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Executive Summary

This deliverable presents the implementation and results of the ACTIVEAID WP4 training programme for healthcare professionals and employers/HR professionals. It consolidates 13 documented training events delivered between 24 February and 24 June 2026 in Greece, Cyprus, Ireland, Lithuania and Spain. The programme reached 589 participants: 289 in the healthcare track and 300 in the employer/HR track.

13	589	289	300
documented training events	participants reached	healthcare participants	employer / HR participants

The consortium exceeded the indicative participant target of 500 by 89 participants (17.8%). Healthcare participation exceeded the track target of 250 by 39 participants, while the employer/HR track exceeded its target by 50 participants. Delivery was documented through 13 distinct events rather than 20 separate sessions because several partners used large-scale online, hybrid or corporate formats that reached multiple participant groups simultaneously. This report therefore presents both the distinct event count and verified participant reach and does not artificially subdivide single events into multiple cohorts.

Across all 13 events, the descriptive mean of partner-reported session-level learning outcome scores was 4.45/5 and the mean satisfaction score was 4.45/5. On average, 94% of respondents reported increased confidence and 89% indicated an intention to change or improve professional practice. These figures are descriptive means of session-level aggregates and are not participant-weighted because questionnaire response bases and item structures were not fully consistent across all partner reports.

Feedback consistently highlighted practical examples, lived experience, inclusive communication, facilitator expertise, legal and ethical guidance, research evidence and case-based discussion. Common improvement requests included more time, split or recurring sessions, additional real-life cases and community perspectives, accredited healthcare training, greater interactivity and clearer national legal or regulatory guidance.

Project and Deliverable Context

2.1 Purpose of WP4

WP4 translates the training programme developed under WP3 into practical delivery. It aims to strengthen the capacity of healthcare professionals and employers/HR professionals to create inclusive environments for trans and intersex people, collect and analyse participant feedback, identify improvements and document good practices and success stories.

2.2 Purpose and scope of D4.1

D4.1 provides a consolidated record of the training provision. In line with the common reporting template, the deliverable covers training identification, curriculum coverage, delivery methods, participant profiles, quantitative and qualitative feedback, facilitator reflections, implementation challenges, success-story

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identification and supporting evidence. Personal participant data are excluded from the main body and are retained only in the sensitive annex evidence.

2.3 Reporting basis

The report is based on completed partner templates and aggregated feedback supplied by Prolepsis Institute, Socialinnov, Wisefour, University College Dublin, Lithuanian Gay League, Solidaridad Sin Fronteras and SOMOS LGTB+ de Aragón. The two large Greece/Cyprus events were jointly organised by Prolepsis Institute, Socialinnov and Wisefour, with track-specific leadership and facilitation.

2.4 Implementation adaptation

The Grant Agreement envisaged 20 groups of approximately 25 participants. During implementation, partners adapted the delivery model to audience availability and institutional opportunity. Some sessions remained close to the indicative group size, while several online or corporate events reached substantially larger audiences. This adaptation increased reach and preserved the core training objectives, but the report transparently distinguishes between distinct delivery events and participant targets.

Methodology and Common Delivery Framework

3.1 Use and adaptation of WP3 materials

Partners used the healthcare and employer/HR curricula developed under WP3. The six-module architecture for each track was retained, while content was condensed, reordered or adapted according to the participant profile, available time, national legal context and host organisation. Nine of the 13 events covered all six modules; four events used a selected-module format focused on priority learning outcomes.

3.2 Participant recruitment and engagement

Participants were reached through direct invitations, partner mailing lists, professional and stakeholder networks, social-media dissemination, host institutions, employer partnerships, academic contacts and existing thematic networks. Joint partner communication significantly increased the reach of the Greece/Cyprus events. Corporate and academic hosts supported the Lithuanian sessions, SSF used employment-support networks and a Disability Roundtable, and Spanish and Irish partners used targeted professional outreach.

3.3 Delivery methods

- Structured presentations and condensed module overviews
- Clinical and workplace case studies, anonymised examples and lived-experience testimony
- Role-play, reflective exercises, red/green-card ethics activities and recruitment simulations
- Mentimeter, chat, online polls and Q&A
- Peer exchange, open discussion and action-planning exercises
- National and organisational adaptation of legal, policy and operational examples

3.4 Evaluation approach

The standard WP4 feedback questionnaires measured learning, confidence, practical applicability, intention to change practice, content quality, pacing, facilitator competence and usefulness of interactive elements. Open-ended questions captured the most valuable aspects, suggested improvements and intended

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actions. The consolidated analysis uses the aggregate indicators supplied in partner reports and the anonymised Greece/Cyprus healthcare response dataset.

3.5 Evidence and data protection

For each event, partners are expected to retain the final agenda, attendance list or online export, feedback summary and consented photos/screenshots, together with success-story evidence where relevant. Attendance records and contact details are confidential personal data. They must not be reproduced in the public domain and should be inserted only into the sensitive submission version or retained in the agreed secure project repository.

Consolidated Implementation Results

4.1 Overall delivery overview

ID	Partner / organiser	Country	Track	Date	Format	Duration	Participants
GR-CY-HC1	Prolepsis Institute, Socialinnov and Wisefour	Greece and Cyprus (cross-country online delivery)	Healthcare professionals	12 May 2026	Online	2.5 hours	200
GR-CY-EMP1	Socialinnov, in collaboration with Prolepsis Institute and Wisefour	Greece and Cyprus (cross-country online delivery)	Employers / HR professionals	18 May 2026	Online	2.5 hours	85
IE-HC1	University College Dublin (UCD)	Ireland	Healthcare professionals	24 June 2026	Online	2.5 hours	11
LT-LGL-EMP1	Lithuanian Gay League (LGL)	Lithuania	Employers / HR professionals	4 June 2026	Hybrid	2.5 hours	36
LT-LGL-EMP2	Lithuanian Gay League (LGL)	Lithuania	Employers / HR professionals	4 June 2026	In person	2.5 hours	24
LT-LGL-EMP3	Lithuanian Gay League (LGL)	Lithuania	Employers / HR professionals	23 June 2026	Online	2.5 hours	56
LT-LGL-HC1	Lithuanian Gay League (LGL)	Lithuania	Healthcare professionals	18 June 2026	In person	2.5 hours	30

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ID	Partner / organiser	Country	Track	Date	Format	Duration	Participants
ES-SSF-EMP1	Solidaridad Sin Fronteras (SSF)	Spain	Employers / HR professionals	25-26 May 2026	In person	3 hours	24
ES-SSF-EMP2	Solidaridad Sin Fronteras (SSF)	Spain	Employers / HR professionals	16 June 2026	In person	2.5 hours	21
ES-SOMOS-EMP1	SOMOS LGTB+ de Aragón	Spain	Employers / HR professionals	4 June 2026	In person	2.5 hours	26
ES-SOMOS-EMP2	SOMOS LGTB+ de Aragón	Spain	Employers / HR professionals	20 March 2026	In person	2.5 hours	28
ES-SOMOS-HC1	SOMOS LGTB+ de Aragón	Spain	Healthcare professionals	24 February 2026	In person	3 hours	30
ES-SOMOS-HC2	SOMOS LGTB+ de Aragón	Spain	Healthcare professionals	9 June 2026	In person	3 hours	18

4.2 Participant reach by track

Track	Documented events	Participants	Indicative target	Difference
Healthcare professionals	5	289	250	+39 (+15.6%)
Employers / HR professionals	8	300	250	+50 (+20.0%)
TOTAL	13	589	500	+89 (+17.8%)

4.3 Delivery format and duration

Eight events were delivered in person, four online and one in hybrid format. In-person events reached 201 participants, online events reached 352 participants and the hybrid event reached 36 participants. Most sessions lasted 2.5-3 hours. One SSF training was split across two consecutive days, while the UCD session used a 50-minute priority-based format designed around clinical availability.

4.4 Audience diversity

The healthcare track reached physicians, nurses, psychologists, social workers, health-sciences students, allied health professionals, administrators, academics and frontline support staff. The employer/HR track reached HR specialists, managers, recruiters, employment counsellors, DEI representatives, lawyers, business owners and professionals working in public, private and third-sector settings. The programme therefore combined specialist audiences with cross-sector and multidisciplinary participation.

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Feedback and Evaluation Results

5.1 Session-level quantitative results

ID	Track	Participants	Feedback base	Learning /5	Confidence	Behavioural intent	Satisfaction /5
GR-CY-HC1	HC	200	96 responses (48.0%)	4.22 / 5	86.5%	88.5%	4.41 / 5
GR-CY-EMP1	EMP	85	37 responses (43.5%)	4.46 / 5	97.3%	94.6%	4.68 / 5
IE-HC1	HC	11	7 responses (63.6%)	4.00 / 5	100%	72%	3.75 / 5
LT-LGL-EMP1	EMP	36	9 responses (25.0%)	4.39 / 5	89%	89%	4.47 / 5
LT-LGL-EMP2	EMP	24	6 responses (25.0%)	4.54 / 5	100%	83%	4.50 / 5
LT-LGL-EMP3	EMP	56	12 responses (21.4%)	4.50 / 5	100%	100%	4.48 / 5
LT-LGL-HC1	HC	30	7 responses (23.3%)	4.09 / 5	71%	71%	4.00 / 5
ES-SSF-EMP1	EMP	24	Response base not explicitly stated	4.73 / 5	100%	86.7%	4.60 / 5
ES-SSF-EMP2	EMP	21	Response base not explicitly stated	4.58 / 5	100%	91.7%	4.50 / 5
ES-SOMOS-EMP1	EMP	26	26 responses (100%)	4.52 / 5	96.2%	92.3%	4.59 / 5
ES-SOMOS-EMP2	EMP	28	27 valid responses (96.4%)	4.54 / 5	92.6%	96.3%	4.58 / 5
ES-SOMOS-HC1	HC	30	30 responses (100%)	4.61 / 5	93.3%	96.7%	4.64 / 5
ES-SOMOS-HC2	HC	18	17 responses (94.4%)	4.69 / 5	94.1%	100%	4.60 / 5

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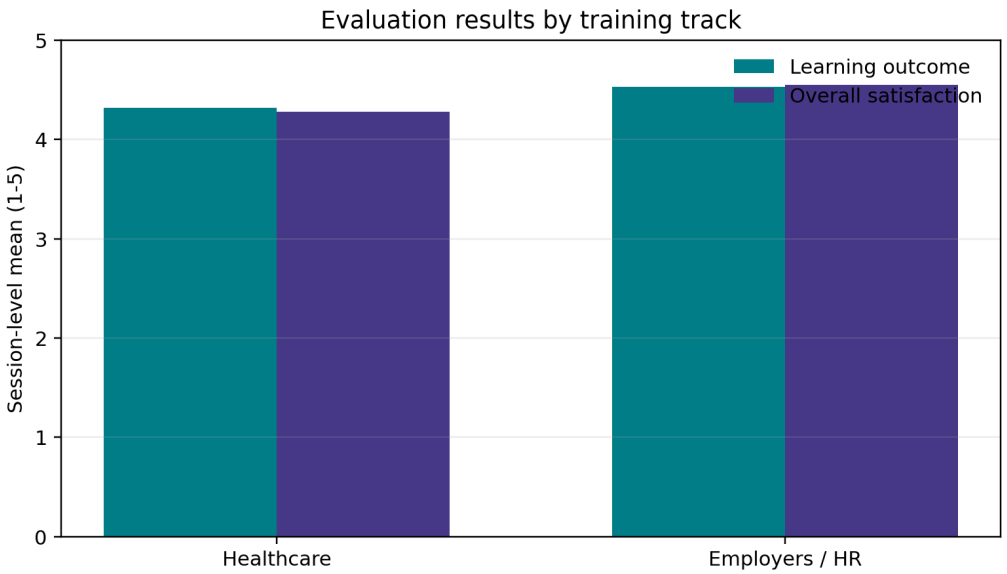


Figure 1. Descriptive session-level evaluation means by training track.

5.2 Cross-cutting qualitative findings

Most valued aspects

- Practical, realistic and locally relevant examples
- Facilitator knowledge, empathy, openness and lived-experience perspectives
- Inclusive language, correct names and pronouns, respectful communication and confidentiality
- Case studies, debate, peer exchange and interactive exercises
- Legal and ethical frameworks and clear professional responsibilities
- Research data, statistics and cross-country evidence
- Concrete tools for recruitment, patient intake, action planning and organisational change

Most frequent improvement requests

- More time for discussion and practical work, or split/modular delivery
- More real-life cases, patient/community voices and country-specific examples
- More recurring micro-training and refresher sessions
- More interactive exercises, polling, role-play and breakout work
- Accredited or certified healthcare-professional training
- Broader intersectional and LGBTQI+ content while retaining focus on trans and intersex experiences
- Clearer national legal updates and sector-specific guidance
- Consistent inclusive administration before and after training, including accurate participant naming

Common intended actions

- Use inclusive language, names and pronouns consistently
- Review patient-intake, triage and documentation procedures
- Update HR systems, onboarding and workplace transition policies
- Reduce recruitment bias through structured criteria
- Improve physical and digital indicators of inclusion
- Share learning with colleagues and establish internal refresher mechanisms

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5.3 Feedback-response considerations

Questionnaire completion varied considerably, from approximately 21% in some large corporate sessions to 100% in several smaller in-person trainings. At least 274 completed questionnaires were explicitly documented, with additional aggregate feedback reported by SSF without a stated response base. Future delivery should reserve protected time for feedback completion, use immediate QR codes or links and report both participant and questionnaire counts consistently.

Training Summaries by Country and Organisation

6.1 Greece and Cyprus — Joint delivery by Prolepsis Institute, Socialinnov and Wisefour

6.1.1 Healthcare Professionals — GR-CY-HC1

Training ID	GR-CY-HC1
Partner / organiser	Prolepsis Institute, Socialinnov and Wisefour
Delivery country / countries	Greece and Cyprus (cross-country online delivery)
Track	Healthcare professionals
Date	12 May 2026
Format	Online
Duration	2.5 hours
Participants	200
Feedback responses	96 responses (48.0%)
Facilitator(s)	Dina Zota; Stella Psarrou; Nikos Arslanoglou; Christos Filis; Erofili Dagkalidou

Training content and delivery approach

The joint Greece-Cyprus healthcare session delivered Modules 1-4: foundational terminology and concepts; cultural sensitivity and respect; inclusive communication; and legal and ethical considerations, including patient rights, informed consent and confidentiality. The session opened with an introduction to ACTIVEAID and the evidence underpinning the training. Structured presentations were complemented by videos, live questions, chat participation and Mentimeter activities. Two clinical cases were discussed: one concerning misgendering and inappropriate administrative focus during urgent care, and another concerning prolonged waiting for gender-affirming assessment and psychological support. The discussion linked respectful communication, accurate records, timely access and patient trust to concrete health outcomes.

Participant profile

The full participant group was multidisciplinary: psychologists (24.5%), nurses (23.5%), social workers (21.5%), health-sciences students (21.0%) and physicians (8.0%), with 1.5% not reporting a professional background. Sector information available for 66.5% of participants showed representation from public hospitals, other public health and social-care organisations, primary healthcare, private providers, NGOs and self-employment. The online format enabled participation from across Greece, Cyprus and other countries.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
96 responses (48.0%)	4.22 / 5	86.5%	88.5%	4.41 / 5

Most valued aspects

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- Videos and real-life stories that translated theory into realistic patient interactions
- Case studies and practical examples
- Clarification of terminology, the distinction between trans and intersex experiences, and respectful language
- Legal protections, rights and clinical guidance
- Clear, accessible and evidence-informed presentations

Suggested improvements and recurring requests

- More time for questions, case discussion and reflection
- A scheduled break during the 2.5-hour online session
- More practical workshops and participant-led clinical scenarios
- More direct involvement of trans and intersex community representatives
- Additional materials, more frequent sessions and access to follow-up resources
- Consistent application of inclusive principles in post-training administration, including respectful and prompt correction of participant names

Examples of intended follow-up actions

- Use chosen names and pronouns consistently from first contact
- Revise intake forms and record preferred forms of address
- Share learning with colleagues and advocate for staff-wide training
- Improve signage and organisational indicators of safety and inclusion
- Intervene when discriminatory conduct occurs and improve referral guidance

Facilitator reflection and lessons learned

The large online format substantially increased geographic reach and accessibility, while videos, chat and Mentimeter supported engagement. The questionnaire confirms strong gains in knowledge, communication confidence and intention to change practice. The most important improvement priorities are a longer or modular format, protected discussion time and more hands-on clinical application. One administrative feedback item also underscored that inclusive principles must extend beyond the teaching content to certificates, communications and participant support processes.

6.1.2 Employers / HR Professionals — GR-CY-EMP1

Training ID	GR-CY-EMP1
Partner / organiser	Socialinnov, in collaboration with Prolepsis Institute and Wisefour
Delivery country / countries	Greece and Cyprus (cross-country online delivery)
Track	Employers / HR professionals
Date	18 May 2026
Format	Online
Duration	2.5 hours
Participants	85
Feedback responses	37 responses (43.5%)
Facilitator(s)	Socialinnov training team; Anna Kouroupou (lived-experience contribution)

Training content and delivery approach

The employer-facing session covered all six ACTIVEAID modules: knowledge and competence; cultural sensitivity and respect; professional communication; legal and ethical essentials; action planning and real-world implementation; and inclusive hiring. The content addressed terminology, names and pronouns,

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employer responsibilities, inclusive recruitment, workplace systems and practical policy change. A central feature was a first-person contribution from Greek trans activist Anna Kouroupou, whose experience of navigating the labour market and workplace environments provided an authentic and humanising perspective. Presentation input was combined with videos, Q&A and interactive discussion.

Participant profile

Participants included HR assistants (32.9%), HR managers/directors (27.1%), talent acquisition/recruitment specialists (15.3%), HR generalists (15.3%) and HR business partners (9.4%). Experience was broadly distributed from 0-5 years to more than 20 years. Respondents represented services, education, health, technology, civil-society organisations, manufacturing, retail and tourism/hospitality. Of the 85 participants, 69 were from Greece and 16 from Cyprus.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
37 responses (43.5%)	4.46 / 5	97.3%	94.6%	4.68 / 5

Most valued aspects

- First-person testimony from a trans speaker
- Clarity on terminology, names, pronouns and respectful communication
- Practical workplace guidance rather than purely theoretical input
- Video content and interactivity
- Framing inclusion as respect and professional practice

Suggested improvements and recurring requests

- More experiential and workshop-style activities
- More time for questions and practice
- Take-home templates, communication materials and staff-training resources
- A short break during longer online delivery
- Further tools for revising forms, policies and staff briefings

Examples of intended follow-up actions

- Revise organisational forms to be more inclusive
- Review hiring and onboarding procedures
- Improve communication standards and staff sensitisation
- Translate awareness into practical workplace policy changes

Facilitator reflection and lessons learned

The session achieved consistently strong results across knowledge, confidence and satisfaction measures. The lived-experience contribution was repeatedly identified as the turning point in participants' understanding. The main constraint was maintaining attention across a dense 2.5-hour online programme, particularly during legal and compliance content. Future editions should include a scheduled break, rebalance technical input in favour of hands-on practice and provide a concise implementation toolkit.

6.2 Ireland — University College Dublin

6.2.1 Healthcare Professionals — IE-HC1

Training ID	IE-HC1
Partner / organiser	University College Dublin (UCD)
Delivery country / countries	Ireland
Track	Healthcare professionals
Date	24 June 2026

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Format	Online
Duration	2.5 hours
Participants	11
Feedback responses	7 responses (63.6%)
Facilitator(s)	Dr Des Crowley; John Broughan (ACTIVEAID introduction)

Training content and delivery approach

A concise priority-based session drew on Modules 1, 3, 4, 5 and 6. It covered key concepts and terminology, inclusive communication, reflective practice, legal and ethical essentials and individual action planning. Methods included mini-lectures, a first-consultation exercise, four reflective scenarios on unconscious bias and a final commitment reflection. Irish legislation, WPATH Standards of Care Version 8, GDPR and national professional resources were referenced.

Participant profile

Among questionnaire respondents, five were doctors and two were psychologists, all working in primary care. Experience ranged from early-career to more than 20 years.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
7 responses (63.6%)	**4.00 / 5**	**100%**	**72%**	**3.75 / 5**

Most valued aspects

- Facilitator expertise and a non-judgmental approach
- Practical focus on inclusive communication and small language changes
- Clear explanation of sex, gender and identity
- Legal, ethical and professional resources

Suggested improvements and recurring requests

- Include patient or community representatives
- Use more real-life rather than hypothetical cases
- Provide a practical resource toolkit
- Allow more discussion time and guidance on screening conversations

Examples of intended follow-up actions

- Apply inclusive language in day-to-day work
- Improve recording of gender-related information in IT systems
- Seek patient input on sensitive documentation
- Improve waiting-room and website inclusion

Facilitator reflection and lessons learned

The focused design reduced disruption to clinical duties and supported attendance by busy professionals. Its main trade-off was limited time for extended cases, discussion and lived-experience perspectives, which was reflected in lower ratings for interactive elements. Future delivery should retain the concise structure while adding a structured case, community input and a follow-up toolkit.

6.3 Lithuania — Lithuanian Gay League

6.3.1 Employers / HR Professionals — LT-LGL-EMP1

Training ID	LT-LGL-EMP1
Partner / organiser	Lithuanian Gay League (LGL)

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Delivery country / countries	Lithuania
Track	Employers / HR professionals
Date	4 June 2026
Format	Hybrid
Duration	2.5 hours
Participants	36
Feedback responses	9 responses (25.0%)
Facilitator(s)	Monika Antanaitytė; Vladimir Simonko; Arvydas Makselis (moderator)

Training content and delivery approach

All six employer/workplace modules were delivered as a condensed overview. A multinational financial-services employer co-shaped and hosted the session for Lithuanian and international staff. The training combined structured input, research data, discussion, case reflection and employer-specific action planning, with content framed for a cross-jurisdictional audience.

Participant profile

Feedback respondents included HR specialists (33%), managers (22%), DEI group representatives (22%), a department head (11%) and technical staff (11%). All were private-sector participants; the hybrid format enabled international attendance.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
9 responses (25.0%)	4.39 / 5	89%	89%	4.47 / 5

Most valued aspects

- Discussion and shared experience
- Research evidence and practical data
- Insights into trans experiences
- The business case for inclusion
- An engaged group dynamic

Suggested improvements and recurring requests

- More in-depth coverage of other LGBTQI+ identities
- Short, recurring training for wider teams
- More time for inclusive hiring content
- Explicit discussion of organisational action within broader legal constraints

Examples of intended follow-up actions

- Review transition-related workplace policies
- Build on existing inclusive team practices
- Use structured approaches to recruitment and communication

Facilitator reflection and lessons learned

Corporate co-ownership, hybrid access and international framing were key strengths. The handover between facilitators did not disrupt the session, and facilitator competence received the highest score. Future sessions with multinational employers should devote additional time to inclusive hiring and balance organisation-level action with honest discussion of wider legal and societal constraints.

6.3.2 Employers / HR Professionals — LT-LGL-EMP2

Training ID	LT-LGL-EMP2

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Partner / organiser	Lithuanian Gay League (LGL)
Delivery country / countries	Lithuania
Track	Employers / HR professionals
Date	4 June 2026
Format	In person
Duration	2.5 hours
Participants	24
Feedback responses	6 responses (25.0%)
Facilitator(s)	Monika Antanaitytė

Training content and delivery approach

All six employer modules were delivered as a condensed overview to staff of a multinational technology company. Content included terminology, cultural sensitivity, inclusive communication, legal and ethical responsibilities, action planning and bias-aware recruitment. Structured presentation was combined with legal discussion, concrete examples and open reflection.

Participant profile

Respondents included HR specialists (33%), DEI group members (33%), recruitment specialists (17%) and employment/career consultants (17%). All were private-sector participants.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
6 responses (25.0%)	4.54 / 5	100%	83%	4.50 / 5

Most valued aspects

- Clear new information and terminology
- Inclusive language and concrete examples
- Legal aspects and discussion
- Positive learning atmosphere
- Integration of research, economic data and trans experiences

Suggested improvements and recurring requests

- Shorter and more frequent micro-training sessions
- More HR and recruitment practice
- Recurring follow-up to reinforce learning

Examples of intended follow-up actions

- Apply inclusive recruitment practices
- Build on existing internal inclusion activity
- Use practical examples in staff development

Facilitator reflection and lessons learned

The session produced strong results despite back-to-back scheduling and solo facilitation. Existing company practice enriched the exchange and demonstrated that the training could recognise and build on internal strengths. A recurring micro-learning approach would support sustained implementation.

6.3.3 Employers / HR Professionals — LT-LGL-EMP3

Training ID	LT-LGL-EMP3
Partner / organiser	Lithuanian Gay League (LGL)
Delivery country / countries	Lithuania
Track	Employers / HR professionals

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Date	23 June 2026
Format	Online
Duration	2.5 hours
Participants	56
Feedback responses	12 responses (21.4%)
Facilitator(s)	Monika Antanaitytė

Training content and delivery approach

All six employer modules were reorganised around three themes: building an inclusive workplace, presenting ACTIVEAID research results and reviewing good-practice examples. Legal and ethical essentials, inclusive hiring and action planning were retained. Research findings, statistics and examples from partner countries were combined with practical tools and Q&A.

Participant profile

Respondents included HR specialists (33%), managers (25%), employment consultants (17%), a recruitment specialist, a lawyer and other specialists. All were private-sector participants, and most worked in organisations with more than 250 employees.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
12 responses (21.4%)	4.50 / 5	100%	100%	4.48 / 5

Most valued aspects

- Research data, statistics and sources
- Professional and well-structured delivery
- Online access for a large corporate audience
- Practical examples and Q&A
- Materials remaining available for review

Suggested improvements and recurring requests

- More Lithuania-specific examples alongside international cases
- Potentially a longer session, subject to scheduling constraints
- Use structured polling or breakout activity in large online groups

Examples of intended follow-up actions

- Apply small, concrete actions within the scope of individual roles
- Use evidence to support internal discussion and policy improvement

Facilitator reflection and lessons learned

The thematic, research-led structure worked particularly well for a large online corporate audience. Future editions should calibrate national and international examples to the workforce composition and could include structured polling or breakout work to deepen participation.

6.3.4 Healthcare Professionals — LT-LGL-HC1

Training ID	LT-LGL-HC1
Partner / organiser	Lithuanian Gay League (LGL)
Delivery country / countries	Lithuania
Track	Healthcare professionals
Date	18 June 2026
Format	In person
Duration	2.5 hours

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Participants	30
Feedback responses	7 responses (23.3%)
Facilitator(s)	Monika Antanaitytė

Training content and delivery approach

All six Lithuanian-language healthcare modules were condensed into one in-person session for practising physicians, academic staff, students and healthcare administrators. The programme covered foundations, culturally safe environments, inclusive communication, legal and ethical responsibilities, action planning and evidence-based care. Case-based scenarios, discussion prompts and open Q&A linked the content to real specialties and patient encounters.

Participant profile

Respondents were physician specialists (57%), academic staff (14%), medical students/residents (14%) and healthcare management/administration professionals (14%). Most worked in the public sector and had four to ten years of experience.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
7 responses (23.3%)	4.09 / 5	71%	71%	4.00 / 5

Most valued aspects

- Practical and concrete clinical examples
- Clarity of the material
- Open discussion and professional peer exchange
- International and comparative perspective

Suggested improvements and recurring requests

- Develop an accredited or certified format
- Offer more training sessions
- Provide clearer national legal and regulatory guidance
- Allow more time for evidence-based care and multidisciplinary discussion

Examples of intended follow-up actions

- Use more inclusive communication in clinical practice
- Identify practical changes within current legal constraints
- Support wider professional training

Facilitator reflection and lessons learned

The in-person format enabled participants to test the training against real specialties such as endocrinology, gynaecology, urology and paediatrics. Condensing all six modules required strong prioritisation. Future editions should provide more space for evidence-based care and explore accreditation with the host institution.

6.4 Spain

6.4.1 Solidaridad Sin Fronteras (SSF)

6.4.1.1 Employers / HR Professionals — ES-SSF-EMP1

Training ID	ES-SSF-EMP1
Partner / organiser	Solidaridad Sin Fronteras (SSF)
Delivery country / countries	Spain
Track	Employers / HR professionals

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Date	25-26 May 2026
Format	In person
Duration	3 hours across two days
Participants	24
Feedback responses	Response base not explicitly stated
Facilitator(s)	Andrés Rodríguez Pérez; Daniel García Calderón-Chavero; Mario García Maurín

Training content and delivery approach

Modules 1, 3, 4, 5 and 6 were delivered across two 90-minute sessions. The programme included foundational concepts, respectful communication, legal and ethical essentials, action planning and inclusive recruitment. Methods included workplace reflection, a red/green-card ethics exercise, bias recognition and use of the STARL model.

Participant profile

Participants included employment guidance counsellors (53.3%), HR professionals (40%) and recruiters (6.7%), with representation from NGOs, public bodies and private organisations of different sizes.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
Response base not explicitly stated	4.73 / 5	100%	86.7%	4.60 / 5

Most valued aspects

- Interactive and approachable facilitation
- Clear explanation of lesser-known trans and intersex concepts
- Visual structure and legal/ethical frameworks
- The principle of deciding with, not for
- Intersectionality and respectful communication
- Recruitment-bias guidance

Suggested improvements and recurring requests

- Better time management
- More visual and practical examples
- Consider delivering both parts on one day
- Reduce supplementary information and integrate practical cases throughout

Examples of intended follow-up actions

- Apply inclusive communication and recruitment guidance
- Use autonomy and self-determination in HR decisions
- Adapt action plans to participants organisational realities

Facilitator reflection and lessons learned

Participants were motivated and particularly interested in intersex realities. The volume of information across two short sessions created time pressure. Sharing materials after the training supported continued learning, while future delivery should streamline supplementary content and integrate cases throughout the theoretical sections.

6.4.1.2 Employers / HR Professionals — ES-SSF-EMP2

Training ID	ES-SSF-EMP2
Partner / organiser	Solidaridad Sin Fronteras (SSF)
Delivery country / countries	Spain

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Track	Employers / HR professionals
Date	16 June 2026
Format	In person
Duration	2.5 hours
Participants	21
Feedback responses	Response base not explicitly stated
Facilitator(s)	Andrés Rodríguez Pérez; Daniel García Calderón-Chavero; Mario García Maurín

Training content and delivery approach

Modules 1, 3, 4 and 6 were adapted to the intersection of LGBTQI+ inclusion, disability and employment support. The session was integrated into a Disability Roundtable meeting. Participants completed a terminology-matching activity, discussed inclusive language, reviewed four privacy and ethics scenarios and applied STARL guidance to inclusive recruitment and intersectional discrimination.

Participant profile

The multidisciplinary group included social workers, managers, business owners, recruiters, employment counsellors, psychologists, coordinators and social educators from public bodies, NGOs and private organisations.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
Response base not explicitly stated	4.58 / 5	100%	91.7%	4.50 / 5

Most valued aspects

- Specific materials and resources
- Workplace examples and reflective debate
- Adaptation to LGBTQI+ people with disabilities
- Clear explanations and facilitator expertise
- The opportunity to connect content with professional experience

Suggested improvements and recurring requests

- More practical examples and interactive dynamics
- Reduce theoretical density
- Integrate debate alongside content for better time management
- Improve physical-room conditions where relevant

Examples of intended follow-up actions

- Apply communication, hiring and ethical-intervention guidelines
- Use an intersectional lens in employment support
- Adapt recommendations to workplace realities

Facilitator reflection and lessons learned

The intersectional adaptation and participant contributions created a highly relevant session. Extended discussion strengthened contextualisation but put pressure on timing. Future delivery should preserve the interactive approach while applying clearer time boundaries.

6.4.2 SOMOS LGTB+ de Aragón

6.4.2.1 Employers / HR Professionals — ES-SOMOS-EMP1

Training ID	ES-SOMOS-EMP1
Partner / organiser	SOMOS LGTB+ de Aragón

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Delivery country / countries	Spain
Track	Employers / HR professionals
Date	4 June 2026
Format	In person
Duration	2.5 hours
Participants	26
Feedback responses	26 responses (100%)
Facilitator(s)	Leticia Ojeda

Training content and delivery approach

All six employer modules were delivered through foundational input, practical implementation and inclusive recruitment activities. The curriculum was grounded in the facilitator's HR expertise and lived experience as a trans migrant woman. Participants reviewed onboarding protocols, hidden recruitment barriers, inclusive communication, legal responsibilities and local corporate case studies.

Participant profile

Participants included 16 HR specialists, six employment counsellors, two recruiters and two managers/directors. Most were from the private sector, with additional public and third-sector representation.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
26 responses (100%)	4.52 / 5	96.2%	92.3%	4.59 / 5

Most valued aspects

- First-hand perspectives and real-life experience
- Facilitator expertise and approachability
- Practical and actionable hiring guidance
- Corporate case studies and concrete tools

Suggested improvements and recurring requests

- Longer or multi-day formats
- Broader LGBTQI+ and intersectional coverage
- Additional role-play and recruitment simulations
- Regular refresher sessions and organisation-wide rollout

Examples of intended follow-up actions

- Update hiring and onboarding protocols
- Correct unconscious bias in selection
- Improve everyday inclusive communication
- Integrate an intersectional framework

Facilitator reflection and lessons learned

Combining corporate HR expertise with lived experience created a safe and highly engaged environment. The main challenge was fitting six modules and deep debate into 2.5 hours. A blended or multi-session format would allow deeper practical work and stronger organisational follow-up.

6.4.2.2 Employers / HR Professionals — ES-SOMOS-EMP2

Training ID	ES-SOMOS-EMP2
Partner / organiser	SOMOS LGTB+ de Aragón
Delivery country / countries	Spain

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Track	Employers / HR professionals
Date	20 March 2026
Format	In person
Duration	2.5 hours
Participants	28
Feedback responses	27 valid responses (96.4%)
Facilitator(s)	Leticia Ojeda

Training content and delivery approach

All six employer modules were delivered through a foundational block, action-oriented recruitment and onboarding content, case simulations and open debate. The session addressed Spanish labour-law requirements, inclusive language, administrative onboarding before legal name changes, retention, recruitment bias and transition-leave protocols. Personal and professional testimony provided local relevance.

Participant profile

The group consisted primarily of HR professionals and employment counsellors, with recruiters and managers also represented across private, public and third-sector organisations.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
27 valid responses (96.4%)	4.54 / 5	92.6%	96.3%	4.58 / 5

Most valued aspects

- Lived experience and authentic accounts
- Content adapted to participants prior knowledge
- Concrete implementation tools and hiring guidance
- Facilitator knowledge and clarity

Suggested improvements and recurring requests

- More time and a better balance between theory and practice
- Deeper intersectional content
- Broader rollout and regular updates
- More experiential activity

Examples of intended follow-up actions

- Adopt inclusive communication
- Review selection workflows and onboarding
- Develop internal transition support
- Use structured recruitment criteria

Facilitator reflection and lessons learned

The session translated European material into local recruitment and workplace realities. The dense foundational block reduced time available for practice. Future delivery should rebalance the agenda or separate conceptual/legal content from practical implementation.

6.4.2.3 Healthcare Professionals — ES-SOMOS-HC1

Training ID	ES-SOMOS-HC1
Partner / organiser	SOMOS LGTB+ de Aragón
Delivery country / countries	Spain
Track	Healthcare professionals

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Date	24 February 2026
Format	In person
Duration	3 hours
Participants	30
Feedback responses	30 responses (100%)
Facilitator(s)	Leticia Ojeda

Training content and delivery approach

All six healthcare modules were delivered, with an extended practical block based on anonymised complaints and cases from the regional public health system. Participants analysed intake errors, misgendering, triage barriers, healthcare avoidance, clinical pathways and legal/ethical safeguards, and rehearsed inclusive intake procedures.

Participant profile

Participants included healthcare social workers, NGO/technical healthcare staff, nurses, physiotherapy/occupational therapy professionals, clinical psychology/psychiatry, management and administration, with public, private and third-sector representation.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
30 responses (100%)	4.61 / 5	93.3%	96.7%	4.64 / 5

Most valued aspects

- First-hand lived experience
- Practical tools for everyday care
- Interactive debate and a safe learning environment
- Realistic local case studies and administrative examples

Suggested improvements and recurring requests

- Split the training into multiple sessions
- Expand delivery across the public health system
- Provide continuous professional updates
- Allow more time for reflection and frontline practice

Examples of intended follow-up actions

- Correct triage and intake procedures
- Use inclusive language consistently
- Create team reflection mechanisms
- Address systemic stigma in frontline services

Facilitator reflection and lessons learned

The three-hour format supported deeper localised learning, yet the volume of specialised content remained demanding. Future editions should separate conceptual/legal content from practical role-play and prioritise frontline reception and emergency-triage staff.

6.4.2.4 Healthcare Professionals — ES-SOMOS-HC2

Training ID	ES-SOMOS-HC2
Partner / organiser	SOMOS LGTB+ de Aragón
Delivery country / countries	Spain
Track	Healthcare professionals
Date	9 June 2026

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Format	In person
Duration	3 hours
Participants	18
Feedback responses	17 responses (94.4%)
Facilitator(s)	Leticia Ojeda

Training content and delivery approach

All six healthcare modules were delivered with an extended practical block on clinical pathways, inclusive intake, legal and ethical safeguards, action planning and evidence-based care. The session was tailored to professionals involved in social intervention, accompaniment and health-system navigation. Anonymised complaints, triage errors and lived experience were used to test local procedures.

Participant profile

Participants included NGO and technical healthcare/accompaniment staff, healthcare social workers, physiotherapy/occupational therapy professionals, nursing, patient-care and reception personnel across public, private and third-sector settings.

Feedback results

Feedback base	Learning outcome	Increased confidence	Intention to change practice	Overall satisfaction
17 responses (94.4%)	4.69 / 5	94.1%	100%	4.60 / 5

Most valued aspects

- Facilitator clarity and empathy
- Direct relevance to everyday care
- Real and vivid case analysis
- Practical reflection on administrative and clinical barriers

Suggested improvements and recurring requests

- More frequent sessions and wider network rollout
- Broader LGBTQI+ content
- Additional reflection time
- Role-specific breakout work

Examples of intended follow-up actions

- Adapt routing and intake processes
- Remove judgement around non-binary or diverse transition paths
- Integrate new organisational protocols
- Use inclusive communication consistently

Facilitator reflection and lessons learned

The three-hour framework effectively linked the curriculum to frontline accompaniment and administrative workflows. Diverse participant roles produced different operational questions, suggesting that future practical work could be divided into specialist breakout tracks.

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Cross-cutting Lessons, Challenges and Improvement Priorities

7.1 Flexible delivery increased reach

Online and hybrid formats enabled geographically dispersed and large audiences, while in-person sessions supported deeper peer exchange. The programme demonstrates the value of maintaining multiple delivery options rather than imposing one format across all professional contexts.

7.2 Condensing six modules requires prioritisation

Most partners delivered all six modules within 2.5-3 hours. This was feasible as a structured overview but repeatedly generated requests for more time, split sessions and recurring micro-learning. Future delivery should distinguish between introductory overview sessions and full-depth curricula.

7.3 Practical and lived-experience content drove engagement

Across countries and tracks, real-life cases, facilitator lived experience, organisational examples and professional discussion were among the most valued elements. Participants responded particularly well when abstract principles were linked to concrete workflows and decisions.

7.4 Institutional and legal context affects implementation

Participants in several countries noted that individual willingness is insufficient where national law, organisational procedures or information systems do not support inclusive practice. Training should be paired with organisational action planning, policy review and advocacy.

7.5 Administrative practice must reflect training values

The Greece/Cyprus healthcare feedback included an administrative complaint concerning name accuracy on a certificate. This illustrates that inclusive practice must apply throughout registration, attendance recording, certificate production, follow-up communication and data management.

7.6 Evaluation response rates varied

Large online and corporate sessions generally had lower questionnaire response rates than smaller in-person sessions. Feedback completion should be integrated into protected session time and monitored before closure.

Conclusions and Recommendations

The documented WP4 training programme demonstrates strong demand for practical, rights-based and professionally relevant learning on trans and intersex inclusion. Thirteen training events reached 589 participants across five participating countries, exceeding both track-level participant targets. The programme engaged multidisciplinary healthcare audiences and a broad range of employers, HR specialists, managers, recruiters, employment counsellors, DEI professionals, academics and administrators.

Evaluation results were consistently positive. Participants reported increased knowledge, confidence and intention to change practice, while qualitative feedback confirmed the importance of practical examples, facilitator expertise, inclusive communication, lived experience, research evidence and professional

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dialogue. The central implementation challenge was fitting rich content and interactive learning into limited time.

Annexes A1-A13 — Training Evidence Packages

Annex A1 — GR-CY-HC1 — Prolepsis Institute, Socialinnov and Wisefour — Healthcare professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A2 — GR-CY-EMP1 — Socialinnov, in collaboration with Prolepsis Institute and Wisefour — Employers / HR professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A3 – IE-HC1 – University College Dublin (UCD) – Healthcare professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A4 — LT-LGL-EMP1 — Lithuanian Gay League (LGL) — Employers / HR professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A5 — LT-LGL-EMP2 — Lithuanian Gay League (LGL) — Employers / HR professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A6 — LT-LGL-EMP3 — Lithuanian Gay League (LGL) — Employers / HR professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A7 — LT-LGL-HC1 — Lithuanian Gay League (LGL) — Healthcare professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A8 — ES-SSF-EMP1 — Solidaridad Sin Fronteras (SSF) — Employers / HR professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A9 — ES-SSF-EMP2 — Solidaridad Sin Fronteras (SSF) — Employers / HR professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A10 — ES-SOMOS-EMP1 — SOMOS LGTB+ de Aragón — Employers / HR professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A11 — ES-SOMOS-EMP2 — SOMOS LGTB+ de Aragón — Employers / HR professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A12 — ES-SOMOS-HC1 — SOMOS LGTB+ de Aragón — Healthcare professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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Annex A13 — ES-SOMOS-HC2 — SOMOS LGTB+ de Aragón — Healthcare professionals

Final agenda	
Attendance evidence	
Feedback evidence	
Visual evidence	

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