

# LGBT+ Your experiences as Lesbian, Gay, Bisexual, Transgender people accessing Health & Social Care Services in Reading



An online survey by Healthwatch Reading  
in partnership with SupportU

Cover picture from SupportU.

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# About the survey

## Why

to collect the views and experiences of Reading people who are Lesbian, Gay, Bisexual, Transgender, and other people identifying as members of this community (LGBT+) accessing health and social care services in Reading, and make those experiences and views known to commissioners and providers of local services. The survey asked people whether they are open about their gender and sexual orientation when they use health and care services, what their reasons are for disclosing or not disclosing, and what their experiences are when using services - with an opportunity to explain how staff behave if they are aware of the individual's personal characteristics.

## Who

35 people replied. Almost all were white British. The majority described their sexual orientation as either Lesbian or Gay (male). Several Bisexual people also took part. A majority identified as male or female. Two Transgender men and one gender fluid person took part. The age range was 18 to 74 years.

## How

Healthwatch Reading partnered with local charity SupportU and created an online survey, which was promoted on Twitter and on Facebook. The project ran from 27th February to 3rd April. Healthwatch Reading also contacted large local businesses and other local organisations to share the survey link. Paper copies of the survey were available to attendees at an event in Reading Central Library during LGBT+ Awareness Week in February 2018 and were also available at SupportU events during the survey period. SupportU circulated the survey link to a wide range of LGBT+ groups, including Reading Pride and MyUmbrella, and to other local groups including ACRE.

# What does 'LGBT+' stand for?

LGBT stands for Lesbian, Gay, Bisexual or Transgender and the plus sign stands for a range of other descriptions people may choose to use.

The charity Stonewall's definition of these terms is below:

## Lesbian

Refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

## Gay

Refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

## Bi

Bi is an umbrella term used to describe an emotional, romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual, pan, bi-curious, queer, and other non-monosexual identities.

## Trans

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, two-spirit, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

+

Stands for other terms such as 'non-binary': An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

**Other terms:**

## Cisgender or Cis

Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

## Transitioning

The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

<https://www.stonewall.org.uk/help-advice/glossary-terms>

# Main survey findings & recommendations

## Main survey findings

35 Reading people replied to the survey.

- 12 people (35%) told us that they are not 'out' to their GP about their sexual orientation
- Of those who are 'out', 14 people (60%) felt it had made no difference to how their GP treats them
- We noted that 6 people (17%) told us that they have a hidden disability, which could include mental health issues - it is well-established that LGBT+ people may experience significant inequalities that can lead to poorer health
- People's reasons for disclosing or not disclosing their sexual orientation or gender to healthcare professionals vary - some are concerned about the reaction to, and impact of, disclosure, while others feel that these aspects of them are not relevant to their healthcare
- Some people reported wrong assumptions being made about them - what their sexual orientation is, or what their gender or sexual orientation 'means' in terms of behaviour (stereotyping and prejudice, rather than seeing and respecting the individual)
- People were more willing to be open about themselves in some services (e.g. sexual health services, and mental health services), and less willing in other services (e.g. the A&E Department, or when speaking to a school nurse)

# Main survey findings & recommendations

## Recommendations

Healthwatch Reading and SupportU together recommend

1. NHS and social care services should ensure that the training of their staff is up to date regarding the health needs of LGBT+ people and working with diverse groups. It should take account of the advice given throughout this report, which includes:
  - Do not make judgemental comments
  - Do not ask questions about gender and sexual orientation beyond what they need to know to provide care or help
  - Do not make assumptions about the relationship between any person and the person(s) accompanying them
2. NHS and social care services should take steps to be more clearly welcoming to and respectful of diversity e.g. using posters, LGBT+ pins on their lanyards - and ensure greater ease of access to LGBT+ related information and points of contact for any LGBT+ concerns or issues patients/service users may wish to raise
3. Reading Borough Council should explore supporting social care provision that is sensitive to the needs of LGBT+ people

4. Local commissioners and providers should ensure that they use

- [this national resource](#)<sup>1</sup>, published in 2016 by The National LGBT Partnership and based on the views of more than 200 people identifying as LGBT+
- [this guide for the NHS](#)<sup>2</sup> and [this toolkit](#)<sup>3</sup> from charity Stonewall
- this Healthwatch Reading report and
- the other resources mentioned in the discussion section of this report

to inform the commissioning of LGBT+ inclusive local health and social care services, and staff training in these services.

*'Some people are very good or at least act professionally, while others are completely ignorant and/or have no idea how to behave, but I have no way of knowing how they will react or what assumptions they will make until I am actually talking to them.'*

*'I'm sure there are some health care professionals who would respect my orientation, but I have experienced negative treatment from older male doctors based purely on my gender and I doubt that my sexuality would improve that.'*

# Introduction

## About Healthwatch Reading

Healthwatch Reading was launched in April 2013 as part of a new national network of organisations in every local authority area, to give the public a greater say and influence over NHS and social care services.

Healthwatch Reading has a strong track record of reaching out and listening to diverse communities, including the wide variety of people who visit local GP surgeries and A&E. Healthwatch Reading also speaks up for people via its place on the Reading Health and Wellbeing Board, which oversees progress on local priorities to improve the health and wellbeing of the Reading population.

## About SupportU

SupportU is a charity providing a resource service for those needing help with Lesbian, Gay, Bisexual and Transgender issues, based in the Thames Valley.

The SupportU support team provides specialist resources for LGBT+ people and those affected by LGBT+ related issues. They help people with concerns ranging from employment to sexual health and coming out.

## Background: the experiences of LGBT+ people in health and social care

*“There is a substantial body of evidence demonstrating that lesbian, gay, bisexual and trans (LGB&T) people experience significant health inequalities, which impact both on their health outcomes and their experiences of the healthcare system. The relationship between sexual orientation and gender identity and health has often been overlooked by the healthcare system, and a lack of sexual orientation and gender identity monitoring in service provision and population level research means that the Public Health Outcomes Framework (PHOF) indicators alone will not generate data on LGB&T people.”*

*(The LGB&T Partnership<sup>6</sup> commenting on the background to, and findings of, the LGBT Public Health Frameworks Companion<sup>7</sup> document in 2016)*

It is known from national surveys that the experiences of LGBT+ people in health and social care may be affected adversely by care providers being unaware of - or else becoming aware of - their sexuality and/ or gender identity. It is also known that many people who are LGBT+ will experience poorer health.



# Introduction

For example, there is evidence that

- Lesbian and Bisexual women, and women who have sex with women, experience inequalities across a range of areas, especially in relation to mental health, reproductive health, domestic violence, and behaviours such as smoking and alcohol misuse that can affect health and continued access to social care, and that
- there are higher rates of musculoskeletal health issues, asthma and respiratory conditions, and some types of cancer, among Lesbian and Bisexual women than among heterosexual women.<sup>4</sup>

This means that ensuring that the health needs of LGBT+ people are recognised, understood and provided for is important, as the LGB&T Partnership notes in the quotation on page 8.

Reading Borough Council has a detailed section on inequalities affecting LGBT+ people, and the health and care needs and experiences of LGBT+ people on its [website](#).<sup>5</sup>

## Aims of the survey

Healthwatch Reading has a statutory duty to collect the views of all Reading people regarding their needs for, and experience of, local care services, and then to make these views known to the commissioners and providers of services, so that services can be shaped to meet the needs of all local people.

The project aims were to:

- collect the views and experiences of Reading people who are Lesbian, Gay, Bisexual, Transgender, and other people identifying as members of this community (LGBT+) accessing health and

social care services in Reading, and make those experiences and views known to commissioners and providers of local services

- to work in partnership with SupportU and to help them to raise awareness of the need for health and care professionals to be more aware of the needs of Reading people who identify as LGBT+
- promote awareness of Healthwatch Reading and its role in the LGBT+ community, including to people of working age
- to inform future work by Healthwatch Reading to enable LGBT+ people to share their experiences and views and to become involved in shaping local health and care services to meet local needs.

## How the survey was carried out

Healthwatch Reading discussed possible approaches to conducting the survey with SupportU and we decided together on an online survey to be launched during LGBT+ Awareness month.

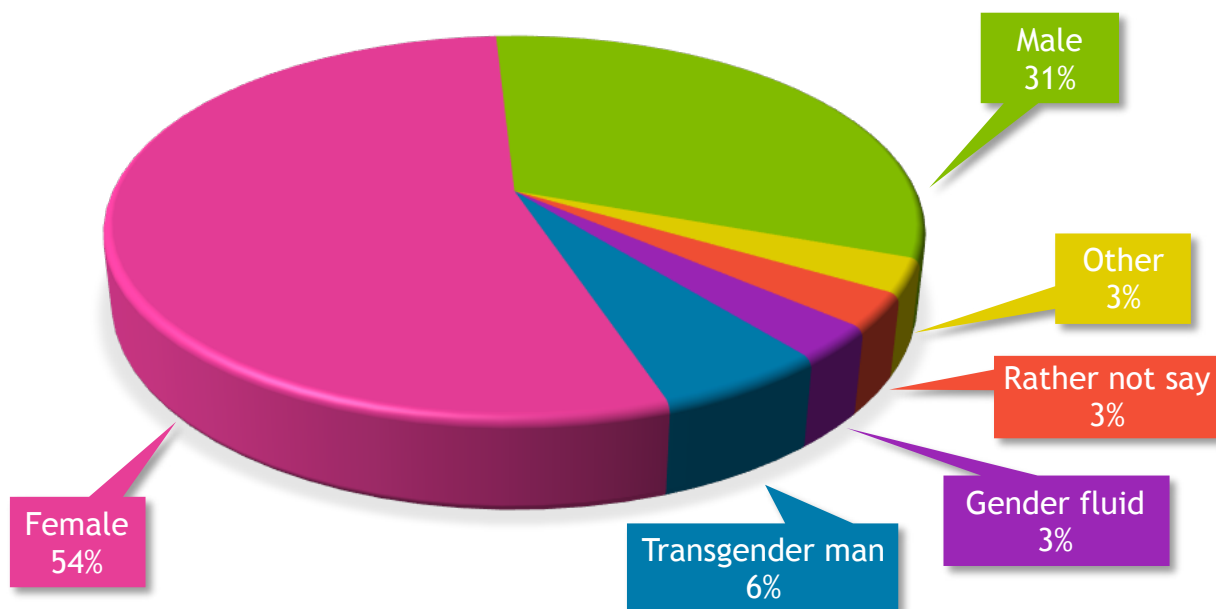
The survey design was adapted, with permission, from a survey conducted by Healthwatch Blackburn with Darwen in 2014.

The survey was promoted on the website of each organisation, on social media, and by direct contact with the organisations listed in Appendix 2. We also made paper copies of the survey available at some locations, as explained in the 'How' section in the quick-read summary at the beginning of this report.

## The people who replied to our survey

### What is your gender?

We heard from 35 Reading people - including people with transgender man (2), female (19), gender fluid (1), male (11) and other (1) identities. Of these, 31 people told us that their gender now is the same as the sex recorded on their birth certificate, and 4 told us that it is not. We were advised by SupportU that it is an important and personal decision what words people use to describe their identity.



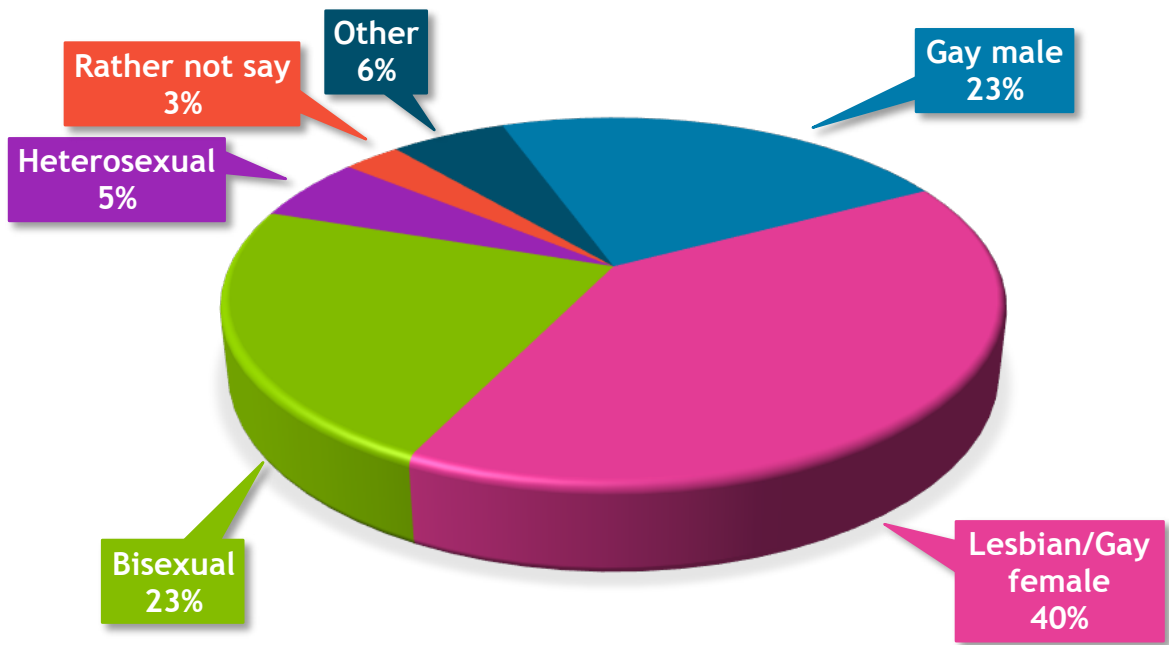
Picture from pixabay.com

# The people who replied to our survey

## What is your sexual orientation?

We heard from 2 people identifying as heterosexual, 8 identifying as bisexual, 14 identifying as Lesbian/Gay female, and 8 identifying as Gay male.

The respondents were mainly White British, with only two from ethnic minorities. Six reported having a physical disability, and - strikingly - 18 said they had a hidden disability (which could include mental health issues) - see Appendix 1.



Picture from pixabay.com

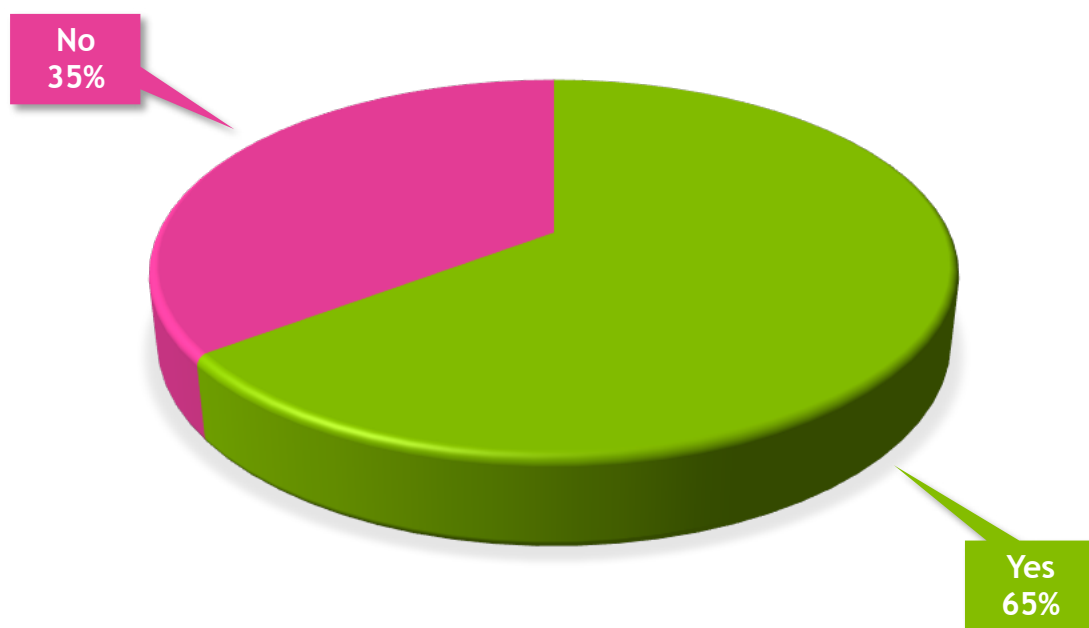
## Survey findings

### Experiences in GP services

#### Are you 'out' to your GP about your sexual orientation?

Around two thirds of the respondents told us that they are 'out' to their GP about their sexual orientation. Of those who replied about whether this had made a difference to their relationship with their GP, more than half felt it had made no difference.

We also asked about gender identity (see summary), and 3 transgender people told us that they are 'out' to their GP, and 2 told us that they are not. Of this group, 2 felt being transgender had made no difference to how they are treated, 1 felt treated differently as a result, and another said that things are difficult with their GP as a result.



*'I would feel uncomfortable with them knowing I am bi due to the lack of understanding; this is someone who sleeps around.'*

The meaning here is unclear, but a common prejudice about people who are bisexual is that they are 'greedy' or 'confused' or must be promiscuous, because of their sexual orientation.

*'GP seems to try and link everything to my transition or birth sex.'*

Of 10 people who are not 'out' to their GP about sexual orientation and/or gender identity, 4 felt it was not relevant, 5 said it had not come up in conversation, and one replied that they are not sure if their GP is OK about people who are LGBT+.

## Survey findings

### Experiences as an unpaid carer

Five people told us that they have caring responsibilities for someone else, and none said that they get help from agencies in providing care to another person (although one person did reply to a follow-on question saying that they are open, as an unpaid carer, in letting caring agencies they deal with know their sexual orientation or gender identity.)

We heard that an issue for unpaid carers, particularly where one partner cares for the other, is not being recognised as the person most closely connected to the patient/service user in the NHS and/or social care, and that worrying about this being a problem in future can be very stressful.

### Experiences as a person receiving social care

One person told us that they live in supported accommodation or a care home. They said that they are not open there about their gender and sexual identity.

One person told us that they receive care at home from paid carers - and two people replied to the question about being open in this situation. One reply said that everyone knows the person's gender and sexual orientation, the other that some people providing care do.

Another person said, 'It doesn't come up really, I am dating a man atm so they assume I am straight I guess.'

### Using healthcare services

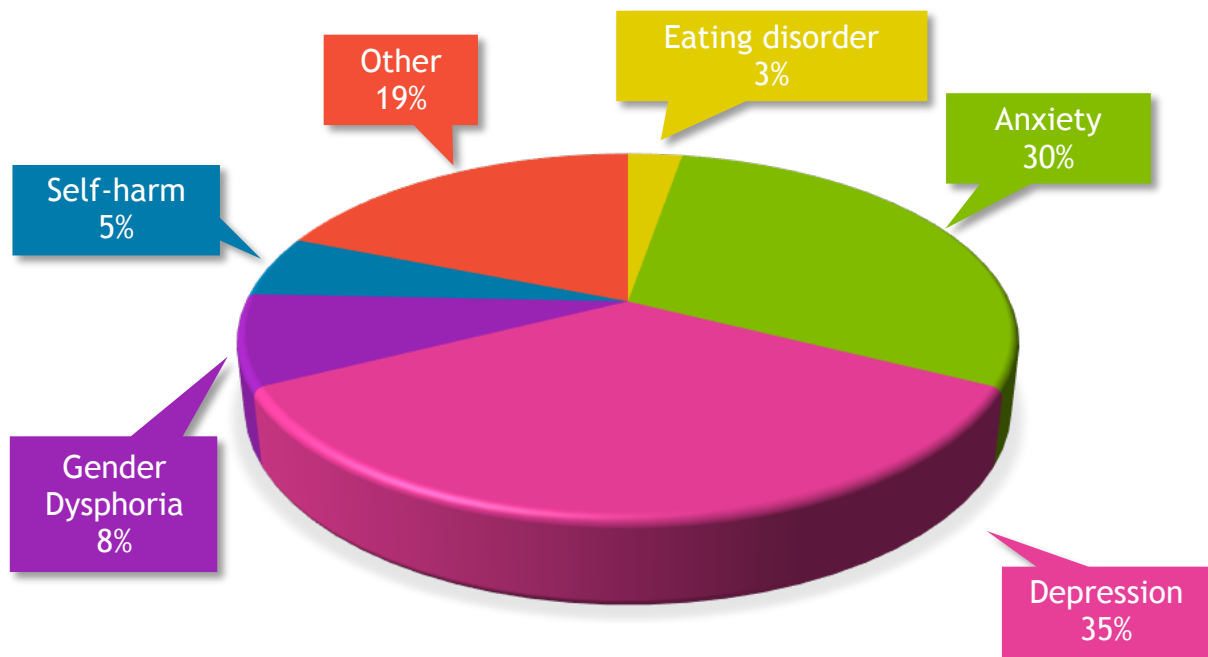
We asked about receiving treatment in the last 12 months for some conditions that may reflect mental distress or anxiety caused by the prejudice LGBT+ people can experience in their lives. Responses for anxiety and depression were high, given that around 10% of the general population will experience depression at any given time - in this sample 11 out of 35 (31%) reporting anxiety, and 13 (37%) reporting depression. These two conditions may be linked in one person, of course. Other people indicated that they had been treated for eating disorder (1 person), gender dysphoria (3) and self harm (2).



The front cover of a 2013 LGBT Foundation Report<sup>11</sup>

## Survey findings

Have you received treatment locally for any of the following in the last 2 years?



We also asked an open question about treatment for other conditions, and people told us:

*'Rare pain condition, also see rheumatologist.'*

*'Severe liver problem.'*

*'CFS, ADHD.'*

*'PTSD.'*

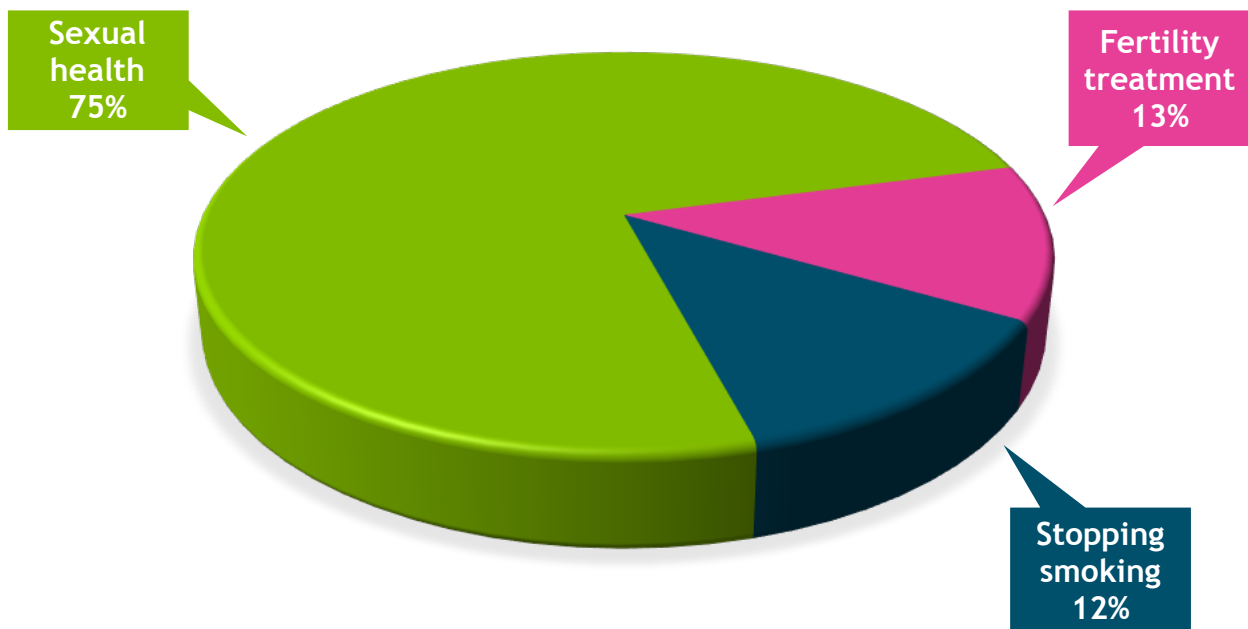
*'Taking depression pills for 30 years - OK.'*

*'General messed in the head problems due to surviving child sexual assault and other traumas.'*

# Survey findings

We asked if people had accessed a number of services that reflect both key public health priorities and important issues in many lives - sexual health, and fertility. Of the 14 people who replied, 12 had used sexual health services, 2 had used fertility services and 2 had used stop smoking services.

In the last 2 years have accessed any of the services below? Please tick as many as are relevant to you.



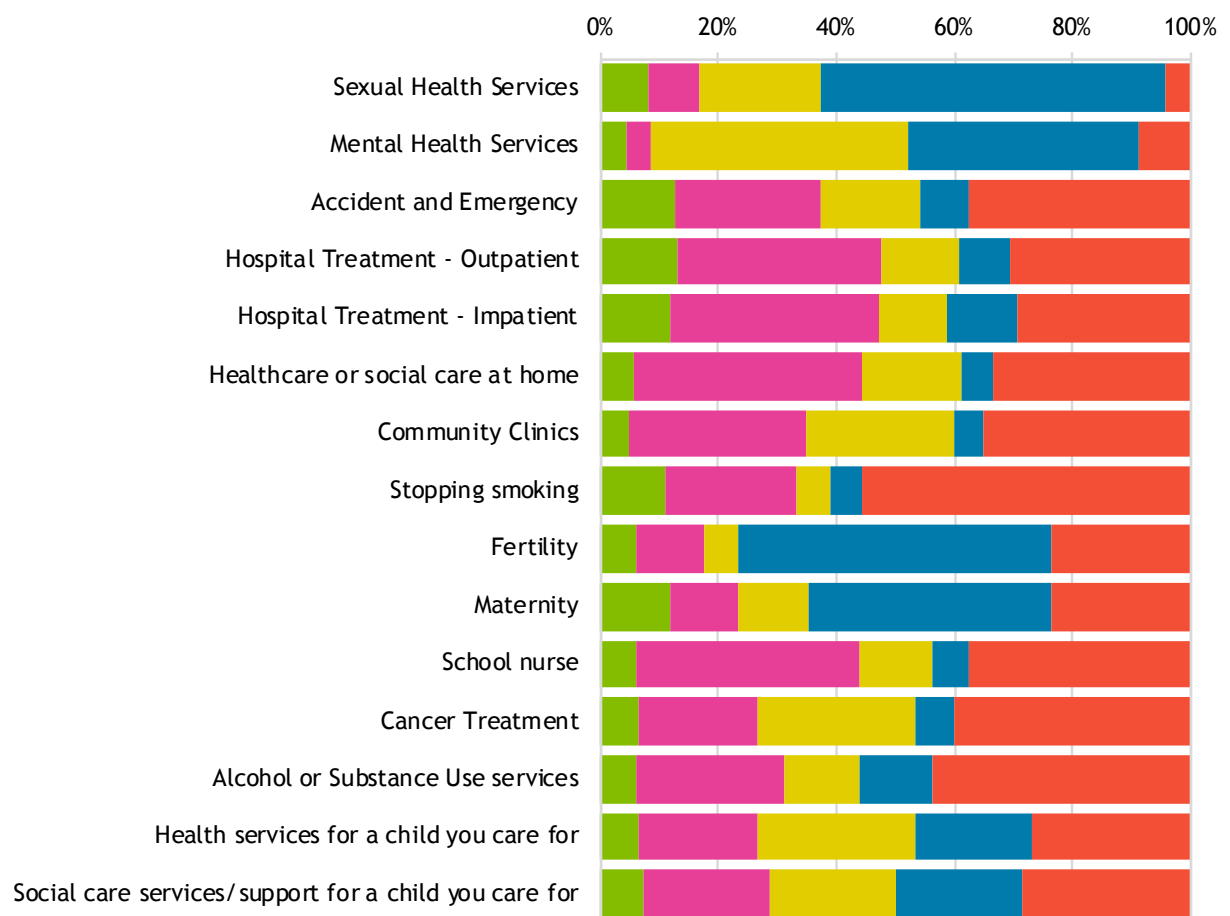
# Survey findings

## To disclose or not?

We asked how open people felt they would be able to be when accessing a wide variety of different services that are important for health throughout life, and in exercising the human right to a private and family life (article 8 of the Human Rights Act).

People were most willing to be open in sexual health services, mental health services, with fertility services and maternity services seeing a smaller proportion, but still significant numbers, willing to be 'fairly' or 'very' open.

If you had to access or have accessed any of the services below, how open would you be about your sexual orientation or gender identity? (Answer as many as you feel could be applicable to you)





## Survey findings

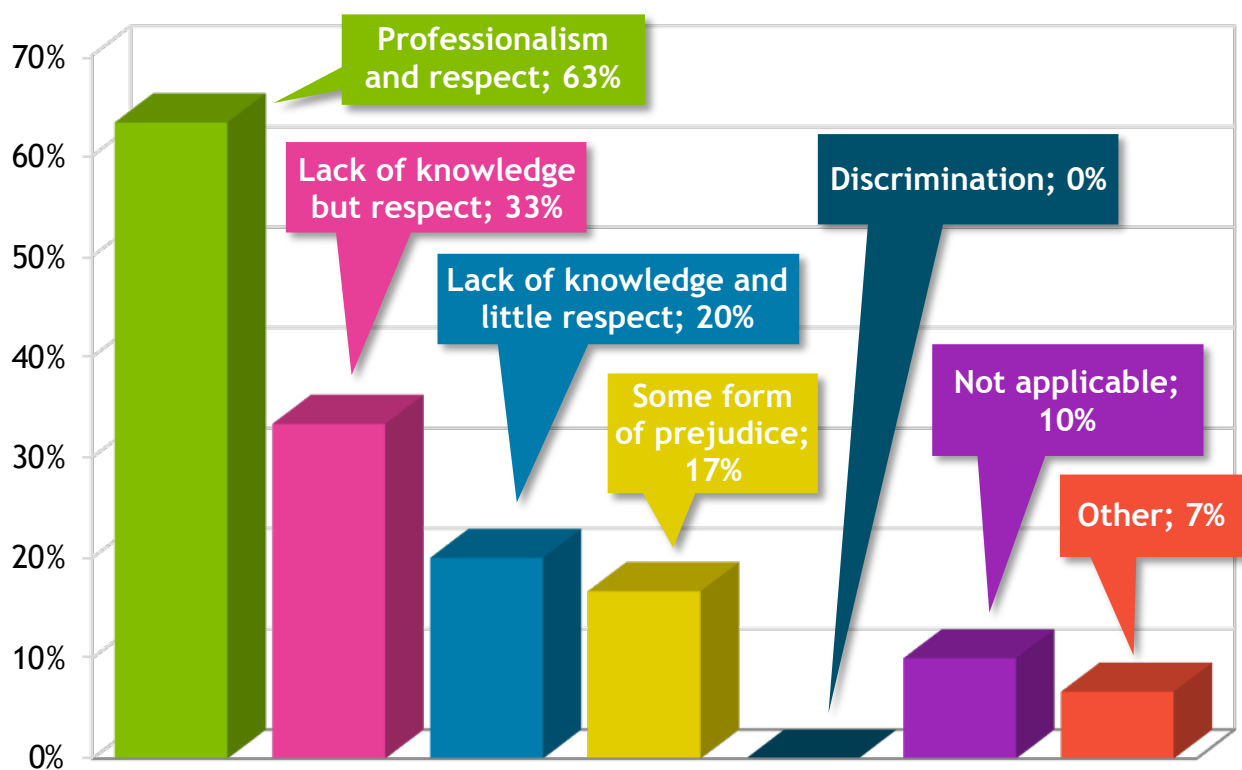
There was less willingness to be open in the A&E Department, hospital treatment as an outpatient, hospital treatment as an inpatient, healthcare or social care at home, stopping smoking services, contact with a school nurse, cancer services and alcohol or substance abuse services. Significant numbers took the view that their gender and/or sexuality is not relevant in these settings.

	Not open at all	Not open unless I have to be	Fairly open	Very open	Sexuality/gender not relevant in my view	Total
Sexual Health Services	8% (2)	8% (2)	21% (5)	58% (14)	4% (1)	24
Mental Health Services	4% (1)	4% (1)	43% (10)	39% (9)	9% (2)	23
Accident and Emergency	13% (3)	25% (6)	17% (4)	8% (2)	38% (9)	24
Hospital Treatment - Outpatient	13% (3)	35% (8)	13% (3)	9% (2)	30% (7)	23
Hospital Treatment - Inpatient	12% (2)	35% (6)	12% (2)	12% (2)	29% (5)	17
Healthcare or social care at home	6% (1)	39% (7)	17% (3)	6% (1)	33% (6)	18
Community Clinics	5% (1)	30% (6)	25% (5)	5% (1)	35% (7)	20
Stopping smoking	11% (2)	22% (4)	6% (1)	6% (1)	56% (10)	18
Fertility	6% (1)	12% (2)	6% (1)	53% (9)	24% (4)	17
Maternity	12% (2)	12% (2)	12% (2)	41% (7)	24% (4)	17
School nurse	6% (1)	38% (6)	13% (2)	6% (1)	38% (6)	16
Cancer Treatment	7% (1)	20% (3)	27% (4)	7% (1)	40% (6)	15
Alcohol or Substance Use services	6% (1)	25% (4)	13% (2)	13% (2)	44% (7)	16
Health services for a child you care for	7% (1)	20% (3)	27% (4)	20% (3)	27% (4)	15
Social care services/support for a child you care for	7% (1)	21% (3)	21% (3)	21% (3)	29% (4)	14

## Survey findings

While 19 (of 30 respondents) had been met with professionalism and respect when disclosing sexual orientation or gender identity to a health or social care professional in the past, 10 reported lack of knowledge and respect, 6 little knowledge and no respect, and 5 some form of prejudice. One noted that the professional had been 'overly curious'.

If you have disclosed your sexual orientation or gender identity to a health or social care professional in the past, what response have you had from them? You may tick more than one box.



Asked whether they had a negative experience in the last two years when accessing local health and social care services, which they perceived was because of their sexual orientation or gender identity, 27 replied 'no', but 5 people replied 'yes'. This is what they then wrote about their experiences:

*'Regular abdominal scan related to gender transition - operator did not read my medical record and assumed I was cisgender male there for prostate scan. I had to explain my whole medical history and current physical condition multiple times. Operator used inappropriate/triggering language. In the end the operator did not even complete the scan conclusively. I told my GP about it later but was told that because it was an outsourced provider I would have to contact them directly to take up any issue with them. I did not feel able to do this.'*

## Survey findings

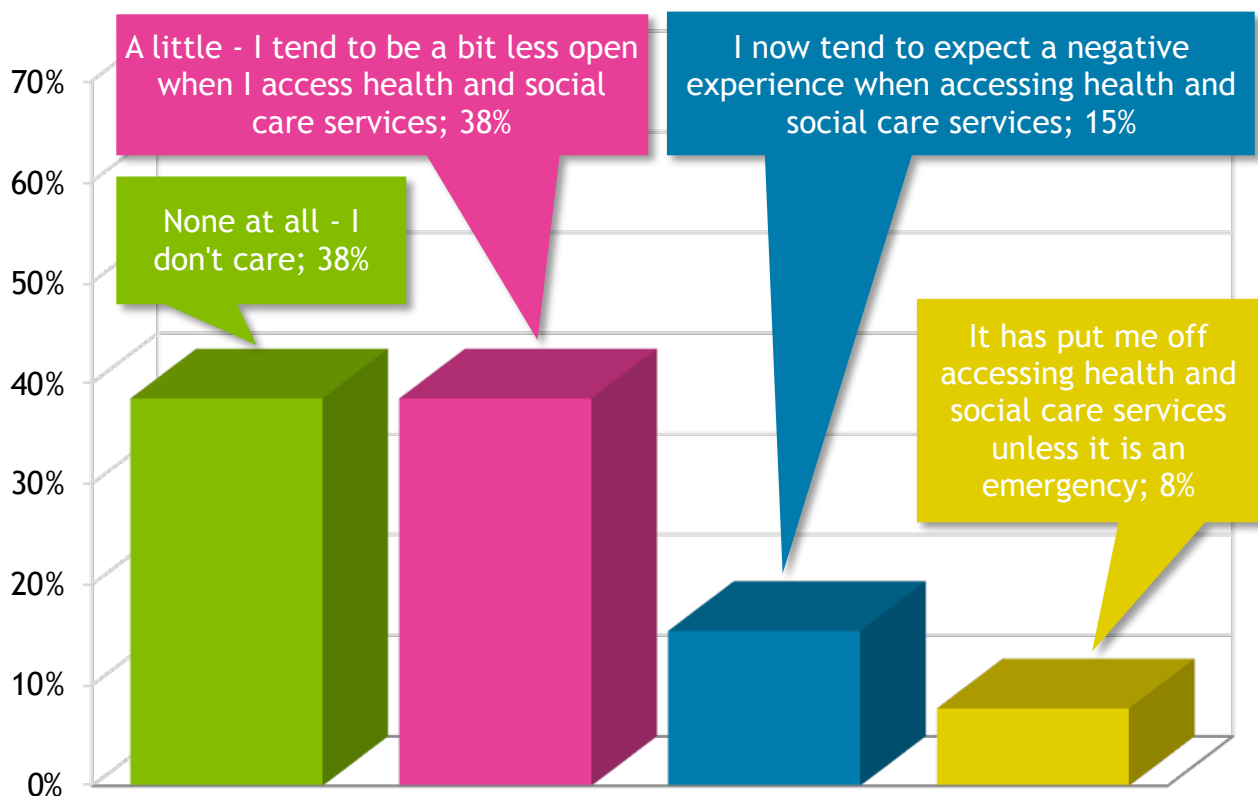
*'Advised my midwife/health visitor I was in a same sex relationship and received judgement.'*

*'Assuming my wife is either a sister or my mother. Questions from GP about contraception. General lack of knowledge about my orientation and therefore making assumptions.'*

*'While [abroad], I attended a clinic for urethritis and was open about my sexuality. I am in an open marriage. The physician was confused and didn't know how to respond, so he absent-mindedly asked why I wanted to be in an open marriage. It was difficult and made me feel like opening up less to healthcare professionals unless it was relevant.'*

Then 8 people told us that a negative experience within the last two years has had some impact on their willingness to access health and care services in the future. Of these, 5 reported tending to be a bit less open, 2 now tend to expect a negative experience and 1 said they had been put off accessing all except emergency care.

What impact has that negative experience made on you accessing health and social care services in the future?



## Survey findings

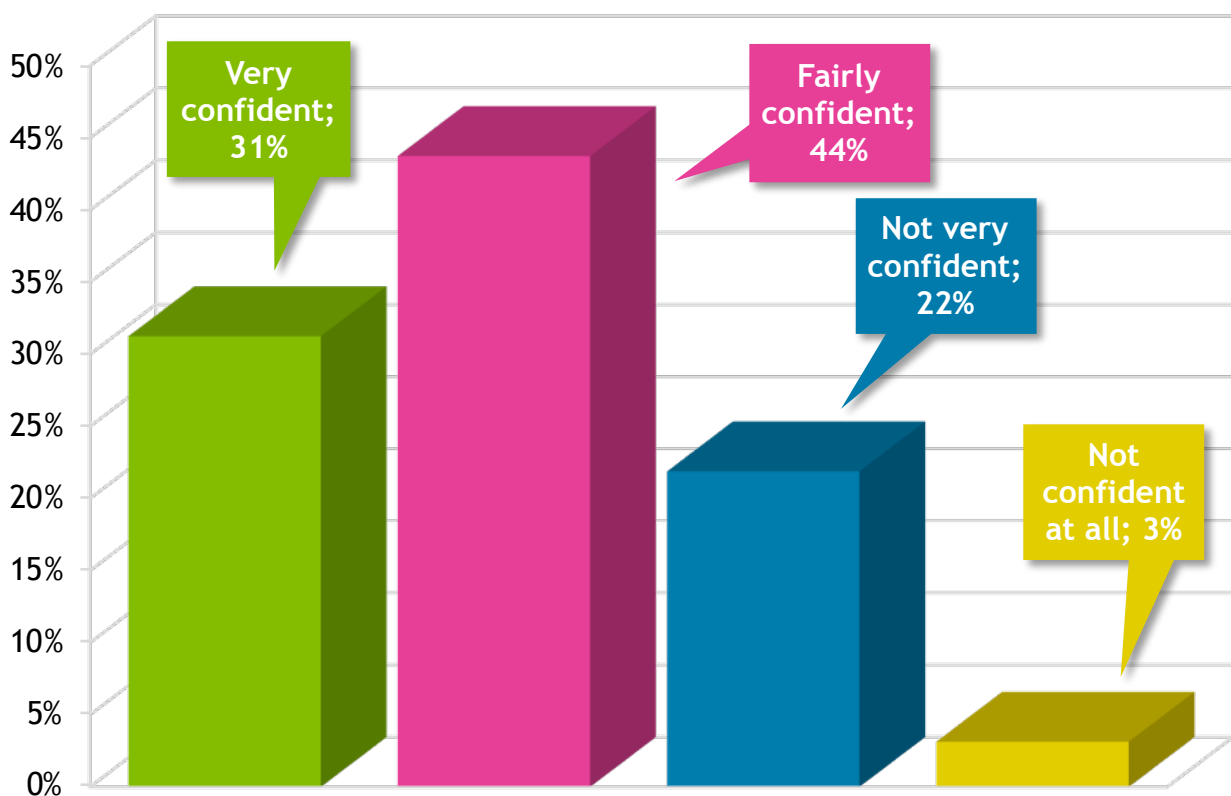
Confidence was high, overall (14 fairly confident and 10 very confident) that in the future health and care professionals would treat them with respect in relation to their sexual orientation or gender identity.

*'Some people are very good or at least act professionally, while others are completely ignorant and/or have no idea how to behave, but I have no way of knowing how they will react or what assumptions they will make until I am actually talking to them.'*

*'I'm sure there are some health care professionals who would respect my orientation, but I have experienced negative treatment from older male doctors based purely on my gender and I doubt that my sexuality would improve that.'*

*Another indicated that they would feel more confident of this in social care than in health care.*

How confident are you that health and social care professionals in the future will treat you with respect because of your sexual orientation or gender identity?



# Survey findings

## Improvements that could be made to services for LGBT+ services

### People told us:

*'Be more openly diverse - posters/LGBT+ pins on their lanyards. visual clues so I don't think I'm going to expect judgement for 'coming out'.'*

*'There isn't a very strong community in Reading so we don't tend to stick up for each other.'*

*'Greater ease of access to LGBT+ related info, matters and points of contact for any LGBT+ concerns or issues you may wish to raise and address.'*

*'Refresher training links to overcome loneliness/social isolation.'*

*'Greater ease of access to LGBT+ related info, matters and points of contact for any LGBT+ concerns or issues you may wish to raise and address.'*

*'Education to all healthcare professionals about bisexual people - what it means to be bi (we don't all sleep around), and education on sex between women- the risks and what to do about it. When I asked I was told no risks (this is 20 years ago I asked! but I haven't bothered to ask since).'*

*'More conclusive information on cervical screening for lesbians. This caused some confusion at my GP practice.'*

*'We need more resources on sexual health for lesbians.'*

*'More training for medical staff to overcome any weird prejudices they have regarding sexuality and gender. Being asked continually about pregnancy tests when I have a female partner, am female-bodied and have stated multiple times that I will not be conceiving and there is no chance of being pregnant gets very tiring very quickly!'*

*'Increase awareness/visibility of things that are available.'*

*'Gay care homes, LGBT awareness for social and healthcare professionals and training.'*

# Discussion

The survey findings show how important it is not to rely on assumptions about anyone's gender and sexual orientation. Indeed, that it is best not to make any assumptions.

The survey also confirms what is already known from national reports, and local reports in other parts of the Healthwatch network round the country - that knowledge about different possible identities, sexualities and the wide range of partnering and family arrangements that people have is an important part of what any health or care professional should know.

It was disappointing to note that while more than half of respondents had been met with professionalism and respect when disclosing sexual orientation or gender identity to a health or social care professional in the past, a significant number reported lack of knowledge and respect, several 'little knowledge and no respect', and several 'some form of prejudice' (and one noted that a professional had been 'overly curious').

What people said when replying to this survey indicated that respect for people is an important component of feeling safe and understood in services, if people feel it relevant to disclose their gender and/or sexual orientation, which they may not.

It is important to note and understand that, in various situations, some respondents felt that these aspects of themselves were of no immediate relevance. For example, in the hospital A&E Department or when receiving hospital outpatient treatment. There was more of a willingness, in this sample of LGBT+ people, to be open in sexual health and mental health services.

## Resources to help with designing services and training staff include:

- local LGBT+ organisations including [SupportU](#)<sup>8</sup> - SupportU provides a free service to individuals asking quick questions, including people from local organisations, and also can provide formal training packages
- the national documents and toolkits mentioned below.

## Lesbian and Bisexual women

Our survey suggests that better awareness of the healthcare needs of Lesbian and Bisexual women is important - reflecting what is known from reviewing the research evidence and national surveys.

- The LGBT Foundation has useful resources that can inform service commissioners and providers, as well as women, on its [Women's Health page](#)<sup>9</sup>
- This film (lasts 3 minutes) explains the findings of a review and analysis of currently published research on [Lesbian and Bisexual women's gynaecological conditions](#).<sup>10</sup> It highlights some of the reasons why these women may experience poor gynaecological health
- This [2013 report](#)<sup>11</sup> by the LGBT Foundation (under its previous name) covers the full range of health issues for Lesbian and Bisexual women
- An [evidence-based report](#)<sup>4</sup> just published by Public Health England focuses on Improving the health and wellbeing of Lesbian and Bisexual women, and other women who have sex with women

# Discussion

- A 2015 report from the Equality Network was the first UK wide research report to focus specifically on [Bisexual people's experiences of accessing services](#)<sup>12</sup> (female and male bisexual people).

## Gay and bisexual men

We did not receive any free-text comments clearly attributable to gay or bisexual men in our survey. Their range of health needs is reflected in this [national survey](#)<sup>13</sup> and report from charity Stonewall.

## Transgender people

When needing to use services, being transgender is not always the cause, as one of our respondents noted. It is the case, however, that transgender people face barriers to inclusion and access in health and social care that are specific to their situation, as this [report](#)<sup>14</sup> from charity Stonewall notes.

## Other gender identities and sexual orientations

The health needs of non-binary people (as well as transgender people) are reflected in this commissioning resource [document](#)<sup>15</sup> from NHS England.

## Getting older

One respondent suggested that 'gay care homes' are needed - the health, care and social needs of LGBT+ people are not always well-met as they age, as this [report](#)<sup>16</sup> explains. Sharing memories, photographs, and stories is important for many people as they get older and experience the need for living support, perhaps in relation to dementia or other cognitive impairment, or in relation to the experience of grief when a partner dies.

Feeling safe to do these things is important, and not always straightforward for people who are Lesbian, Gay, Transgender or of other genders or orientations.

The charity Stonewall publishes this [guide](#)<sup>17</sup> for health and care services on working with LGB people in older life, based on the findings of a large national survey of people's experiences (published in 2010).

In Manchester, a local [Dementia Network](#)<sup>18</sup> has been formed to provide support to LGBT+ people affected by dementia with information, and give them opportunities to help shape future service provision.



The front cover of an Age UK resource<sup>16</sup>

## How do our survey findings compare with a larger government study?

We worked with the charity Support U to promote our survey to the LGBT community in Reading and also used social media to target potential respondents. We attracted 35 responses.

The government surveyed 108,000 LGBT people in 2017 and results can be found here: <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report><sup>19</sup>

We found similar findings when comparing some of the questions:

### Are you 'out' to your GP?

**Our survey:** 65%

**Government survey:** More than half had disclosed to a health professional

### Have you had a negative experience because of your sexual orientation?

**Our survey:** 16% said they had experienced some form of prejudice from a health professional following disclosure of their sexual identity

**Government survey:** at least 16% of survey respondents who accessed or tried to access public health services had a negative experience because of their sexual orientation

### Have you accessed services recently for a mental health issue?

**Our survey:** 31 per cent said they had received treatment for anxiety, and 37 per cent said they had been treated for depression, in the last two years

**Government survey:** 24% of respondents had accessed mental health services in the 12 months preceding the survey

The government survey led to an LGBT Action Plan<sup>20</sup> published in July 2018, which includes commitments to:

- appointing a national LGBT health adviser to provide leadership on reducing the health inequalities that LGBT people face and awareness of the benefits of asking patients about sexual orientation and gender identity
- improving mental healthcare, including suicide reduction, for LGBT people
- new best practice guidance about the Gender Recognition Act, for GP surgeries and gender identity clinics.



# Conclusion and recommendations

We enjoyed working in partnership with SupportU and learned from them. Respondents to the survey suggested a number of improvements that could be made in services which we believe are important, and these are included in our joint recommendations.

Healthwatch Reading and SupportU together recommend

1. NHS and social care services should ensure that the training of their staff is up to date regarding the health needs of LGBT+ people and working with diverse groups. It should take account of the advice given throughout this report, which includes:

- Do not make judgemental comments
- Do not ask questions about gender and sexual orientation beyond what they need to know to provide care or help
- Do not make assumptions about the relationship between any person and the person(s) accompanying them

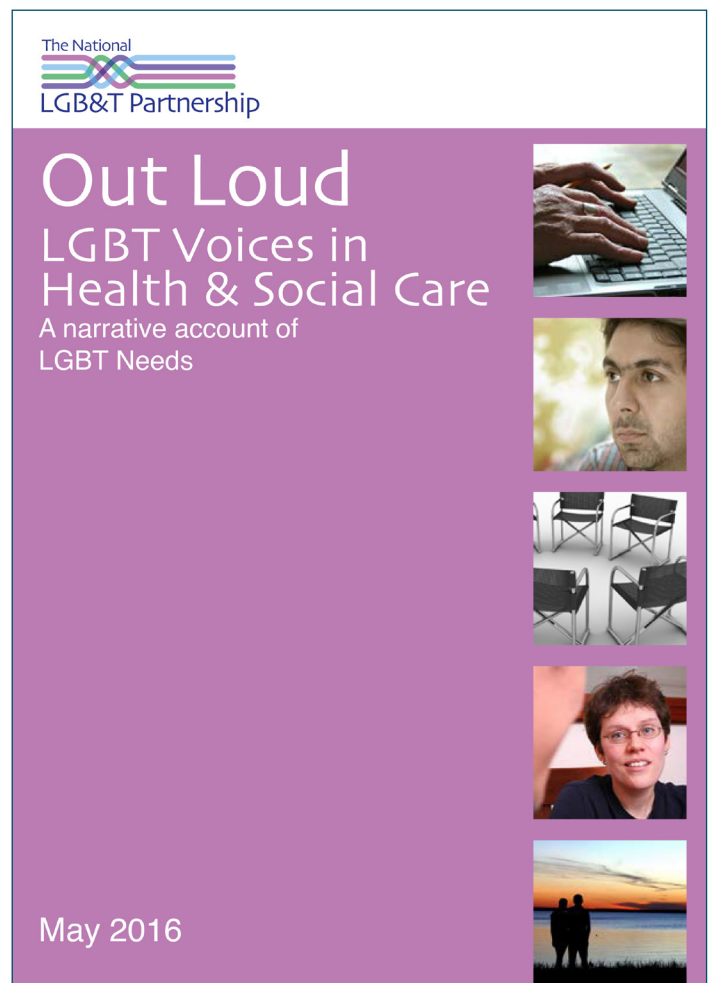
2. NHS and social care services should take steps to be more clearly welcoming to and respectful of diversity e.g. using posters, LGBT+ pins on their lanyards - and ensure greater ease of access to LGBT+ related information and points of contact for any LGBT+ concerns or issues patients/service users may wish to raise

3. Reading Borough Council should explore supporting social care provision that is sensitive to the needs of LGBT+ people

4. Local commissioners and providers should ensure that they use

- this [national resource](#)<sup>1</sup>, published in 2016 by the LGB&T partnership and based on the views of more than 200 people identifying as LGBT+
- this [guide for the NHS](#)<sup>2</sup> and this [toolkit](#)<sup>3</sup> from charity Stonewall
- this Healthwatch Reading report and
- the other resources mentioned in the discussion section of this report

to inform the commissioning of LGBT+ inclusive local health and social care services, and staff training in these services.



The front cover of a report by the National LGBT Partnership<sup>1</sup>

## Next steps

We know from experience that going out into the community is the most effective way to reach people, and that is what we plan to do next. We will be at Reading Pride in September and look forward to listening to LGBT+ Reading people there and collecting their views about health and social care.



# Your legal rights as a LGBT person when using the NHS

The Equality Act (2010)<sup>21</sup> says you must not be discriminated against because:

- you are heterosexual, gay, lesbian or bisexual
- someone thinks you have a particular sexual orientation (this is known as discrimination by perception)
- you are connected to someone who has a particular sexual orientation (this is known as discrimination by association)

In the Equality Act, sexual orientation includes how you choose to express your sexual orientation, such as through your appearance or the places you visit.

The NHS Constitution (2015)<sup>22</sup> states:

'You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.'

'You have the right to be treated with dignity and respect, in accordance with your human rights.'

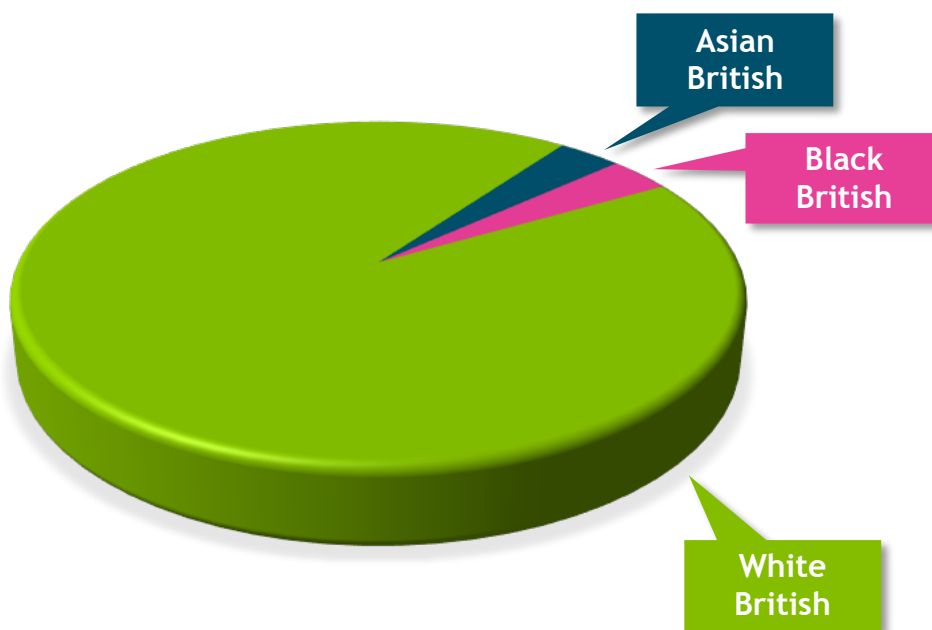
The constitution also states NHS staff 'have a duty not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation'.

## Appendix 1:

### About the people who answered the survey

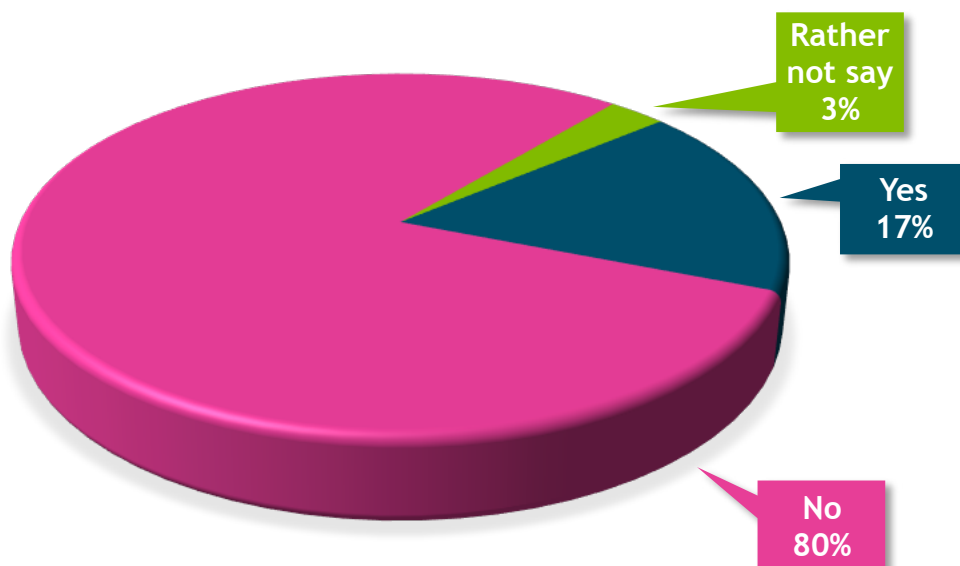
What is your ethnicity?

The respondents were almost all people identifying as White British, two were from ethnic minorities.



Do you have a physical disability/impairment?

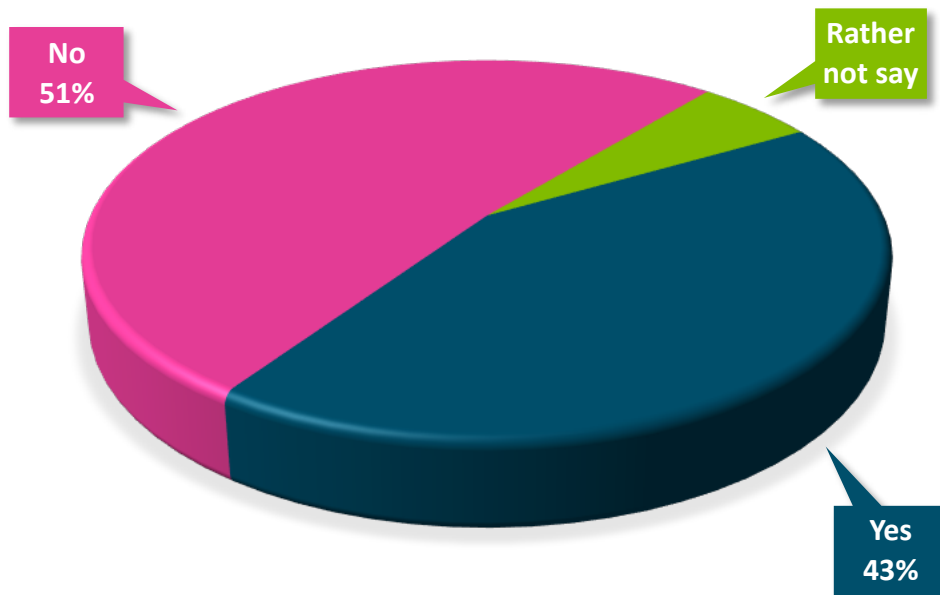
6 people reported having a physical disability



# Appendix 1

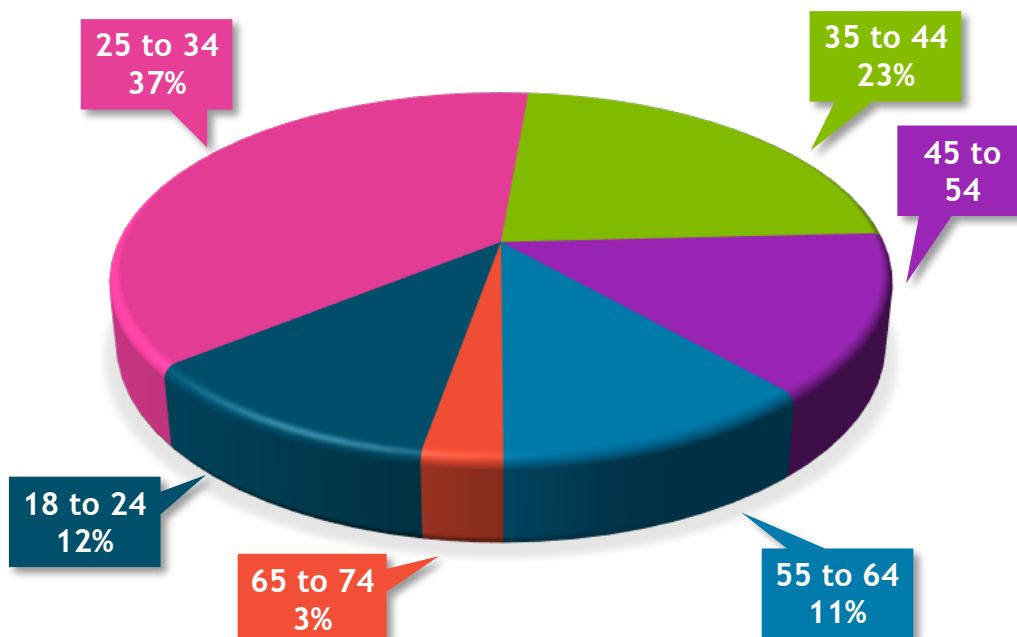
## Do you have a hidden disability/impairment?

18 people reported having a hidden disability, which could include mental health issues.



## What is your age?

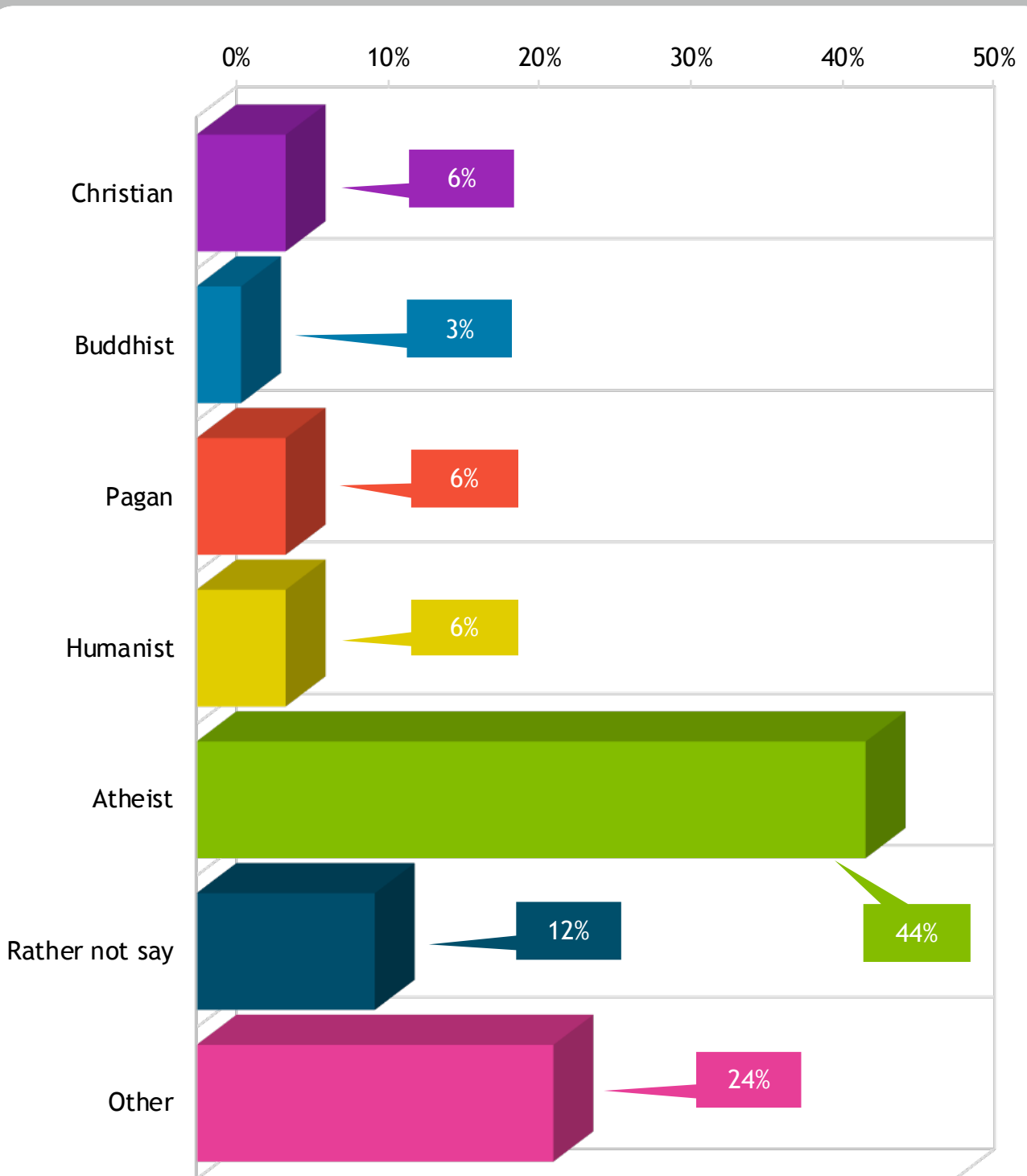
Around half of the respondents are aged 25 to 44



# Appendix 1

Do you have a religion or faith or other chosen life approach?

Around half describe themselves as atheists



## Appendix 2:

The organisations in Reading we contacted by email (or via social media) with the survey link

- ACRE Reading
- Berkshire, Buckinghamshire & Oxfordshire Law Society
- Berkshire Healthcare Foundation Trust
- Ernst & Young
- Environment Agency
- Microsoft
- MyUmbrella
- Office of the Independent Adjudicator for Higher Education
- Reading Football Club
- Reading Youth
- Reading Borough Council
- Reading Pride
- Reading Voluntary Action
- Royal Berkshire Hospital NHS Foundation Trust
- South Central Ambulance Service
- SSE plc
- Thames Valley Police
- Thames Valley Police LGBT+ Association
- Thames Water
- The Oracle Shopping Centre
- University of Reading
- University of Reading LGBT+ Society

# References

- 1 **The National LGB&T Partnership (2016) Out Loud: LGBT Voices in Health and Social Care.**  
<https://nationallgbtpartnership.org/publications/out-loud/>
- 2 **Stonewall (2012) Sexual Orientations A guide for the NHS**  
<https://www.stonewall.org.uk/sites/default/files/stonewall-guide-for-the-nhs-web.pdf>
- 3 **Stonewall (2017) Service Delivery Toolkit How to Build an LGBT-inclusive service Step 1 Beginning the Journey**  
<https://www.stonewall.org.uk/sites/default/files/sdt-step1.pdf>
- 4 **Public Health England (2018) Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/723557/improving\\_health\\_and\\_wellbeing\\_LBWSW.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/723557/improving_health_and_wellbeing_LBWSW.pdf)
- 5 **Reading Borough Council Joint Strategic Needs Assessment (JSNA) Lesbian, Gay, Bisexual, & Trans (LGBT) People**  
<http://www.reading.gov.uk/jsna/lgbt>
- 6 **The National LGB&T Partnership (2016) Public Health Outcomes Framework Companion**  
<https://nationallgbtpartnership.org/publications/phof/>
- 7 **The National LGB&T Partnership (2016) Public Health Outcomes Framework Companion**  
<https://nationallgbtpartnershipdotorg.files.wordpress.com/2018/04/lgbt-public-health-outcomes-framework-companion-doc.pdf>
- 8 **SupportU**  
<http://www.supportu.org.uk>
- 9 **LGBT Foundation Women's Health page**  
<https://lgbt.foundation/who-we-help/women/general-health>
- 10 **Lesbian and Bisexual women's likelihood of becoming pregnant and gynaecological conditions - filmed summary of: Hodson, Meads and Bewley (2016) Lesbian and Bisexual women's likelihood of becoming pregnant and gynaecological conditions: a systematic review and meta-analysis**  
<https://vimeo.com/198372354>  
(see written report at <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.14449>)



- 11 **LGBT Foundation (2013) Beyond Babies and Breast Cancer - Health care needs of lesbian and bisexual women: an overview of the available evidence**  
<https://s3-eu-west-1.amazonaws.com/lgbt-media/Files/4d02f34a-74f5-47da-b11a-b78f57b6ee2c/Beyond%2520Babies%2520and%2520Breast%2520Cancer.pdf>
- 12 **Equality Network (2015) Complicated? Bisexual people's experiences and ideas for improving services**  
<https://www.equality-network.org/resources/publications/bisexual/>
- 13 **Stonewall (2013) Gay and Bisexual Men's Health Survey**  
[https://www.stonewall.org.uk/sites/default/files/Gay\\_and\\_Bisexual\\_Men\\_s\\_Health\\_Survey\\_\\_2013\\_.pdf](https://www.stonewall.org.uk/sites/default/files/Gay_and_Bisexual_Men_s_Health_Survey__2013_.pdf)
- 14 **Stonewall (2016) Getting it right with your trans service users and customers**  
[https://www.stonewall.org.uk/sites/default/files/getting\\_it\\_right\\_with\\_your\\_trans\\_service\\_usersand\\_customers.pdf](https://www.stonewall.org.uk/sites/default/files/getting_it_right_with_your_trans_service_usersand_customers.pdf)
- 15 **NHS England (2015) Treatment and support of transgender and non-binary people across the health and care sector: Symposium report**  
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/symposium-report.pdf>
- 16 **Age UK (2017) Meeting the needs of older LGBT people**  
<https://www.ageuk.org.uk/latest-news/articles/2017/november/meeting-needs-of-older-lgbt/>
- 17 **Stonewall (2012) Working with older lesbian, gay and bisexual people A guides for Care and Support Services**  
[https://www.stonewall.org.uk/sites/default/files/older\\_people\\_final\\_lo\\_res.pdf](https://www.stonewall.org.uk/sites/default/files/older_people_final_lo_res.pdf)
- 18 **LGBT Foundation - LGBT Dementia Network - Manchester**  
<https://lgbt.foundation/events/new-lgbt-dementia-network/5741>
- 19 **Government Equalities Office (2018) LGBT Survey Summary Report**  
<https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>
- 20 **Government Equalities Office (2018) LGBT Action Plan - Improving the Lives of Lesbian, Gay, Bisexual and Transgender People**  
<https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people>
- 21 **Equality and Human Rights Commission**  
<https://www.equalityhumanrights.com/en/equality-act-2010/what-equality-act>
- 22 **The NHS Constitution (2015)**  
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

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