

Swindon Joint Strategic Needs Assessment Bulletin

Lesbian, Gay, Bi-sexual and Transgender (LGBT) Bulletin 2018



Key Points:

- Sexual orientation and gender reassignment are protected characteristics under the Equality Act (2010). Section 29 of the Equality Act (2010) prohibits discrimination in the provision of services on the basis of sexual orientation or gender identity. There is a lack of routine monitoring of sexual orientation and gender identity across a wide range of health and social care services in Swindon.
- The evidence base for health and social care inequalities by sexual orientation and gender identity is deficient with major gaps. This is due to the lack of routine monitoring across health and social care services and a lack of data relating to the health of LGBT communities derived from population-based studies and statistical datasets. Available evidence does not disaggregate disadvantage into single LGBT groups.
- Heteronormative assumptions as well as experiences of, or fears of discrimination prevent LGBT people from accessing mainstream services resulting in the compounding of inequalities across the life course, with disadvantage compounding for young and older LGBT people.
- Research shows that LGBT people experience significant health and social inequalities compared to the wider population from high rates of physical and emotional bullying, poor mental health, through significantly higher rates of suicide and self-harm, drug and alcohol use and smoking in adulthood, as well as social isolation and extreme vulnerability in old age (The National LGB&T Partnership, 2014; Williams et al, 2013).
- There is evidence to suggest that many LGBT people face barriers to accessing national screening and immunisation programmes (Stonewall, 2015).
- Evidence also shows that LGBT people experience poorer sexual health across the life course with a greater burden of sexually transmitted infections (PHE, 2014a).
- Research reveals that LGBT people and carers experience discrimination and marginalisation which impacts on their ability to access services and receive the most appropriate support. (Cartwright, Hughes, Lienet, 2012).

What is a Joint Strategic Needs Assessment (JSNA)?

A JSNA helps us to understand:

- the current health and wellbeing needs of local people;
- how their needs are being met currently;
- what we think their future needs are likely to be and
- how their needs can best be met in the future.

We want to understand Swindon's changing population, what is going on in Swindon and what makes a difference to people's health and wellbeing so that we can plan for the future. The Swindon Health and Wellbeing Board oversees the development of JSNAs and any resulting recommendations.

This JSNA will be a tool to inform future commissioning intentions and improve service planning for LGBT people in Swindon. The scope of this JSNA included the health and social care needs of LGBT people aged over 16 in Swindon.

The full version of this JSNA can be found at: <http://www.swindonjsna.co.uk/>

Introduction

Lesbian, Gay, Bisexual and Transgender (LGBT) people in the UK continue to face discrimination, harassment, disadvantage and inequality in all policy areas including, civil society, education, employment, health, housing and public attitudes and across all

stages of the life course from young to older people (Hudson-Sharp and Metcalf, 2016).

This Joint Strategic Needs assessment (JSNA) explored the health and social care needs of lesbian, gay, bisexual and transgender (LGBT) people in Swindon with the aim of providing demographic information to inform future commissioning intentions to improve services for LGBT people in Swindon.

LGBT people are not a singular group but are a diverse group of individuals with distinct differences. Individuals may identify with many different groups of which just two are based on sexual orientation and gender identity. It is recognised that within the LGBT population there are further minorities within minorities (Varney, 2014).

Definition

LGBT is the description used by Swindon Borough Council to reflect gender and sexual diversity.

It identifies those whose gender and sexual orientation sits outside presumed heterosexuality and binary male-female gender identity.

It is intended as an inclusive description and includes others such as "queer", or "non-binary" and others.

Swindon's LGBT Population

In the population of Swindon (aged 16 years or more) of 173,517 people, it is estimated that:

- **162,091** (93.4%) would self-identify as Heterosexual or straight.
- **2,119** people would self-identify as Lesbian or Gay (1.2%), with the highest rate in the 25 to 34 year old group (593 people).
- **1,272** people would self-identify as Bisexual (0.8%), with the highest rate being in the 16 to 24 year old group (498 people)
- **859** people would self-identify as Other (0.5%), with the highest rate being in the 16 to 24 year old group (166 people)
- **7,231** people would respond in a survey as a Don't Know/Refusal
- The Transgender population is estimated to be **868** people (if the prevalence were 0.5%), **1,735** people (if the prevalence were 1%) and **1,301** people (if the prevalence were in between at 0.75%).

Summary of Key Inequalities for LGBT People

Lesbian and Bisexual Women (Women who have Sex with Women)

Lesbian and bisexual women lack acknowledgement both in mainstream society and within LGBT communities (Barker, 2015) and are invisible in health and social care (Humphreys et al, 2016).

Lesbian and bi-sexual women's needs are often doubly hidden, both within the topic of women's health, which often focuses on reproductive health, and in the health needs of the LGBT community in general (Fish and Bewley, 2010).

Prevalence of mental ill health is greater for lesbian and bisexual women than heterosexual women, with one study finding that 16% of lesbians and 26% of bisexual women suffered from mental ill-health, compared to 8% of heterosexual women (Gusap, 2010).

A further study found that 21% of lesbian and bisexual women attributed their own mental health problems to prejudice and discrimination which was directly linked to their sexual orientation (Ellison and Gunstone, 2009)

Gay and Bisexual Men (Men who have Sex with Men)

There are three main areas in which gay, bisexual and MSM bear a disproportionate burden of ill-health; sexual health and HIV; mental health and the use of drugs, alcohol and tobacco.

Gay and bisexual men are almost twice as likely to take drugs and drink alcohol compared to heterosexual men and twice as likely to have drunk twice or more in a week than heterosexual men (PHE, 2014b).

MSM experience a disproportionate burden of poor sexual health (PHE, 2014a;b, 2017c). However, caution should be exercised not to define the needs of gay and bisexual men by their sexuality or sexual activity: whilst HIV infection is a key health concern, gay men experience other health inequalities not explicitly linked to sexual activity.

Transgender People

Studies of transgender communities show that transgender people face discrimination in many areas of life (Hudson and Sharp, 2016, Morton, 2016).

Evidence suggests that transgender people experience, and are severely affected by, transphobia in a wide range of forms which includes bullying and discriminatory treatment in school, harassment, physical and sexual assault as well as rejection from families, work colleagues and friends (Whittle, 2014).

Adams et al (2013) states that cost, a lack of cultural safety (the ability to provide services that appropriately recognise diversity), and a lack of staff competence around LGBT issues were all substantive barriers to LGBT people accessing mental health services.

Younger LGBT People

Evidence from across all the policy areas covered by the review shows younger LGBT people face a hostile environment, in education, at home and in wider society at a key stage in their lives when young people need appropriate support and approbation (Hudson-Sharp and Metcalf, 2016).

Younger LGBT people are subject to extensive homophobia, biphobia, transphobia, greater mental ill health and unwanted and risky sex. Evidence concludes that experiences at this stage of the life course have life-long implications for mental health and resilience (Fay, 2016).

Poor mental health is prevalent among younger LGBT people with higher rates of depression, suicidal thoughts and self-harm than their peers (Hudson-Sharp and Metcalf, 2016). LGBT people under 35 are twice as likely to report a mental health problem (Fay, 2016).

Older LGBT People

Many older LGBT people have lived through times when society and the law was less tolerant and subsequently they may have faced higher levels of prejudice. For some older LGBT people homosexuality was illegal in the UK, whilst they were growing up and in to their adult lives, which may have forced them to be less open about their sexuality, than younger LGBT people.

Evidence from across all the policy areas covered shows that older LGBT people, compared with older heterosexual people, are more concerned about the implications of ageing in relation to care needs, independence and mobility, health, housing and mental health (Hudson-Sharp and Metcalf, 2016).

Research suggests that older LGBT people are more likely than heterosexual people to be concerned about having to move into residential accommodation as they age, because of fears of homophobia and heteronormativity.

LGBT people with disabilities

Evidence suggests that LGBT people with disabilities face multiple inequalities through compounding disadvantages compared to non-disabled LGBT people and compared to disabled heterosexual people (Hudson-Sharp and Metcalf, 2016). Access to mental health services is problematic for many disabled LGBT people. .

Gusap (2012) found that 23% of disabled LGBT respondents did not access mental health services that they needed in the last year compared to 6% of non-disabled LGBT people. The Transgender Mental Health Study (2012) found an ambiguous picture around disability amongst transgender people as many classed gender dysphoria as a disability.

LGBT people from BME communities

There is a current lack of evidence relating to the experiences of Black Minority Ethnic (BME) LGBT communities. Siraj (2014) states that as a largely hidden population an exploration of the lives of BME LGBT people remains a critically underdeveloped area of investigation.

Minority groups are more likely to experience internal and external manifestations of prejudice, victimisation and discrimination which can lead to health problems because these experiences are internalised (Semlyen 2016).

Furthermore, the LGBT Foundation (2012) reports that LGBT ethnic minority people are subject to discrimination from both BME and LGBT communities, forcing some to express one identity at the expense of the other.

What do Swindon's LGBT community think?

- Younger LGBT people were concerned around the lack of recognition and respect from health professionals regarding their concerns. Negative attitudes from professionals together with discrimination and bullying regarding sexual orientation and gender identity affected young people's health and wellbeing.
- Younger LGBT people identified and valued the support received from schools and colleges in supporting them by promoting a positive culture of acceptance of diversity.
- Young transgender people were concerned about gender reassignment and transitioning due to inadequate support from professionals which was a contributing factor to poor mental health.
- Older LGBT people reported lived experiences of discrimination and homophobia and transphobia in the wider civil society and in health services.
- Older LGBT people were concerned about isolation and a lack of social support which had negatively impacted upon health and wellbeing.

Recommendations

Recognition

1. The needs of LGBT people as distinct groups to be included in all future Joint Strategic Needs Assessments.
2. To work with the LGBT community to produce a charter of best practice for health and social care services.
3. For each organisation to assess their training needs to ensure their workforce follow the best practice for providing inclusive services for LGBT people.
4. The Adult Social Care Provider Forums to discuss the findings of this JSNA to ensure that routine sexual orientation and gender identity monitoring are considered and that the needs of LGBT people are recognised by social care.

Monitoring

5. All health and social care services to record sexual orientation and gender identity data (where appropriate).

Reducing Inequalities in Health and Social Care

6. Health and Wellbeing Board to use its influence across the system to reduce health inequalities for LGBT people in Swindon.

7. For all organisations to challenge heteronormativity by ensuring gender neutral language to promote a positive culture of inclusivity.