Consequently, referral of LGBTI people to the Comprehensive Support Service represented the main response of a number of participants. There were also those who pointed to a situational revision of the action protocols in each area of intervention. This notwithstanding, professional responses often focus action on combating discrimination among users themselves, and not so much among professionals or services. In other words, there is a focus on individual responsibility in the fight against discrimination on the part of those who approach the service, taking into account the freedom of choice of each subject.

Discussion

As mentioned before, in this article we refer to the policies and actions designed and implemented by the regional council of La Selva and by the Government of Catalonia. For this reason, we restrict ourselves to their administrative remit, and we assign a higher value to the greater degree of direct engagement of these two administrative bodies, due to the proximity between the decision-making center and the real community in which they act.

Professionals' knowledge

In this axis of analysis, we sought to discover what knowledge the professionals of the region of La Selva have about sexual and gender diversity and its professional implications. Although more than half the professionals surveyed considered that they have specific knowledge of LGBTI issues, important gaps were observed in regard to legislation, LGBTI policies, care services in the local area, and practical skills in meeting the needs of LGBTI people. As studies show (Baiocco et al., 2021), LGBTI people have specific care needs that require professionals to have specific training in this area; common knowledge is not enough to guarantee adequate professional support. In this regard, and as is the case elsewhere, it is fundamental that professionals are given sufficient support to allow them to overcome the possible discomfort of service users derived from previous experiences of being stigmatized (Sutherland, 2022). Training on the specific needs of LGBTI people not only contributes to breaking down the barriers that this discomfort supposes, but can also aid in identifying the key factors for social and health engagement of LGBTI individuals. University training represents an essential component for knowledge creation, as indicated by Chonody et al (2014), who also cite

the need for those providing it to be able to offer critical analyses regarding sexuality and gender, as well as driving educational strategies which contribute to combatting prejudice. Strategies of this kind are fundamental if professionals are to feel sufficiently qualified to meet the needs of LGBTI individuals (Moe & Sparkman, 2015).

Professionals' beliefs, prejudices and attitudes towards sexual and gender diversity

Regarding discrimination based on sexual orientation and gender, the results show that respondents stated they were aware of the effects of discrimination. However, the majority of responses to the question of whether they were aware of possible violence against LGBTI people in their working environment pointed to its non-existence. These findings contradict the results of the Second European LGBTI Survey (Agency for Fundamental Rights, European Union, 2020), wherein, in response to the questions Have you ever experienced any of the following difficulties when using or trying to access healthcare services due to being LGBTI?, 8% of those surveyed felt that their specific needs had been ignored (14% for trans people; 18% for intersex people); 4% felt that they had had to change professionals following a negative response (10% for trans people; 7% for intersex people), and 15% felt that the practitioner had asked inappropriate questions or comments (22% for trans people; 18% for intersex people). In this sense, Moe and Sparkman (2015) emphasize the need to explore the relationship between the perceptions of service users and service providers in terms of acceptance of sexual and gender diversity. Indeed, they highlight that the creation of theoretical models which guide professional practice in social service have a role to play in contributing to this.

When asked if LGBTI-phobic attacks are a problem in the region, the majority neither agreed nor disagreed. According to data from the Eurobarometer 492 on discrimination (2019), being transgender constitutes a discriminatory element for 58% of the population, while in our regional survey, only 37.1% of professionals considered that transphobic prejudice occurs often or very often. Likewise, 54% of Eurobarometer respondents considered that homophobia, lesbophobia and biphobia are a widespread problem in Spain, while only 39.7% of the professionals surveyed in La Selva considered that prejudice motivated by homophobia occurs often or very often (in the case of lesbophobia, 34.6%, and biphobia, 29.5%). These results lead us to surmise that there is significant difficulty in identifying the effects of these forms of discrimination, their extent, and even their very existence.

In addition, four out of ten professionals reported that they do not have knowledge about how to provide support to victims of anti-LGBTI discrimination, which, added to the difficulty in identifying such discrimination, further complicates the provision of correct professional care. This information as a whole leads us to consider that professionals' knowledge is based mainly on personal perceptions and subjective experiences, cultural patterns and discourses, and public representations of sexual and gender diversity, and not on theoretical argumentation and practical experience (Langarita, Sadurní-Balcells & Albertín, 2023). . The creation of a trusting environment in which the specific needs of LGBTI people can be addressed is necessary in order to improve user satisfaction with services (Griffin et al., 2020). To this end, training in LGBTI cultural issues has shown effectiveness in the field of professional health care (Rhoten et al., 2022). Some proposals go further, and suggest moving from cultural issues to structural intervention, which would imply a shift in approach from knowing, accepting and managing to recognizing, reflecting and confronting (Shelton et al., 2019).

It is especially important to analyze professionals' starting point in service provision, and what their frames of reference are in terms of ideologies and beliefs. We start from the premise that the public sector does not have full responsibility for issues of sexual and gender diversity, since it is a social issue that affects all spheres of life and social interaction. However, it is necessary to highlight the role played by professionals working in public-facing roles, and the particular relevance of their role in the creation of safe, respectful environments for LGBTI people, especially if we consider that LGBTI individuals tend to enjoy less social support in rural environments (Kcomt, 2018), that cisgenderism (Austin et al., 2019) and heteronormativity (Chonody et al., 2014) are two elements that affect professional engagement at various levels, and that these factors must be taken into account if we are to create favorable conditions for a holistic service which truly meets the needs of LGBTI people.

An almost-uniform response rate (around 97%) was observed in the responses of professionals to questions about the recognition of rights such as equal marriage or the need for children to receive education on LGBTI issues. This points to an ideological predisposition on the part of professionals which is very encouraging for positive engagement. Nevertheless, we cannot ignore that consensus is much lower on specific questions, for example, the idea that the cost of sex reassignment operations should be met by social security payments. This is especially significant among health personnel, with 29.73% disagreeing or strongly disagreeing. Although some previous studies have

addressed the barriers faced by health professionals in providing support to trans people (Snelgrove et al., 2012), it is necessary to explore the reasons for this difference between health professionals and the sample of professionals as a whole at a local level, to find out if this is a response based on a belief and/or prejudice, or based on specific clinical criterion.

In addition, the results regarding the questions about the agreement or disagreement with the fact that LGBTI people can raise children or get married are also significant, with 5.2% opposed or totally opposed to their right to marriage (2.6% neither agreed nor disagreed), and 2.6% totally against their right to have children (5.2% neither agreed nor disagreed). Although numerically this may not seem relevant, it is worrying not only in that these opinions are expressed by public service professionals working in sensitive areas, but also because the change in the Spanish Civil Code that allows the adoption and fostering of children by, and marriage between, people of the same sex dates back to 2005.

Professionals' practices and strategies

We sought to analyze professionals' engagement practices and strategies from the perspective of sexual and gender diversity in order to differentiate successful practices from inefficient or counterproductive ones. Analyzing the public service environment, we observed certain inconsistencies: those interviewed considered that the services for which they work are predisposed to offering good care and including sexual and gender diversity criteria within care standards, yet less than half considered that the policies of their particular service take LGBTI people into account. This inconsistency is also evident in relation to official attitudes towards specific LGBTI-themed actions. The professionals expressed difficulties in identifying whether specific actions on LGBTI issues were being carried out, as well as the situations in which they should be carried out in each service, with many respondents indicating that the need (or lack thereof) for specific actions had not been discussed within the service, something which contradicts any assertion that their services support LGBTI engagement.

The data shows that, despite the existence of a legal framework for combating discrimination based on sexual orientation, gender identity and expression, and one which promotes specific policies for the LGBTI population, this has not fully reached the professional bodies surveyed. Deploying LGBTI policies not only entails the passing of legislation, but also mechanisms of transmission and transfer to the professionals who

have to implement them (Langarita, Mas Grau and Albertín, 2023). In reference to professional practices, a clear willingness to intervene was observed, especially in situations of discrimination. There is, therefore, a correlation between the ideological position of respect for sexual and gender diversity and the professional practice they seek to carry out. However, although professionals advocate for this active role, the majority neither agreed nor disagreed when asked if they would know how to provide a welcoming service and resolve a situation in which the focal point was the person's gender identity and/or sexual orientation. This data, together with the repeated request throughout the questionnaire for training, could lead to the conclusion that, when carrying out engagement, professionals do not have enough of the necessary tools and skills as might be assumed. Several studies have shown the essential role of training to equip professionals with the necessary skills to improve professional practice (Baiocco et al., 2021; McCarty-Caplan, 2018; Moe & Sparkman, 2015; Rhoten et al., 2022).

The fact that the responsibility for action to combat discrimination rests primarily with service users is a very significant element to consider, in that, in order to confront discrimination, external support that safeguards and contributes to the well-being of people is essential. Moreover, the individualization of what is a structural problem (LGBTIphobia, cisgenderism and heterocentrality) unequivocally limits LGBTI people's capacity for action, confrontation and emancipation.

Limitations

Two limitations which affected the study should be highlighted. The first of these is the difficulty in finding LGBTI participants from the region of La Selva willing to collaborate in this research. Despite the fact that a range of different contacts were established with LGBTI people in the local area, they chose not to participate in the discussion group, which was finally annulled. The reasons why LGBTI people decided not to participate are unknown, although we may infer at least three reasons: (1) a lack of interest in public policies in the area; (2) the absence of organized LGBTI groups, and (3) resistance to publicly disclosing sexual orientation or gender identity. The absence of the voices of LGBTI people can limit our ability to gain a deeper understanding of their experiences with services providers, as well as analysis of their knowledge regarding their rights and LGBTI policies. This, in turn, limits the options for evaluating specific policies aimed at this group.

A second limitation relates to the obtention of responses. It was necessary to place three reminders to encourage professionals to participate. A further latent limitation, although one which it has not been possible to corroborate, is the possibility that social desirability may have conditioned participants' responses, insofar as, understanding the purpose of the research, they may have sought to respond providing what they believed to be the expected answers.

Implications

For research

Research on skills and competencies to support LGBTIQ people by social and health care professionals is relatively recent in Spain. Furthermore, public policies in this area vary significantly across the territory, leading to particular implications for research in this domain:

1. Although some initial research has emerged into the diversity awareness and skills of social work students in terms of sexual and gender diversity in Spain (see Álvarez-Bernardo, García-Berbén & Lara-Garrido, 2022), there is a further need to explore, at a local level, the knowledge and perceptions of professors, as well as the inclusion of LGBTI issues in curricula and their impact in professional practice.
2. A comparative study should be undertaken which allows for analysis of the impact of recent LGBTI policy in Catalonia in terms of this relates to Barcelona and to non-metropolitan and rural areas. In this regard, it may be necessary to tailor this to each type of service.
3. It would appear necessary that a plan for the evaluation of change in professional practice related to sexual and gender diversity be established. This would enable us not only to map changes in attitudes and perceptions, but also in professional practice, and the implications of this for support provided to LGBTI individuals.

Implications for professional practice

1. Despite the Government of Catalonia having introduced a training plan for all public sector workers, this needs to be strengthened and tailored to each area of engagement, taking diversity awareness and skills into account. To this end, the universities which provide professional training should also take into account questions relating to gender and sexual diversity in their course design.

2. Tools need to be developed which allow for the deconstruction of cis- and hetero-centric outlooks which condition professional interactions. As such, strategies must be developed to bring professionals into engagement with LGBTI people, creating new narratives and social practices as regards diversity.
3. The specific needs of LGBTI people must be identified in order to provide professional support which is centred on service user's wellbeing.
4. Discrimination based on sexual orientation and gender identity/expression must be addressed as structural elements of society that affect people's lives. This cannot be left solely to the individual decision of the service user.

Both in Catalonia and the rest of Spain, the interest of public administrations and social and healthcare professionals in matters related to sexual and gender diversity has only recently emerged. For enhanced effectiveness, professional competence, and clients' well-being, collaborative efforts between researchers, decision-makers, and practitioners are crucial. These collaborations are necessary not only to evaluate the impact of public policies and professional training on sexual and gender diversity issues but also to identify emerging needs in a rapidly evolving social landscape. Moreover, it is essential to recognize the intersectional experiences of individuals and communities, which should be taken into account both in research and in the support provided to these groups and individuals.

Conclusions

This study shows that political and legal support for LGBTI people in the form of legislation is not enough. Support must be provided to professionals so that these policies can be deployed effectively. This entails guaranteeing specific knowledge for engagement with LGBTI people for professionals, and establishing adequate channels of communication that enable the communication of guidelines. Nevertheless, the implementation of LGBTI policies requires committed professionals, and awareness, together with training, will allow them to understand and undertake their professional practices more accurately and in accordance with the needs of each situation.

Another element that needs to be highlighted is the specificity of the LGBTI acronym. In relation to lesbian, gay and bisexual people, this specifies sexual orientation; in relation to transgender people, to gender identity or expression, and in the case of intersex people, to sexual characteristics. Therefore, although we have discussed LGBTI

as a whole, further research is required to more extensively address the particularities of each group and their intersection with other oppressions, in order to avoid uncritical invisibility, and to identify possible specific public policy needs.

Finally, three main practical applications emerge from this study, in the first place, regarding the need to establish training and awareness strategies for professionals that dispel the outlook that common knowledge is equivalent to scientific evidence. Comprehensive training that acknowledges the specific needs of LGBTI people in each context and specialized service is necessary. Secondly, it can be seen that the deployment of public policies on sexual and gender diversity requires the support of the professionals whose responsibility it is to implement these policies. Therefore, it is necessary to establish effective communication channels for the transmission of information and guidelines. Finally, while LGBTI public policies are still at a very embryonic stage, this study shows the need to involve the professionals in charge of putting them into practice, in order to evaluate their effectiveness.

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Declaration of interest statement

No potential conflicts of interest have been identified.

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Table 1. Demographics data

N=78	Number
Gender	Women: 88.5% Men: 11.5% Non-binary: 0% Other: 0%
Age	20-29: 10.26% 30-39: 24.36% 40-49: 26.92% 50-59: 33.33% 60-69: 5.13%
Sexual orientation	Heterosexual: 89.74% Bisexual: 3.85% Gay: 1.28% Lesbian: 0% Rather not say: 5.13% Other: 0%
Religious beliefs	Atheism: 43.59% Christianity: 30.76% Islam: 0% Judaism: 1.28% Buddhism: 5.12% Rather not say: 1.28% Other: 17.93%
Specific qualifications	Social work: 14.41% Community support work: 12.8% Psychology: 6.4% Nursing: 26.9% Medicine: 19.2% Teaching: 11.5% Other qualifications: 8.9%
Professional area	Health services: 47.44% Social services: 37.18%

	Education: 14.1%
	Other services: 1.28%

Table 2. Discrimination type frequency

	Never	Almost never	Sometimes	Often	Very often	I don't know
Racism	0	0	18 (23.0%)	20 (25.6%)	29 (37.2%)	11 (14.1%)
Transphobia	0	3 (3.8%)	17 (21.8%)	14 (17.9%)	15 (19.2%)	29 (37.2%)
Homophobia	0	3 (3.8%)	18 (23.0%)	17 (21.8%)	14 (17.9%)	26 (33.3%)
Lesbophobia	0	6 (7.7%)	18 (23.0%)	14 (17.9%)	13 (16.7%)	27 (34.6%)
Biphobia	0	5 (6.4%)	18 (23.0%)	12 (15.4%)	11 (14.1%)	32 (41.0%)
Religion or beliefs	0	4 (5.1%)	19 (24.3%)	22 (28.2%)	21 (26.9%)	12 (15.4%)

Table 3. Professional practices

	Unimportant	Somewhat important	Moderately important	Important	Very important

How important is it to include a perspective on sexual and gender diversity in professional practices?	1 (1.3%)	2 (2.6%)	15 (19.2%)	27 (34.6%)	33 (42.35%)
How important is it that LGBTI people report situations of discrimination?	0	2 (2.6%)	1 (1.3%)	15 (19.2%)	60 (76.9%)
How important is it for support services to be familiar with LGBTI experiences?	0	2 (2.6%)	1 (1.3%)	23 (29.5%)	52 (66.6%)
How important is it for professionals to have knowledge of the regulations and resources which apply to LGBTI service	0	1 (1.3%)	5 (6.4%)	22 (28.2%)	50 (64.3%)

provision?					
How important is it for professionals to play an active role in reporting and/or raising awareness about discrimination towards LGBTI people?	0	3 (3.8%)	8 (10.3%)	30 (38.5%)	37 (47.5%)

Table 4. Willingness to intervene.

	Yes	No	I'm not sure
If you witnessed an act of discrimination in a public space or at work, would you offer support to the person affected?	73 (93.59%)	0	5 (6.41%)
If a family member or friend used language that was discriminatory towards LGBTI people, would you call them out?	69 (88.46%)	1 (1.28%)	8 (10.26%)

If, in your working environment, an LGBTI person was being discriminated against because of their sexual orientation and/or gender identity, would you get involved to try and put a stop to it?	69 (88.46%)	0	9 (11.54%)
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Appendix 1: Model survey for professionals in the La Selva region

This survey is part of the research project on LGBTI Care in the La Selva region. The aim of this research is to improve knowledge about the forms of care available to LGBTI people in the region.

The questions in this survey do not have correct or incorrect answers. The primary purpose is to obtain your opinion as a professional.

Your responses will be processed anonymously and confidentially.

We would like to thank you for your participation, which is key in helping to improve professional practice and service delivery in the region.

The survey takes less than 20 minutes. If you have any questions, please contact the project coordinator: [name and email].

Part 1: Knowledge, beliefs, prejudices and attitudes

Q1. How would you rate your knowledge and information on LGBTI issues?

(Strongly disagree, disagree, neither agree nor disagree, agree Strongly agree)

1.1 I have specific knowledge of LGBTI issues

1.2 I am familiar with LGBTI legislation and policies at national, regional and local authority levels

1.3 I am familiar with LGBTI legislation and policies that relate to my work environment

1.4 I am aware of the effects of discrimination on grounds of sexual orientation and/or gender identity

1.5 I am aware of the recommendations for care provision for victims of anti-LGBTI discrimination

1.6 I know how to respond to the specific needs of LGBTI people

1.7 I am familiar with the SAI (Servei d'Atenció Integral, or Comprehensive Care Service) and would be able to identify which cases to refer to it

1.8 I know the meaning of all letters of the LGBTI acronym

Q2. What do you think of the following statements? (Strongly disagree, disagree, neither agree nor disagree, agree Strongly agree)

- 2.1 LGBTI people should have the same rights as other people
- 2.2 I support sexual and gender diversity
- 2.3 I think that children should receive education on LGBTI issues
- 2.4 I think that young people should receive education on LGBTI issues
- 2.5 LGBTI people are not natural
- 2.6 I am uncomfortable around effeminate men
- 2.7 I am uncomfortable around masculine women
- 2.8 I am in favour of people of the same sex being able to marry
- 2.9 Discrimination against LGBTI people is a serious social problem
- 2.10 I think it is a good thing that LGBTI people can have children
- 2.11 I think transsexuality is unnatural
- 2.12 Sex reassignment operations should be fully funded by social security
- 2.13 Attacks on LGBTI people are a problem in La Selva

Q3. How often do you think the following forms of prejudice occur in La Selva?

(Never, Almost never, Sometimes, Often, Very often, I don't know)

- 3.1. Racism
- 3.2 Transphobia
- 3.3 Homophobia
- 3.4 Lesbophobia
- 3.5 Biphobia
- 3.6 Religion or beliefs
- 3.7 Disabilities
- 3.8 Social Class
- 3.9 Age

Q4. In your opinion... (Unimportant, somewhat important, moderately important, important, very important)

- 4.1. How important is it to include a perspective on sexual and gender diversity in professional practice?
- 4.2. How important is it that LGBTI people report situations of discrimination?
- 4.3. How important is it for support services to be familiar with LGBTI experiences?

4.4. How important is it for professionals to have knowledge of the regulations and resources which apply to LGBTI service provision?

4.5. How important is the fight against discrimination based on sexual orientation and/or gender identity in the service for which you work?

4.6. How important is training on LGBTI issues for your service?

4.7. How important is it that those working in service provision in the region have knowledge about the care of LGBTI people?

4.8. How important is it for professionals to play an active role in reporting and/or raising awareness about discrimination towards LGBTI people?

Q5. What sexual and gender diversity policies should there be in La Selva?

(Open-ended question)

Part 2: Professional practice, care services, needs and training

Q6. If an LGBTI person comes to your service with an inquiry related to their sexual orientation and/or gender identity, do you feel: (Not at all, Almost none, Little, Some, A lot, I'm not sure)

6.1 Empathy

6.2 Respect

6.3 Fear

6.4 Shame

6.5 Disgust

6.6 Indifference

Q7. What would you do? (Yes, No, Not sure)

7.1. If you witnessed an act of discrimination in a public space or at work, would you offer support to the person affected?

7.2. If a family member or friend used language that was discriminatory towards LGBTI people, would you call them out?

7.3. If in your working environment an LGBTI person was being discriminated against because of their sexual orientation and/or gender identity, would you get involved to try and put a stop to it?

Q8. How do you evaluate your professional practice and that of the service you work for? (Strongly disagree, disagree, neither agree nor disagree, agree Strongly agree)

- 8.1. The need to undertake specific action on LGBTI issues has been discussed in my service / workplace
- 8.2. Specific action on LGBTI issues is being undertaken in my service/ workplace
- 8.3. Combating discrimination against LGBTI people is very important to our service
- 8.4. The training of workers in LGBTI topics is very important in our service
- 8.5. If required to provide assistance where a person's gender identity and/or sexual orientation is the focal point, I would know how to provide them with a welcoming service and resolve the situation
- 8.6. Our service supports LGBTI engagement
- 8.7. Our service's policies take LGBTI people into account
- 8.8. I use online networks to communicate with users

Q9. Does your service draw attention to anti-LGBTI violence? How?

(Open-ended question)

Q10. What is the general feeling among your colleagues regarding sexual and gender diversity?

(Open-ended question)

Q11. What factors are fundamental to ensuring good care for LGTBI people?

(Open-ended question)

Q12. When have you been involved in LGTBI issues, and were you able to reflect on the action you took?

(Open-ended question)

Q13. Have you received specific training on LGTBI issues?

- a) Yes, more than 5 hours in duration
- b) Yes, less than 5 hours duration
- c) No
- d) Don't know / Don't remember

Q14. I think I would need training in... (Completely unnecessary, Unnecessary, Neither necessary nor unnecessary, Necessary, Completely Necessary, Don't know/No answer)

14.1 LGBTI legislation

14.2 Protocols for providing support to LGBTI people

14.3 Provision of emotional support to LGBTI people

14.4 Addressing LGBTI needs in crisis situations

14.5 Initial contact with victims

14.6 LGBTI terminology and identities

14.7 Strategies to promote better LGBTI support within the service I work for

14.8 Resources and services for LGBTI people

14.9 Identification of anti-LGBTI discrimination

14.10 Safeguarding personal data and confidentiality as these relate to sexual and gender diversity

14.11 Registration of data in line with LGBTI needs

14.12 Evaluation of services aimed at LGBTI people

Q15. I think I would need further training in:

(Open-ended question)

Part 3: Socio-demographic data

Q16. Age

(18 to 65)

Q17. Gender

a) Man

b) Woman

c) Non-binary

d) Other

Q18. Do you identify as...

a) Lesbian

- b) Gay
- c) Bisexual
- d) Heterosexual
- e) Rather not say
- f) Other

Q19. I have close family or friends who are LGBTI

- a) Yes
- b) No
- c) I don't know

Q20. Which of these religious beliefs best describes your own?

- a) Christianity (including Catholicism, Protestantism, Evangelism, etc.)
- b) Islam
- c) Judaism
- d) Buddhism
- e) Atheism
- f) Other
- g) Rather not say

Q21. Level of formal education

- a) Compulsory education
- b) Vocational training
- c) School leaving qualification
- d) Certificated vocational training
- e) University degree / bachelor's degree / diploma
- f) Master's / postgraduate degree
- g) Doctoral studies

Q22. Specific qualifications

- a) Community support services
- b) Nursing
- c) Teaching, early childhood/primary education
- d) Medicine

- e) Police (local, regional, national, Civil Guard)
- f) Teaching, secondary education
- g) Psychology
- h) Social work
- i) Other: ...

Q23. Professional area

- a) Citizens' advice
- b) Education
- c) Police
- d) Social services
- e) Health services
- f) Other:

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Appendix 2: Plan for the semi-structured discussion group with professionals

Opening of discussion group

- Thank you to the participants
- Distribution of informed consent sheets
- Explanation that the key is to share perceptions, that there are no right or wrong answers
- Ask them to respect everyone's turn to speak for recording purposes
- Explain the structure of the session

Questions

- Could each of you please introduce yourself, indicating what service you work for and what your role is there?

Policies for LGBTI engagement and services

- Are you familiar with the policies aimed at the LGBTI population, both at a Catalan and at a regional level? What are they? What do you think of them?
- Are you familiar with Law 11/2014 and the implications it has for your work?
- How important is it to develop policies to provide support for LGBTI people?
- What do you think should be the priorities and lines of action?

Knowledge, beliefs, prejudices and professional attitudes

- Do you know the meaning of all the letters of the acronym LGBTI?
- Are you familiar with the needs of the LGBTI community?
- Could you name some of the overarching needs?
- Could you anticipate some of the needs they might have if they approached your service?
- What do you think of the changes in the laws applying to LGBTI people?
- What do you think about the fact that LGBTI issues have become one of the lines of action of the Government of Catalonia?
- What do you think about gender reassignment operations being covered by social security contributions?
- What is it like to be LGBTI in La Selva?

- Do you think that LGBTI professionals in the areas in which you work should openly identify as such? What do you think would be the consequences?

Intervention and strategies

- Have you found yourself in the position of providing support to an LGBT person within the service you work for? If not, why do you think you have not?
- Have you taken any special steps when you providing support to an LGBTI person?
- How do you value your actions in this regard? What role might your gender identity or sexual orientation have played?
- If a trans person came to your service to tell you that they need your help to talk about their gender identity with their family, what support would you provide, and how?
- If you were to make a referral on an issue relating to sexual orientation and gender identity, to whom would you refer the person?
- Are you familiar with any good practice in your field regarding support for LGBTI people?

Are there any other relevant issues that you would like to address?

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