

LGBTQ+ JSNA

Warwickshire Joint Strategic Needs Assessment 2025



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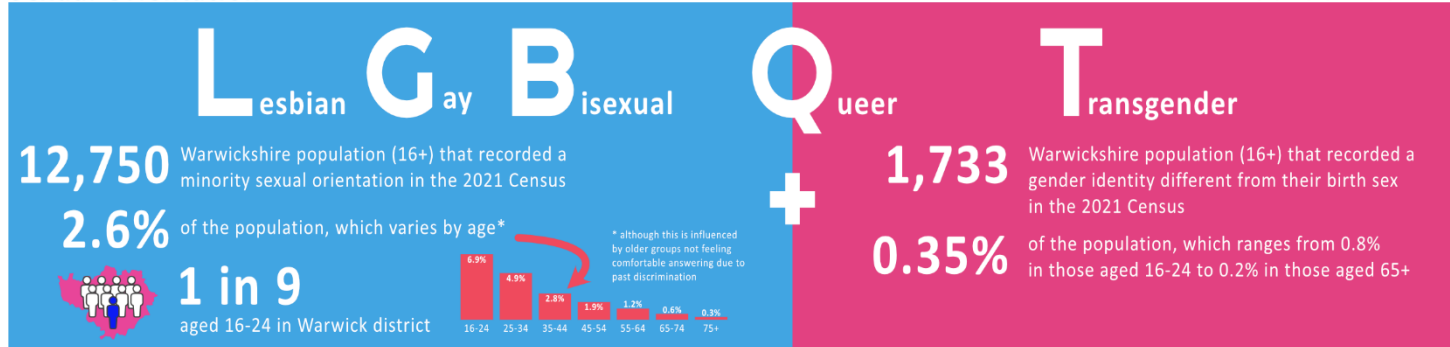
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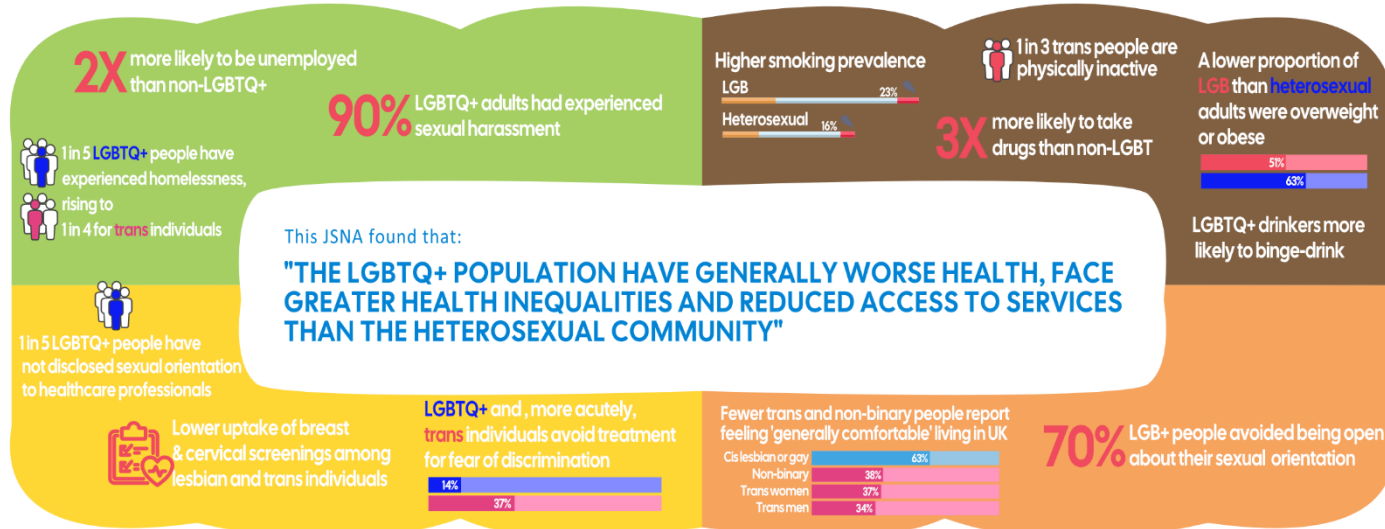
Sexual Orientation

Gender Identity



THE WIDER DETERMINANTS OF HEALTH

OUR HEALTH BEHAVIOURS AND LIFESTYLE



INTEGRATED HEALTH AND CARE SYSTEM

PLACES AND COMMUNITIES WE LIVE IN & WITH

CALLS TO ACTION:

ADDRESS HEALTH INEQUALITIES



1

By implementing these recommendations, you can help contribute to better health outcomes for this community.

- Use JSNA to inform equality and health assessments
- Consider community in strategic decision making
- Explore local/service data to understand inequalities

2

BE LGBTQ+ FRIENDLY



- Use LGBTQ+ positive language and imagery
- Engage with population in decision making
- Ensure staff receive relevant training
- Publish an inclusivity statement

IMPROVE DATA COLLECTION



3

- Review current data collection to find gaps
- Promote trust so LGBTQ+ people feel safe to disclose
- Ensure staff know how to ask for information

EXECUTIVE SUMMARY

LOCAL POPULATION

Data from the 2021 Census shows:



12,754 people in Warwickshire reported their sexual orientation as lesbian, gay, bisexual, or other (LGB+), approximately 2.6% of the population.



The largest age bracket reporting their sexual orientation as LGB+ is in the 16-24 age group (6.88%). The percentage reporting LGB+ then decreases incrementally in older age groups.



The 'Mixed or Multiple Ethnic groups' category has the highest proportion reporting LGB+ with one in twenty people (5.61%).



1,733 people in Warwickshire identified their gender identity being different from their birth sex, 0.35% of the population.



Younger age groups were more likely to identify as a different gender than that registered at birth, with the proportion decreasing with age. For those aged 16-24, 0.82% identified as a gender different from their birth sex.



Both the sexual orientation and gender identity questions had a large percentage of respondents not answering, 6.5% and 5.08% respectively. It is unknown how many of those residents may or may not be LGBTQ+

HEALTH INEQUALITIES



LGBTQ+ people nationally are 1.5 times more likely to develop depression and anxiety disorders compared to the general population.



LGBTQ+ adults are more likely to develop eating disorder behaviours compared to heterosexual and cisgender peers, with just over one in ten LGBTQ+ people nationally in 2018 saying they had experienced an eating disorder in the last year.



Nationally in 2018, just over one in ten transgender people reported trying to take their own life.

2%

Since 2018, 2% of all suspected suicides in Warwickshire were LGBTQ+ people, although this is likely under-reported.



Nationally, LGBTQ+ individuals have been shown to report worse physical health outcomes than the cis-gendered population, including higher rates of limiting longstanding illness, long-term conditions that limit daily activities, chronic gastrointestinal, liver, and kidney conditions, polycystic ovary syndrome, and certain types of cancers at a younger age.

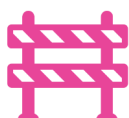


Gay or bisexual men who have sex with men are nationally more likely to report harmful sexual health behaviours compared to men who have sex exclusively with women.



Almost 20% of men who have sex with men nationally have reported using drugs to assist sexual performance in the past year compared to 6.5% of men who have sex with women.

AN INTEGRATED HEALTH AND CARE SYSTEM



Nationally, people who are LGBTQ+ frequently reported barriers to services including:

- Fear of discrimination leading to issues of disclosure
- Lack of training or knowledge from medical professional
- Poor experience and care because of issues surrounding sexuality.



14% of LGBTQ+ people nationally report avoiding treatment for fear of discrimination because of being LGBTQ+.



1 in 5 LGBTQ+ people nationally report that they have not informed any healthcare professionals of their sexual orientation when seeking general medical care.



1 in 8 LGBTQ+ individuals nationally reported experiencing some form of unequal treatment from healthcare staff because of being LGBTQ+.



1 in 4 LGBTQ+ people nationally report having experienced inappropriate curiosity from healthcare staff because they are LGBTQ+.



1 in 4 of LGBTQ+ people nationally report experiencing a lack of understanding of specific LGBTQ+ needs from healthcare staff.



Heteronormative assumptions have been identified in several small-scale UK studies as a primary barrier to accessing sexual health services, especially maternity and infertility treatments.



There are key issues identified nationally for LGBTQ+ individuals in accessing end of life care, including fear of discrimination, assumptions on identity and family structures, lack of support for grieving and bereaved loved ones, and increased pressure on carers of LGBTQ+ people.



There is a lower reported uptake nationally of breast and cervical cancer screenings among lesbian women and transgender individuals.

OUR HEALTH BEHAVIOURS AND LIFESTYLES



Smoking prevalence nationally is higher in the bisexual (23.3%) and gay or lesbian (23.1%) populations compared to the heterosexual population (15.9%).



Nationally, gay and bisexual men are less likely to be overweight or obese compared to heterosexual men. Research is mixed for lesbian and bisexual women, with some indicating that this population are more likely to be overweight or obese, and some indicating that they are less likely.



Lesbian, gay, and bisexual adults are more likely to drink at levels which put them at increased or higher risk of alcohol-related harm nationally compared to heterosexual adults.



Nationally in 2018, 9% of the LGBTQ+ population in England took drugs at least once a month compared to 2.6% of the those who are not LGBTQ+.

THE PLACE AND COMMUNITIES WE LIVE IN AND WITH



1 in 3 trans women, trans men, and non-binary people feel comfortable living in the UK nationally compared to 2 in 3 cis-gendered lesbian or gay people.



LGBTQ+ people feel less comfortable living in rural areas nationally compared to urban areas.



2 in 3 LGBTQ+ people nationally refrain from holding hands with a same-sex partner in public because they fear negative reactions from others.



44% of trans people nationally don't feel safe because of their trans identity and so avoid certain streets when out in public.



A Warwickshire Pride survey in Rugby showed that over three quarters of respondents felt that there needs to be more services and activities for LGBTQ+ people.



A Warwickshire Pride survey in Rugby showed that nearly 50% of participants had experienced hate incidents related to their LGBTQ+ identity, with verbal abuse being the most frequent form of harassment.



Lesbian, gay, and bisexual people who are carers nationally have a higher prevalence of ill health, including a higher prevalence of long-term health conditions (70% for lesbian, gay, or bisexual carers compared to 60% of non LGB carers) and a higher prevalence of mental health conditions (36% for lesbian, gay, or bisexual carers compared to 13% for those who aren't LGB).



COVID-19 caused an increase in health inequalities nationally. As a considerable amount of the evidence presented in this JSNA was pre-pandemic, it is important to consider the impact COVID-19 will have had on people who are LGBTQ+ and how this may have changed the picture since pre-pandemic evidence was published.

THE WIDER DETERMINANTS OF HEALTH



1 in 5 LGBTQ+ people nationally have experienced homelessness at some point in their lives. This is higher for trans people, with 1 in 4 having experienced homelessness at some point.



Half of LGBTQ+ young people who had experienced homelessness in the last five years nationally feared that expressing their LGBQ+ identity to family members would lead to them being evicted.



LGBTQ+ people were twice as likely to report being unemployed in the 2021 Census compared to heterosexual and cisgender people.



Nationally, just under 1 in 5 LGBTQ+ staff have experienced negative comments or conduct in the workplace due to being LGBTQ+.



3 in 5 LGBTQ+ staff nationally agree that their workplace has equalities policies that protect lesbian, gay, and bisexual people at work. This is lower at 1 in 2 in rural areas.



A national study in 2021 expressed that nearly 50% of pupils said their schools had little to zero positive messaging about being LGBTQ+ in the past 12 months.



Nearly 9 in 10 LGBTQ+ people responding to a national survey reported that they had experienced sexual harassment since the age of 18, with nearly 8 in 10 experiencing sexual assault.



7% of LGBTQ+ pupils in a national survey said they had experienced sexual harassment compared to 2% who were not LGBTQ+. This was highest in bisexual girls, 12% of whom had experienced sexual harassment.

CALLS TO ACTION

All services need to consider how they can **address health inequalities in the LGBTQ+ population**. This includes using this JSNA as an evidence base to inform Equality Impact Assessments (EqlAs) and Health Equity Assessment Tools (HEATs).

All services need to consider how they can **ensure they are LGBTQ+ friendly**. This can include:

- Using positive language and imagery around LGBTQ+ communities to encourage inclusivity.
 - Ensuring staff receive LGBTQ+ training.
 - Considering opportunities to engage with our LGBTQ+ population when we are looking to design or change services, utilising existing forums such as Warwickshire Pride.
-

This JSNA maps predominantly national data and evidence. All services need to use this as a starting point whilst thinking about how they can **best collect data to monitor LGBTQ+ health inequalities to improve services**. This includes:

- Reviewing and understanding current data collection and quality.
- Promoting trust to ensure people who are LGBTQ+ feel safe to disclose their sexual orientation and gender identity.
- Ensuring staff are equipped with the knowledge of how to have conversations around sexual orientation and gender identity and why these conversations are important.
- Ensuring data sets are detailed enough to filter to different characteristics and robust enough to accurately record these characteristics. This includes considering recording options to understand whether people don't want to disclose information or whether staff are not asking for the information.
- Using this JSNA as an evidence base to inform EqlAs and HEATs. Services need to be aware that most of the evidence in this JSNA is national evidence and research. Services need to use their own data and engagement opportunities to understand health inequalities specific to our local population and specific services that are offered.
- There is an opportunity to feed this into the JSNA life course dashboards as people have more data available.

INTRODUCTION

The LGBTQ+ population experience greater ill health, face greater health inequalities, and reduced access to services than those who are not LGBTQ+.¹ This JSNA demonstrates this across a range of areas, including:

1. Health risks factors: LGBTQ+ people are more likely to undertake risky behaviours such as smoking and alcohol use.
2. Mental health: LGBTQ+ people are more likely to experience depression and anxiety, and more likely to have attempted to take their own life.
3. Physical health: LGBTQ+ people are more likely to experience long-term health conditions.

Minority stress theory is one approach to explaining why people who are LGBTQ+ experience worse health outcomes and experiences.² This theory explains that a stressful environment is created when cultural and social structures and norms differ from a minority group, which can then have a negative impact on mental and physical health. The concept is that it is:

- **Unique** – that minority stress is in addition to other stressors that everyone experiences, and therefore minority groups require more support than those who are not in the minority group.
- **Chronic** – that minority stress comes from relatively stable social and cultural structures and norms.
- **Socially based** – that it stems from social processes, institutions, and structures beyond the individual's control.

Minority stress theory highlights the importance of the wider determinants of health in addressing health inequalities for people who are LGBTQ+. Only by creating a social and cultural environment that is inclusive of this population can these stress factors be combatted, thereby reducing the health inequalities experienced.

¹ NHS England. *LGBT+ health*. <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/lgbt-health/> [Accessed 14/08/2024]

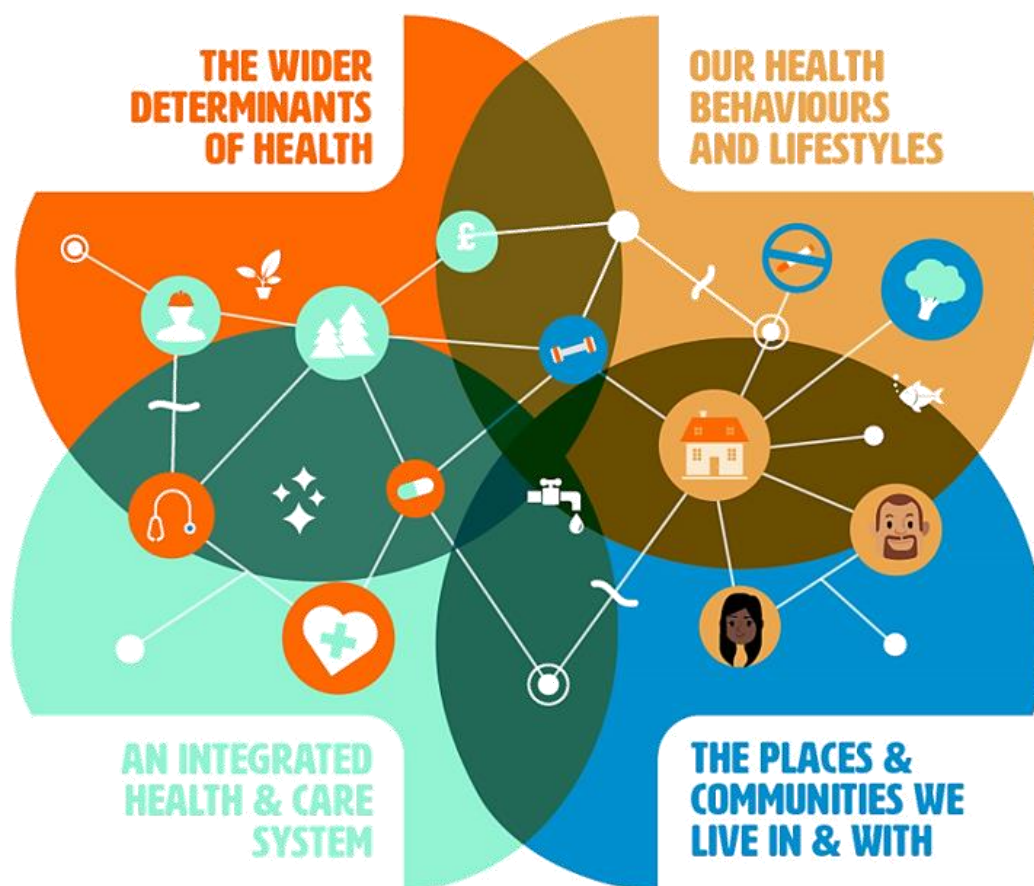
² Meyer IH. Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*. 2003. 129 (5). 674-697. <https://pmc.ncbi.nlm.nih.gov/articles/PMC2072932/>

This JSNA therefore examines the health needs of those who are LGBTQ+ of all ages by considering three questions:

- What is the size of the LGBTQ+ population in Warwickshire?
- What health inequalities are experienced by this population?
- How do the wider determinants of health impact on these health inequalities?

To consider how the wider determinants of health impact on the health inequalities of this population, the Kings Fund Population Health model (figure 1) has been used to structure four chapters, one per quadrant, that explore the cultural, social, and economic impacts on those who are LGBTQ+.

Figure 1: Kings Fund Population Health model.



Source: Kings Fund

Over the last 60 years there has been significant progress on LGBTQ+ rights and support for the LGBTQ+ community from a starting point where homosexuality was criminalised in the UK and LGBTQ+ people feared criminal charges and societal condemnation. This timeline focuses on changes to national legislation, local events and organisations, and other national events relevant to this JSNA that have changed LGBTQ+ lives in Warwickshire.

Sexual Offences Act:

Decriminalised homosexual acts in private between men over 21 in England and Wales

Stonewall UK established who became a leading LGBTQ+ rights organisation.

LGBTQ+ couples **gain the right to adopt children jointly.**

Civil Partnership Act: Legalised civil partnerships for same-sex couples.

Warwickshire Pride founded: A local charity promoting LGBTQ+ inclusion and visibility.

The UK government apologised for historic anti-LGBTQ+ laws, including the criminalisation of homosexuality under the "Turing Law".

Out-Of LGBTQ+ community group in Rugby founded.

"This, Our Hive of Voices"
Project: A digital and physical art installation led by artist Lady Kitt in collaboration with Warwickshire County Record Office and Proud Youth. It celebrates untold LGBTQ+ stories in the county.

"This, Our Hive of Voices" Project



Rugby has its first pride festival.

1967

1989

2002

2005

2011

2017

2020

2022

2024

National and local LGBTQ+ milestones

1972

The first pride event in the UK was held in London organised by the UK Gay Liberation Front.

2000

Repeal of Section 28: Local authorities no longer prevented from promoting homosexuality.

Ban lifted on LGBTQ+ people serving in the UK Armed Forces.

2004

Gender Recognition Act: Allowed transgender people to change their legal gender.

2010

Equality Act: Consolidated anti-discrimination laws, protecting LGBTQ+ individuals from discrimination in employment and services.

2013

The first Warwickshire Pride festival takes place on 31st August.

Marriage Act: Legalised same-sex marriage in England and Wales.

2019

The UK Parliament passed inclusive Relationships and Sex Education (RSE) legislation, requiring schools to teach about LGBTQ+ relationships.

2021

Rainbow Road Crossing in Leamington Spa: Warwickshire's first rainbow crossing installed, symbolising public LGBTQ+ support.



Rainbow crossing in Leamington

2023

Nuneaton and Stratford-upon-Avon have their first pride festivals.

UK government announced a trans-inclusive conversion therapy ban, prohibiting all forms of the therapy.

2025

Bedworth has its first pride festival.

APPROACH

The following approach has been taken in the creation of this JSNA:

1. An internal local population dashboard was used to understand Census 2021 data on the size of the population from different sexual orientations and identifying as different genders in Warwickshire.
2. Acknowledging a lack of local data on this population, a literature review of national evidence was undertaken which forms the bulk of the evidence presented in this JSNA.
3. Stakeholders were engaged to reflect on how this evidence base applies to Warwickshire.

TERMINOLOGY

It has been agreed that the term LGBTQ+ will be used in the JSNA to represent this population, in line with Warwickshire County Council's approach. However, as evidence collected as part of the literature review often looks at different sections of the LGBTQ+ population, other terminology is used where there is a need to accurately reflect the population being described.

To ensure a common understanding, the following definitions are provided for some of the terminology used in this document:

Asexual – a person who experiences no sexual feelings or desires.

Bisexual – a person who is sexually or romantically attracted to both men and women, or to more than one sex or gender.

Cisgender – a person whose gender identity corresponds with the sex registered for them at birth.

Gay – a person who is sexually or romantically attracted to people of their own sex. In this document this is primarily men who are sexually or romantically attracted to men.

Gender minority – a person whose gender identity differs from most of the population, primarily used to refer to any person who does not identify as cis-male or cis-female.

Heterosexual – a person who is sexually or romantically attracted exclusively to people of the other sex.

Intersex – a person who has genitals, chromosomes, or reproductive organs that is not considered typical for a male or female.

Lesbian – a woman who is sexually or romantically attracted to women.

Queer – a term that can be used as an umbrella term for someone who doesn't identify as cisgender or heterosexual.

Questioning – a person who is in the process of determining their sexual orientation and/or gender identity.

Sexual minority – a person whose sexual identity differs from most of the population, primarily used to refer to lesbian, gay, bisexual, or non-heterosexual individuals.

Transgender – a person whose gender identity does not correspond with the sex registered for them at birth.

ABBREVIATIONS

A list of abbreviations used in this document is provided below to help with understanding the exact population being discussed throughout the JSNA:

GBMSM – gay or bisexual men who have sex with men.

GEM – Global Ethnic Majority

LGB – lesbian, gay, and bisexual.

LGB+ - lesbian, gay, and bisexual. The plus symbol represents other identities included under the LGB+ umbrella.

LGBT – lesbian, gay, bisexual, and transgender.

LGBT+ - lesbian, gay, bisexual, and transgender. The plus symbol represents other identities included under the LGBT+ umbrella.

LGBTQ – lesbian, gay, bisexual, transgender, and queer or questioning.

LGBTQ+ - lesbian, gay, bisexual, transgender, and queer or questioning. The plus symbol represents other identities included under the LGBTQ+ umbrella.

LGBTQIA+ - lesbian, gay, bisexual, transgender, query or questioning, intersex, and asexual. The plus symbol represents other identities included under the LGBTQIA+ umbrella.

LOCAL POPULATION

The 2021 Census³ contained two questions that are examined in this section:

- Which of the following best describes your sexual orientation? With the possible answers of “straight/heterosexual”, “gay or lesbian”, “bisexual”, and “other sexual orientation, write in”.
- Is the gender you identify with the same as your sex registered at birth? With the possible answers “yes” and “no, write in gender identity”.

The census question on sexual orientation was a voluntary question asked of those aged 16 years and over.

As both questions were voluntary, there is a percentage of respondents for each question who chose not to answer. Some of those who chose not to respond may identify as LGBTQ+ but did not wish to share this with the census. Additionally, it is worth noting that ONS provided census forms for households rather than individuals (with the option for people to submit separate individual census forms). There is therefore a possibility that some people’s sexual orientation or gender identify is inaccurate due to being recorded by someone else in their household (for example, if someone has not told people they live with that they are LGBTQ+).⁴ For these reasons, whilst the sections below give an idea of the size of the LGBTQ+ population in Warwickshire, it should be interpreted with the caveat that this may be under-reporting the number of people identifying as LGBTQ+.

Warwickshire County Council has a protected characteristics dashboard which includes the 2021 Census data on sexual orientation and gender identity. At the time of writing this dashboard is not published but can be used for further analysis on this data. The two following sections summarise key findings on sexual orientation and gender identity in Warwickshire from this dashboard.

³ Office for National Statistics. *Census 2021 paper questionnaires*.

<https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/census2021paperquestionnaires> [Accessed 27/01/2025]

⁴ House of Commons Library. *2021 census: What do we know about the LGBT+ population?*

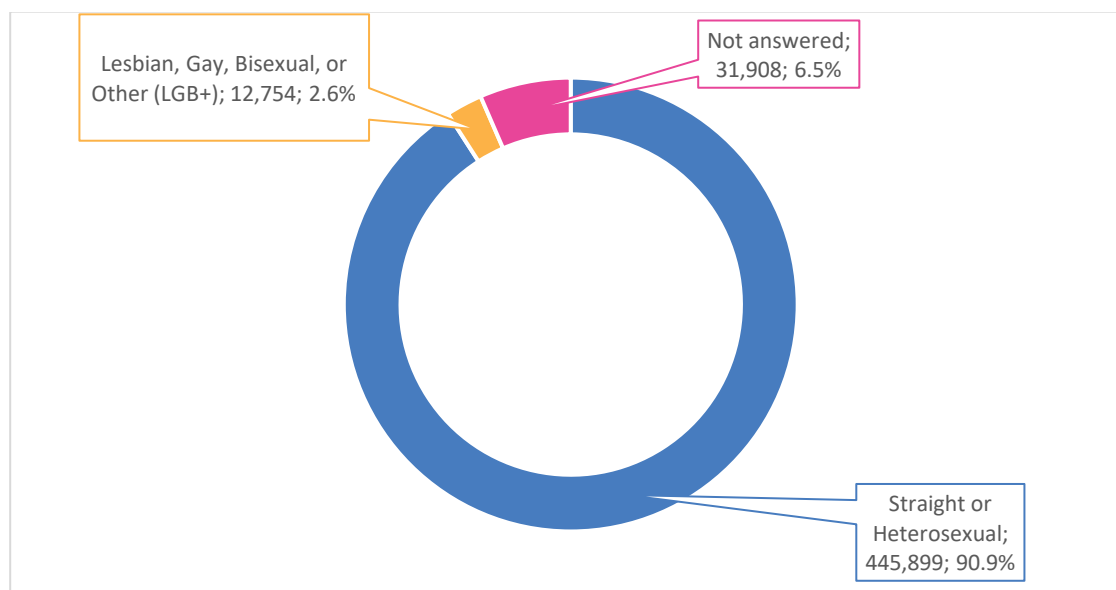
<https://commonslibrary.parliament.uk/2021-census-what-do-we-know-about-the-lgbt-population/> [Accessed 27/01/2025]

SEXUAL ORIENTATION

From the 2021 Census, 12,754 people in Warwickshire reported their sexual orientation as lesbian, gay, bisexual, or other (LGB+). This equates to around 2.6% of the population. This is slightly smaller, as a proportion, than England overall where 3.17% reported lesbian, gay, bisexual, or other. However, approximately 31,908 of those questioned in Warwickshire chose not to answer the question, equating to 6.5% of the population.

Figure 2: Approximately 13,000 Warwickshire residents reported their sexual orientation as lesbian, gay, bisexual, or other, with approximately 31,900 choosing not to answer the question.

Responses to the sexual orientation question in the 2021 Census for Warwickshire.



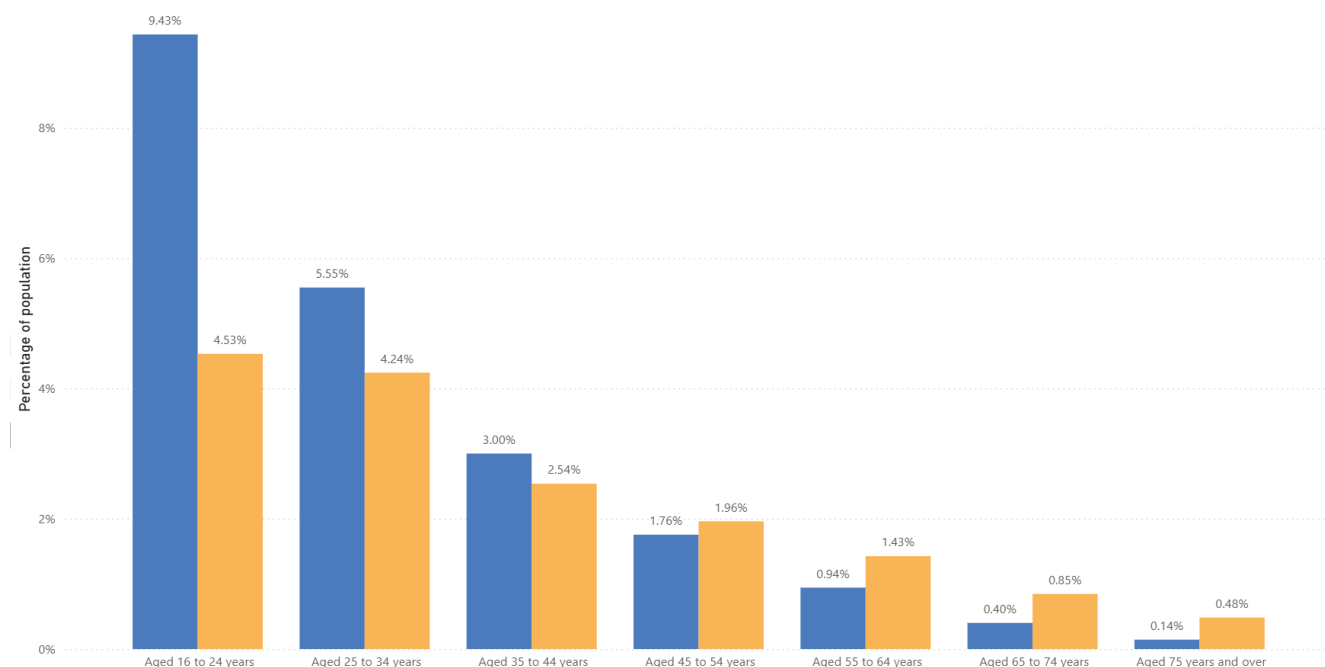
Source: Census 2021

The percentage reporting as lesbian, gay, bisexual, or other is higher in younger age groups and decreases incrementally, as seen in Figure 3. The largest age bracket was the 16-24 age group (6.88%). In the younger age groups females outnumber males until the 45-54 age bracket where this reverses. This may reflect a larger female lesbian, gay, bisexual, or other population or may be a result of under-reporting in males.

Figure 3: The largest percentage of Warwickshire residents reporting their sexual orientation as lesbian, gay, bisexual or other was highest in the younger age groups.

Responses to the sexual orientation question in the 2021 Census by age and sex for Warwickshire.

LGB+ Population by Age and Sex
Sex ● Female ● Male



Source: Census 2021

When looking across the district and boroughs, Warwick District has a larger proportion of those aged 16 to 24 reporting their sexual orientation as lesbian, gay, bisexual, or other than the England average (9.02% compared to 6.88%). This is due, in part, to Leamington Spa being an urban area with a large university population. Other than Warwick, all districts and boroughs within Warwickshire have a lower proportion compared to England.

Table 1: Warwick District has the largest proportion of those aged 16 to 24 reporting their sexual orientation as lesbian, gay, bisexual, or other.

Responses to the sexual orientation question in the 2021 Census by age and District and Borough.

Age Range		16-24	25-34	35-44	45-54	55-64	65-74	75+
North Warwickshire	LGB+ Proportion	5.67%	4.45%	2.91%	1.86%	0.95%	0.60%	0.26%
	Not Answered	6.02%	5.26%	4.19%	4.75%	5.24%	5.94%	10.28%
Nuneaton & Bedworth	LGB+ Proportion	5.68%	4.61%	2.87%	1.89%	1.22%	0.46%	0.28%
	Not Answered	7%	5.86%	5.51%	4.98%	5.64%	7.19%	9.97%
Rugby	LGB+ Proportion	6.20%	4.51%	2.67%	1.82%	1.16%	0.57%	0.22%
	Not Answered	8.86%	6.89%	6.23%	5.52%	6.25%	6.50%	9.93%
Warwick	LGB+ Proportion	9.02%	5.66%	2.85%	1.90%	1.29%	0.77%	0.47%
	Not Answered	11.28%	6.19%	5.20%	4.98%	5.54%	6.76%	8.24%
Stratford-on-Avon	LGB+ Proportion	5.89%	4.88%	2.60%	1.81%	1.18%	0.65%	0.23%
	Not Answered	8.27%	5.20%	4.88%	5%	5.45%	6.31%	9.50%
Warwickshire	LGB+ Proportion	6.88%	4.9%	2.77%	1.86%	1.18%	0.62%	0.29%
	Not Answered	8.84%	5.97%	5.33%	5.07%	5.63%	6.59%	9.46%
England	LGB+ Proportion	6.88%	5.62%	3.5%	2.41%	1.6%	0.84%	0.37%
	Not Answered	9.66%	7.05%	6.57%	6.23%	6.53%	7.33%	10.16%

Source: Census 2021

The proportion of Warwickshire residents reporting as LGB+ differs across ethnicities, as seen in table 2. The 'Mixed or Multiple Ethnic groups' category had the highest proportion reporting as LGB+ at 5.61% (398 people), and the 'Asian, Asian British or Asian Welsh' had

the lowest at 1.55% (462 people). The number of people choosing not to answer the sexual orientation question also differed across ethnic groups, with the 'Other Ethnic Group' being the highest (9.64%, 483 people) and the 'White' group being the lowest (6.31%, 27,939 people).

Table 2: The 'Mixed or Multiple Ethnic groups' category has the highest proportion reporting their sexual orientation as lesbian, gay, bisexual, or other.

Responses to the sexual orientation question in the 2021 Census by ethnicity for Warwickshire.

Asian, Asian British or Asian Welsh		Black, Black British, Black Welsh, Caribbean or African		Mixed or Multiple Ethnic Groups		Other Ethnic Group		White	
LGB+ Proportion	Not Answered	LGB+ Proportion	Not Answered	LGB+ Proportion	Not Answered	LGB+ Proportion	Not Answered	LGB+ Proportion	Not Answered
1.55%	8.2%	1.85%	7.41%	5.61%	8.44%	2.78%	9.64%	2.63%	6.31%

Source: Census 2021

GENDER IDENTITY

In Warwickshire, 1,733 (0.35%) residents aged 16+ identified their gender identity being different from their birth sex in the 2021 Census. Just under 25,000 (5.08%) residents opted not to answer the question. It is unknown how many of those residents may or may not identify with a different gender.

Younger populations were more likely to identify as a different gender than that registered at birth, with the proportion decreasing with age. For those aged 16-24, around 1 in 100 (0.82%) identified their gender identity being different from their birth sex, falling gradually to 0.17% in those aged 65+.

HEALTH INEQUALITIES

MENTAL HEALTH

LONELINESS AND SOCIAL ISOLATION

Warwickshire's JSNA in 2015 on loneliness and social isolation recommended target interventions at a range of vulnerable groups in the community, including specific mention of LGBTQ+ groups. Loneliness and social isolation can negatively impact both mental and physical health, with its effect of avoidable mortality being comparable to smoking, obesity, and physical activity.⁵

Not feeling like you can be open to friends and family about your sexual orientation or gender identity is one factor that can increase loneliness and social isolation for people who are LGBTQ+.⁶ The "LGBT in Britain: Home and Communities" report found that:⁷

- 3 in 10 bisexual men and 1 in 10 bisexual women say they cannot be open about their sexual orientation with any of their friends.
- 15% of lesbian, gay, and bisexual people over the age of 65 say they cannot be open about their sexual orientation with any of their friends compared to 2% of those aged 18-24.

DEPRESSION AND ANXIETY

LGBTQ+ people are 1.5 times more likely to develop depression and anxiety disorders than the general population,⁸ with disparities having been shown to be highest in LGBTQ+ people

⁵ World Health Organization. *Social Isolation and Loneliness*. <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness> [Accessed 25/04/2025]

⁶ Boden-Stuart Z, McGlynn N, Smith M, Jones H, Hirani R. *Pathways between LGBTQ migration, social isolation and distress: liberation, care and loneliness*. University of Brighton. 2022

⁷ Stonewall. *LGBT in Britain Home and Communities*. Stonewall. 2018.

⁸ Rethink Mental Illness. *LGBTplus mental health*. <https://www.rethink.org/advice-and-information/living-with-mental-illness/lgbtplus-mental-health/lgbtplus-mental->

under 35 years of age and over 55 years of age compared to other ages in the LGBTQ+ population.⁹

For younger LGBTQ+ people, early exposure to adversity can have negative impacts on mental health and lead to long-lasting effects. This includes early exposure to harassment and victimisation with LGBTQ+ youth often face higher levels than cis-gendered youth.¹⁰

For older LGBTQ+ people, mental health disparities might be linked to this population being surrounded by significantly weaker support networks compared to heterosexual adults of the same age.¹¹ Such lack of support networks is thought to be correlated with fewer social interactions and informal support, consequently impacting mental wellbeing.

A difference in prevalence can be seen between LGBTQ+ groups. Despite the prevalence of depression and anxiety being consistently higher among lesbian, gay, bisexual and trans people, according to the Stonewall survey of 5,000 lesbian, gay, bi and trans people across England, bisexual women are most likely to report having experienced anxiety (72%), self-harmed (28%), or felt that their life was not worth living (50%) compared to bisexual men, lesbians, and gay men (figure 4).¹²

[health/#:~:text=Gay%20and%20bisexual%20men%20are,depression%20in%20the%20previous%20year](#)

[Accessed 25/04/2025]

⁹ Semlyen J, King M, Varney J, et al. *Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys*. BMC Psychiatry. 16:67–9. 2016

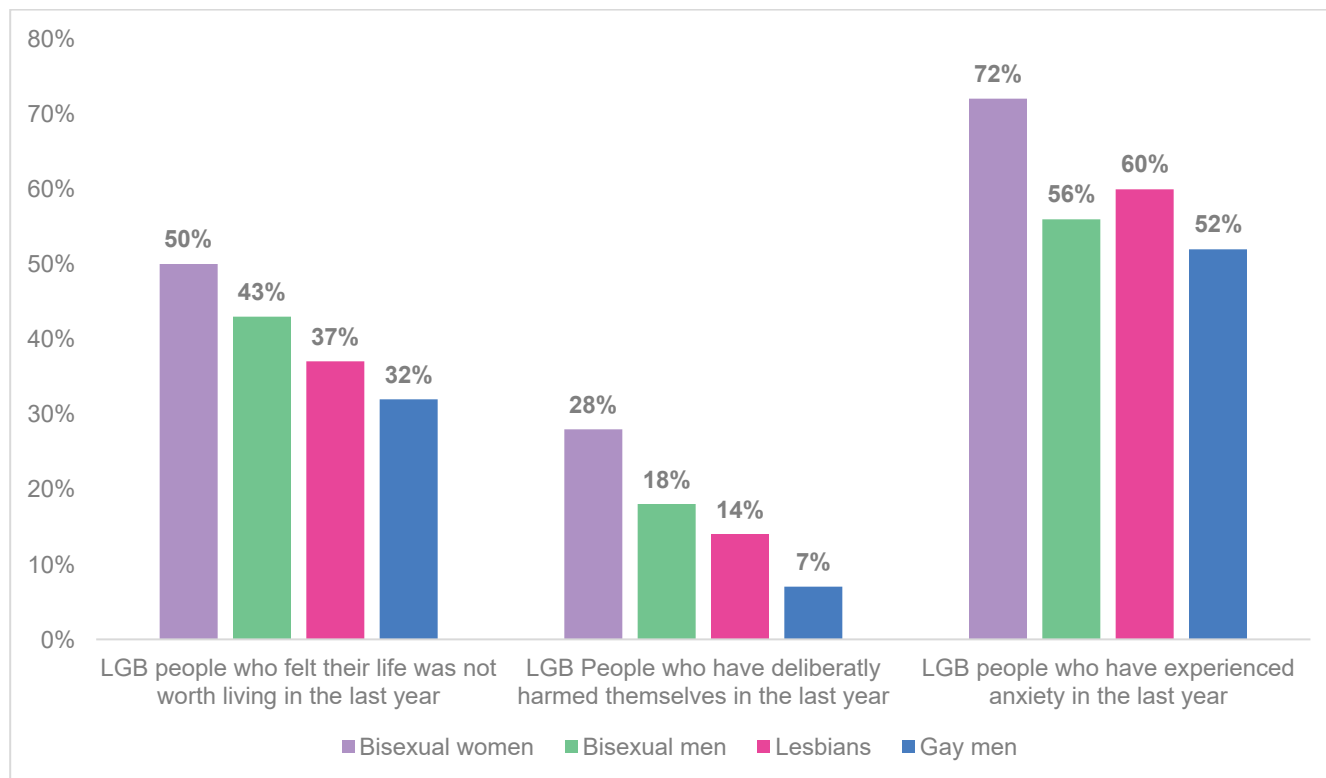
¹⁰ Semlyen J, King M, Varney J. Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. *BMC Psychiatry*. 2016. 16. 67.
<https://doi.org/10.1186/s12888-016-0767-z>

¹¹ LGBT Foundation and the AHSN Network. *LGBT Health Inequalities in the UK Literature Review*. LGBT Foundation and the AHSN Network. 2021.

¹² Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

Figure 4: There are variations in the prevalence of anxiety, feeling life was not worth living, and self-harm in the LGBTQ+ community, with bisexual women having the highest rates across all three areas

Survey responses on anxiety, feeling life was not worth living, and self-harm.



Source: (Stonewall, 2018)

EATING DISORDERS

An eating disorder is a mental health condition where food is used to cope with feelings and other situations. The most common eating disorders are:

- Anorexia nervosa – trying to control weight by not eating enough food, exercising too much, or both.
- Bulimia – losing control over how much you eat and then taking drastic action to not put on weight.
- Binge eating disorder – eating large portions of food until you feel uncomfortably full.

LGBTQ+ adults show a greater incidence of eating disorder behaviours compared to heterosexual and cisgender peers.¹³ The Stonewall report showed variation across different demographics in the LGBTQ+ population as shown in the call out on the right. Higher rates were found in non-binary and trans people, LGBT women when compared to LGBT men, and those from an ethnic minority background.¹⁴

Percentage of respondents who said they experienced an eating disorder in the last year:

12% of LGBT people

24% of non-binary people

19% of trans people

13% of LGBT women

9% of LGBT men

22% of LGBT people from an ethnic minority background

11% of white LGBT people

SELF HARM AND SUICIDE RISK

Whilst national suicide rates in the UK aren't available for LGBTQ+ communities due to sexual orientation and gender identity not currently being recorded on death certificates, research has shown that LGBTQ+ people are more likely to have attempted suicide than the cis-gendered population.¹⁵

¹³ Parker S, Harriger J. Eating disorders and disordered eating behaviours in the LGBT population: a review of the literature. *Journal of Eating Disorders*. 2020. 8, 51. <https://doi.org/10.1186/s40337-020-00327-y>.

¹⁴ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

¹⁵ Samaritans. *LGBTQ+ communities and suicide*. <https://www.samaritans.org/about-samaritans/research-policy/lgbtq-communities-and-suicide/> [Accessed 05/03/2025]

A UK literature review undertaken by the LGBT Foundation and the AHSN Network highlighted that:¹⁶

- Children and young people who identify as LGBTQ+ were more likely to exhibit self-injurious thoughts and behaviour compared to cis-gendered children and young people. In one American study from 2020, LGBTQ+ pupils in schools with more positive environments that promoted good mental health were at lower risk of suicide compared to those in schools with more negative environments.

Percentage of respondents of different communities who tried to take their own lives between 2017 and 2018:

12% of transgender people

11% of non-binary people

8% of black and minority ethnic LGBT

8% of LGBT disabled people

7% of LGBT people from lower social and economic groups

Source: Stonewall (2018)

- Gay and bisexual men aged 50+ were twice as likely to report that they had attempted suicide in their life compared to heterosexual men.

The Stonewall report highlighted that transgender people are at a higher risk of taking their own lives, with 12% of transgender survey respondents saying they tried to take their own life in the last year compared to 2% of lesbian, gay, and bisexual respondents who are cis-gendered. Other communities were also found to be at an increased risk, summarised in the callout box on the left.¹⁷

In Warwickshire, information on people who die by suicide is recorded through a Real Time Suspected Surveillance (RTSS) system, which collects Coroner inquest data. As with national data, characteristics such as sexuality or gender identity are not systematically recorded, especially for gender identities that are not recognised from a legal and administrative perspective (e.g. non-binary, genderqueer, third gender or any similar labels). However, where enough information is available from alternate sources, the RTSS will record information related to sexuality or gender identity.

¹⁶ LGBT Foundation and the AHSN Network. *LGBT Health Inequalities in the UK Literature Review*. LGBT Foundation and the AHSN Network. 2021.

¹⁷ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

Since 2018, 2% of all suspected suicides in Warwickshire were in the LGBTQ+ group. Although the data goes back to 2018, most of the deaths happened since 2023. There may be several reasons for this:

- Improved recognition, recording or disclosure of LGBTQ+ identities in medical files or for the purpose of an inquest.
- A potential increase in the number of suicides within this demographic.
- A potential increase in the number of LGBTQ+ people in Warwickshire as whole.

Most of these deaths happened in the Stratford-on-Avon district, by a small margin, whereas the majority of suicides overall in Warwickshire happened in Warwick. Women who are gay, bisexual or women loving women were more likely to be married or in a relationship at the time of death, whereas men who are gay, bisexual or men loving men were more likely to be single or divorced. The average age for suicides within this population is 45.25, which is comparable to but slightly younger than the average 49 for Warwickshire overall.

PHYSICAL HEALTH AND LONG-TERM CONDITIONS

LGBTQ+ individuals have been shown to report worse physical health outcomes than the cis-gendered population, including:

- Lesbian, gay, and bisexual adults more likely than heterosexual adults to report having a limiting longstanding illness (26% vs 22%)¹⁸.
- Gay men have a higher incidence of long-term conditions which limit daily activities such as musculoskeletal issues, arthritis, spinal problems, and chronic fatigue syndrome¹⁹.
- Gay, and bisexual men exhibited a greater prevalence of chronic gastrointestinal, liver, and kidney conditions.

¹⁸ Dinoa S, Tay N, Shipsey F. *Health and health-related behaviours of Lesbian, Gay and Bisexual adults*. NHS Digital. 2021.

¹⁹ Zeeman L, Sherriff N, Browne K, McGlynn N, Mirandola M, Gios L, Davis R, Sanchez-Lambert J, Aujean S, Pinto N, Farinella F, Donisi V, Niedźwiedzka-Stadnik M, Rosińska M, Pierson A, Amadeo F. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *Eur J Public Health*. 2019. 1;29 (5). 974-980. doi:10.1093/eurpub/cky226.

- Lesbian women were reported to have a significantly higher rate of polycystic ovary syndrome compared to the general female population (80% vs. 32%)²⁰.
- Lesbian, gay, and bisexual people may be at a higher risk of developing certain types of cancer at a younger age.²¹ For example, gay and bisexual men are twice as likely to report a diagnosis of anal cancer with those who are HIV-positive being at the highest risk²². This same report found rates of anal cancer in gay and bisexual men to be equivalent to the prevalence of cervical cancer in general female populations prior to the introduction of cervical screening programmes, suggesting need for anal screening programmes geared towards gay and bisexual men.

These disparities in health outcomes may be linked to increased exposure to health risk factors as highlighted in the “Our Health Behaviours and Lifestyles” chapter of this JSNA. This may also be attributed to delayed diagnoses from barriers to accessing services, as highlighted in the “An Integrated Health and Care System” chapter of this JSNA.

SEXUAL HEALTH

Compared to men who have sex with exclusively women, gay or bisexual men who have sex with men are reported to be more likely to report harmful sexual health behaviours, such as condomless sex with two or more partners.²³ Almost 20% of men who have sex with men have reported using drugs to assist sexual performance in the past year compared to 6.5% of men who have sex with women.

²⁰ Meads C, Moore D. Breast cancer in lesbians and bisexual women: systematic review of incidence, prevalence, and risk studies. *BMC Public Health*. 2013. 5;13. 1127. Doi:10.1186/1471-2458-13-1127.

²¹ Boehmer U, Ozonoff A, Miao X. An ecological analysis of colorectal cancer incidence and mortality: differences by sexual orientation. *BMC Cancer*. 2011. 21;11. 400. Doi:10.1186/1471-2407-11-400.

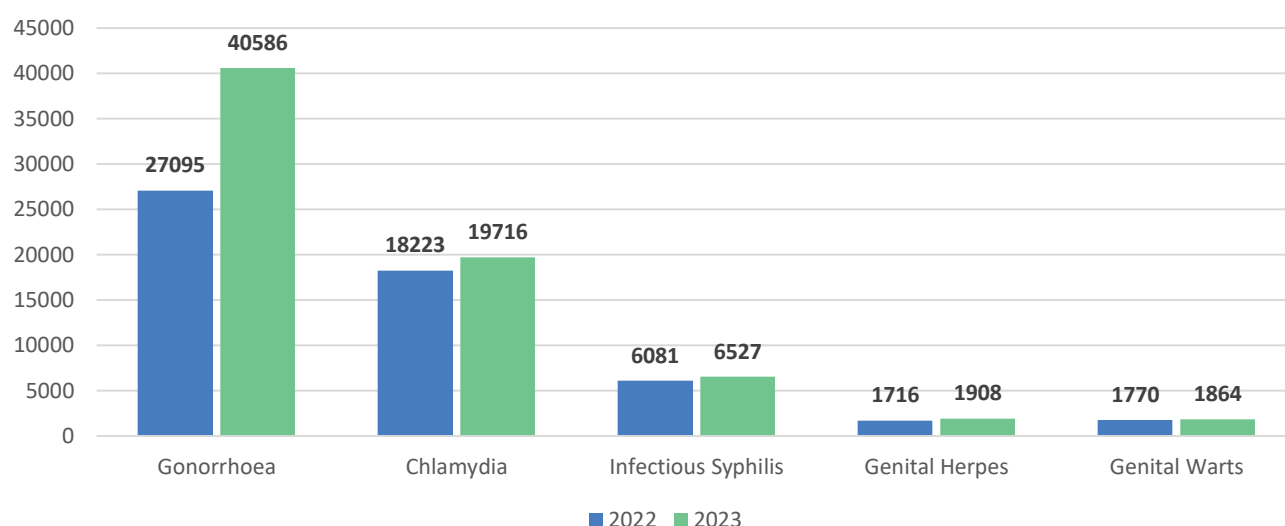
²² Blondeel K, Say L, Chou D, Toskin I, Khosla R, Scolaro E, Temmerman M. Evidence and knowledge gaps on the disease burden in sexual and gender minorities: a review of systematic reviews. *Int J Equity Health*. 2016. 22;15. 16. Doi:10.1186/s12939-016-0304-1.

²³ LGBT Foundation and the AHSN Network. *LGBT Health Inequalities in the UK Literature Review*. LGBT Foundation and the AHSN Network. 2021.

National data shows gay, bisexual, and other men who have sex with men are disproportionately affected by sexually transmitted infections²⁴. Sexual health profiles for the general population in Warwickshire tend to mirror England rates, however this is not broken down by sexual identity so cannot specifically see locally for gay, bisexual, and other men who have sex with men.²⁵

Figure 5: The number of England gonorrhoea cases among gay, bisexual, and other men who have sex with men increased between 2022 and 2023.

The number of nationally recorded bacterial STI cases among GBMSM between 2022 and 2023.



Source: UK health security agency (UKHSA)

The increase of Gonorrhoea diagnoses among this population is thought to be attributed to the use of pre-exposure prophylaxis (PrEP) in gay, bisexual, and other men who have sex

²⁴ UK Health Security Agency. *Sexually transmitted infections and screening for chlamydia in England: 2024 report*. <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2024-report>. [Accessed 22/07/2025]

²⁵ UK Health Security Agency. *Summary profile of local authority sexual health – Warwickshire*. <https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2024%20update/E10000031.html?area-name=Warwickshire>. [Accessed 22/07/2025]

with men meaning more frequent testing.²⁶ The UKHSA also recorded a substantial decline (81.6%) of genital warts in gay and bisexual men aged 15 to 17 years between 2019 and 2023, which was said to have been likely due to protection from the adolescent Human Papillomavirus (HPV) vaccination programme and vaccination in sexual health services.

Between 2019 and 2023 there has been a 32% increase (150,413 to 201,732) in the number of gay or bisexual men who tested for HIV in the UK.²⁷ As a result, the number of HIV diagnoses among gay and bisexual men rose by 7% between 2022 (761 cases) and 2023 (811 cases). A further breakdown of this figure shows that 33% of the 811 cases were accounted for by men of ethnic minorities (266 cases).

As there is not the same routine publication of STI prevalence among women who sleep with other women there is not as much known about the sexual health profiles for LGBTQ+ women or trans people.²⁸ However, lesbian and bisexual women who have sex with women are reported to be less likely to undertake STI testing than heterosexual women.²⁹

A 2020 national survey of 3,507 people found that trans participants were less likely to attend a sexual health clinic compared to cis LGBTQ+ participants. 49% of trans people had an HIV test in their life, compared to 64% of cis LGBTQ+ people.³⁰ This has been seen nationally in the number of HIV tests

²⁶ UK Health Security Agency. *Sexually transmitted infections and screening for chlamydia in England: 2024 report*. <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2024-report>. [Accessed 22/07/2025]

²⁷ UK Health Security Agency. *HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2024 report*. <https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2024-report>. [Accessed 22/07/2025]

²⁸ House of Commons. *Written evidence from Stonewall*. <https://committees.parliament.uk/writtenevidence/95449/html/>. [Accessed 22/07/2025]

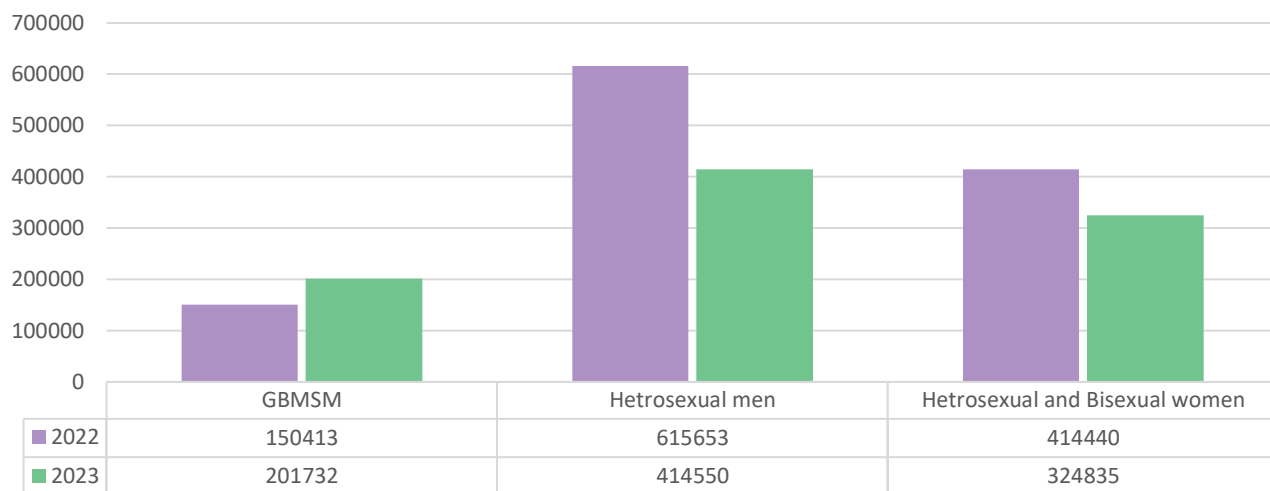
²⁹ Varney J, Newton E. *Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women*. Public Health England. 2018.

³⁰ LGBT Foundation and the AHSN Network. *LGBT Health Inequalities in the UK Literature Review*. LGBT Foundation and the AHSN Network. 2021.

Between 2022 and 2023 nationally, there has been an increased number of gay or bisexual men who have sex with men who have had HIV testing which contrasts with a decreased number of HIV tests in heterosexual men and heterosexual and bisexual women.

Figure 6: Nationally between 2022 and 2023 HIV testing decreased for heterosexual men and heterosexual and bisexual women, however HIV testing increased for gay and bisexual men who have sex with men (GBMSM) across this time.

Number of HIV tests for GBMSM, Heterosexual men, and heterosexual and bisexual women.



Source: UKHSA

AN INTEGRATED HEALTH AND CARE SYSTEM

BARRIERS TO ACCESSING GENERAL HEALTHCARE SERVICES

Individuals within the LGBTQ+ community are more likely to experience barriers when accessing healthcare services. The 2018 Stonewall report found that 7% of lesbian, gay and bisexual people and 40% of trans people experienced difficulties when trying to access healthcare services because of being LGBTQ+.³¹

Frequently reported barriers to services include:³²

- Fear of discrimination leading to issues of disclosure
- Lack of training or knowledge from medical professional
- Poor experience and care because of issues surrounding sexuality.

This chapter will look at these barriers to services and then consider some barriers specific to individual services.

FEAR OF DISCRIMINATION LEADING TO ISSUES OF DISCLOSURE

In 2018, 14% of LGBTQ+ people reported avoiding treatment for fear of discrimination because of being LGBTQ+. ³³ This figure increases to 37% for trans individuals, 33% for non-binary individuals, 20% for disabled LGBTQ+ individuals and 19% for LGBTQ+ individuals from Black, Asian and minority ethnic backgrounds.

One in five LGBTQ+ people (19%) report that they have not informed any healthcare professionals of their sexual orientation when seeking general medical care. This figure increases to one in five (27%) for Black, Asian and minority backgrounds.³⁴ Figure 7 shows

³¹ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

³² Healthwatch York. *Lesbian, Gay, Bisexual and Trans+ (LGBT+) experiences of Health and Social Care services in York*. Healthwatch York. 2018.

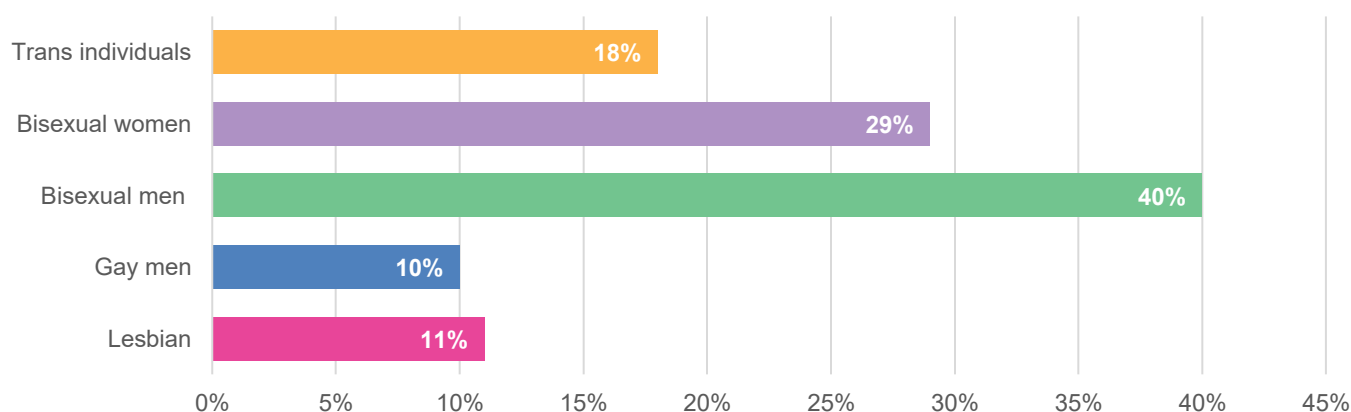
³³ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

³⁴ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

variation between different LGBTQ+ groups as to not disclosing their sexual/gender identity to any healthcare professional when seeking general medical care.

Figure 7: Bisexual men are the least likely to have disclosed their sexual/gender identity to any healthcare professional when seeking general medical care alternatively.

Percentage of LGBTQ+ individuals who reported not disclosing their sexual/gender identity to any healthcare professional when seeking general medical care.



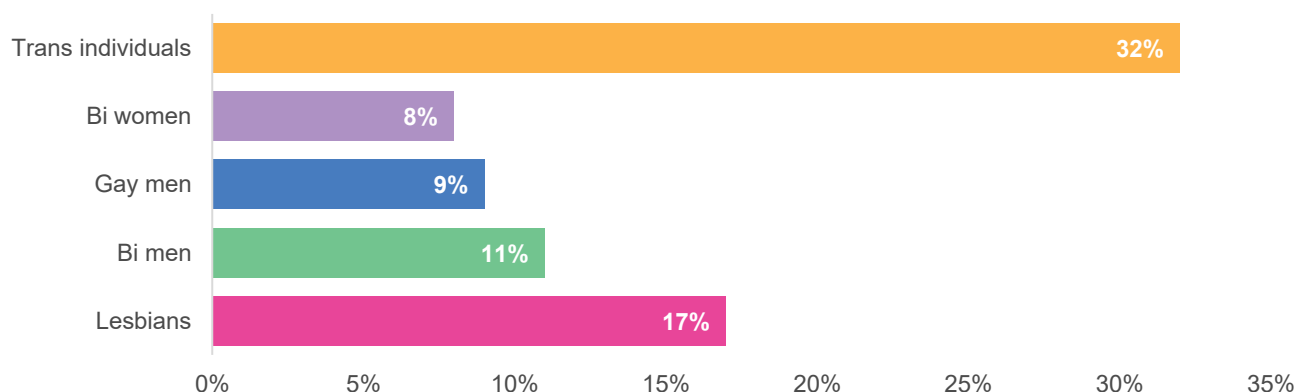
Source: Stonewall 2018

POOR EXPERIENCES BECAUSE OF ISSUES SURROUNDING SEXUALITY AND GENDER IDENTITY

A 2016 evidence review by the National Institute of Economic and Social Research showed that lesbian, gay, and bisexual people were more likely to report greater dissatisfaction with healthcare services than heterosexual peers. In 2018, the Stonewall survey found that one in eight (13%) LGBTQ+ individuals reported experiencing some form of unequal treatment from healthcare staff because of being LGBTQ+.

Figure 8: Among the groups surveyed, trans individuals were most likely to report unequal treatment.

Percentage of LGBT individuals who have experienced unequal treatment by healthcare staff, broken down by identity.



Source: Stonewall 2018

The same report found that this number increased to one in three (32%) for gender minorities. Similar findings were found in the 2017 National LGBT Survey, which received responses from 108,100 LGBT or intersex individuals within the UK. Among these responses 38% of gender minority respondents reported negative experiences with healthcare services because of their gender identity.

A quarter of LGBTQ+ people (25%) from the Stonewall survey report having experienced inappropriate curiosity from healthcare staff

because they are LGBTQ+ (figure 9).³⁵ This was experienced more by trans people, non-binary people, and LGBTQ+ people who are disabled. Inappropriate curiosity may refer to intrusive questions about the patients' personal lives and being subjected to invasive physical

13% of LGBTQ+ people experience some form of **unequal treatment from healthcare staff because they were LGBTQ+.**

23% of LGBTQ+ people **witnessed discriminatory remarks against LGBTQ+ people by a member of staff.**

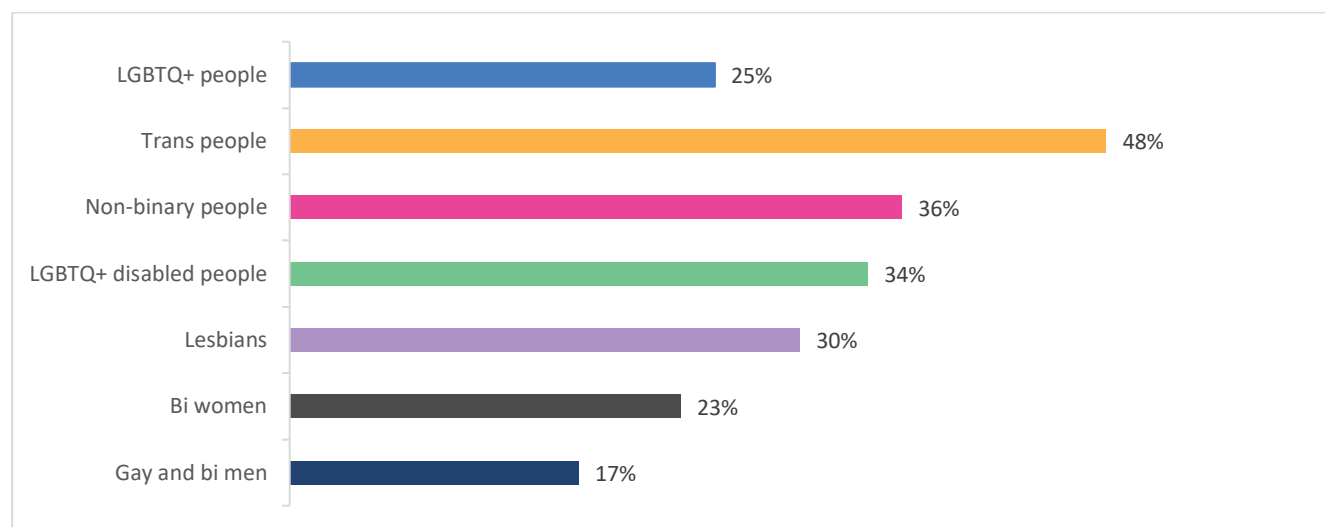
Source: Stonewall 2018

³⁵ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

examinations that are not medically relevant³⁶. This may have the effect of alienating individuals within the healthcare setting.

Figure 9: Trans people are more than twice as likely to experience inappropriate curiosity from healthcare staff than sexual minorities who are not trans.

LGBT people who have experienced inappropriate curiosity from healthcare staff.



Source: Stonewall 2018

MEDICAL PROFESSIONAL HAVING LIMITED UNDERSTAND/ TRAINING OF LGBTQ+ ISSUES.

One in four (25%) of LGBTQ+ people report experiencing a lack of understanding of specific LGBTQ+ needs from healthcare staff.³⁷ One third of LGBTQ+ people from an ethnic minority background (33%) and disabled LGBTQ+ people (33%) report experiencing a lack of understanding of specific LGBTQ+ needs from healthcare staff³⁸.

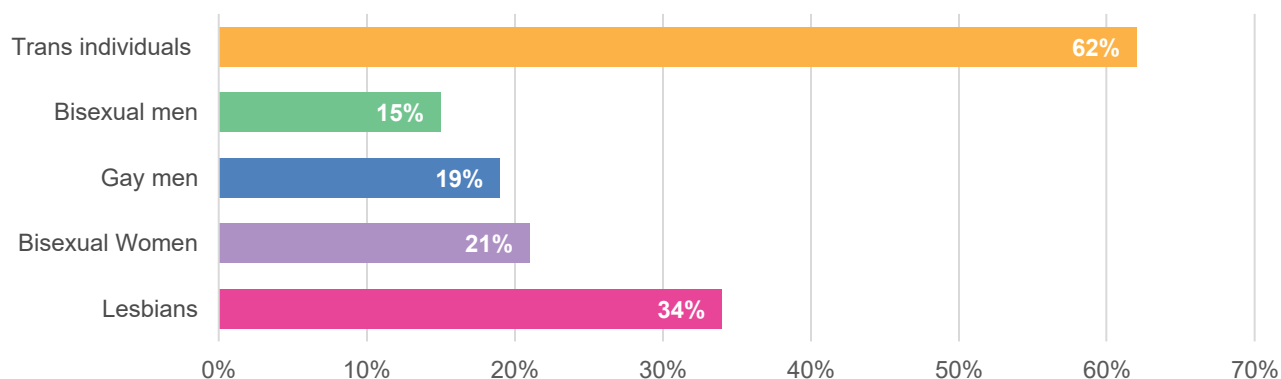
³⁶ Shepherd A, Hanckel B, Guise A. Trans health and the risks of inappropriate curiosity. *British Medical Journal*. 2019. <https://blogs.bmj.com/bmj/2019/09/09/trans-health-and-the-risks-of-inappropriate-curiosity/>

³⁷ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

³⁸ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

Figure 10: LGBT people who have experienced a lack of understanding by healthcare staff.

Trans individuals are significantly more likely to experience a lack of understanding from healthcare staff than cis-gendered LGB individuals.



Source: Stonewall 2018

Some professionals may also unknowingly make incorrect assumptions surrounding a patient's sexuality, or gender identity, and mistakenly use the wrong pronouns. For some LGBTQ+ individuals this may be triggering or create pressure to come out.³⁹

BARRIERS SPECIFIC TO INDIVIDUAL SERVICES

SEXUAL HEALTH SERVICES

Across several small-scale studies in the UK the common theme of heteronormative assumptions was identified as a primary barrier to accessing sexual health services, especially maternity and infertility treatments.⁴⁰

A scoping 2023 review by the university of Sheffield⁴¹ looked at the barriers and enablers for older age adults accessing sexual health service. Themes include:

³⁹ Government Equalities Office. *National LGBT Survey Research Report*. Government Equalities Office. 2018.

⁴⁰ Varney J, Newton E. *Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women*. Public Health England. 2018.

- Heterogeneity (an assumption of, or default to, sexual relationships between a cis-gender heterosexual man and a cis-gender heterosexual woman) of sexual health services and research.
- Anticipated stigma following disclosure of gender identity and/or sexual orientation to healthcare providers. These experiences were described as overt homophobia, judgement of sexual behaviours, and provider embarrassment when discussing LGBTQ+ sexual identities.
- Enacted stigma in the form of homophobic comments by providers, providers not knowing about sexual healthcare needs of LGBTQ+ adults, and denial of care following disclosure of gender or sexual orientation from sexual healthcare providers.
- The characteristics of sexual health providers. This includes a positive association with discussing their needs and concerns with healthcare providers who were also LGBTQ+ or seen as empathic, compassionate, and open.
- An increased security in identity in older age for LGBTQ+ adults with facilitated sexual healthcare access. This included a strong sense of self leading that meant people felt more comfortable discussing their sexual health needs compared to when they were younger.
- Unique sexual health needs of older LGBTQ+ adults. This refers to how various social categorisations such as race, sexuality, and gender intersect to influence discrimination or disadvantage. For example, older gay and bisexual men felt that their sexual health needs were divergent from that of older heterosexual men in relation to treatment options, consequences from side effects, and sexual relationship dynamics.

PALLIATIVE CARE

End of life care has been identified as an area of healthcare where LGBTQ+ individuals may experience additional challenges.⁴²

⁴¹ Conyers H, Wu D, Kpokiri E, Zhang Q, Hinchliff S, Shakespeare T, Tucker J. Barriers and facilitators to accessing sexual health services for older LGBTQIA+ adults: a global scoping review and qualitative evidence synthesis. *Sexual Health*. 2023. 20, 9-19. <https://doi.org/10.1071/SH22144>

⁴² LGBT Foundation. *Hidden Figures: LGBT Health Inequalities in the UK*. <https://lgbt.foundation/help/hidden-figures-lgbt-health-inequalities-in-the-uk/>. [Accessed 22/07/2025]

Key issues among this population include:⁴³

1. **Fear of discrimination:** LGBTQ+ people have been reported to delay palliative and end of life care, due to fear of being discriminated against during a vulnerable time. This is thought to particularly be a concern for older LGBTQ+ individuals as they may have been more likely to have experienced hostile treatment from society because of their identity. Sexual minorities may fear that the treatment which themselves or their partner receive may be negatively affected if staff know about their identity. Gender minorities may have concerns about what happens after they die, for example not being buried as the correct gender.
2. **Assumptions on identity and family structures:** Sometimes the patient's partners could be excluded from discussions surrounding care if staff make assumptions around people's sexual orientation.
3. **Lack of support for grieving and bereaved loved ones:** LGBTQ+ partners often feel isolated or unsupported during bereavement. If their relationship is not acknowledged, they may be excluded from the grieving process.
4. **Increased pressure on carers of LGBTQ+ people:** LGBTQ+ individuals are less likely to access services later in their illness, meaning that informal carers can be under increased pressure providing higher levels of care for longer without support. Many older LGBTQ+ individuals have also expressed a preference for family of choice (referring to a group of people who are not biologically related but form a close, supportive, and loving network, often seen as an alternative to traditional family structures) arrangements for care in later life as opposed to health visitations/care from professionals.

CANCER CARE

There is a lower reported uptake of breast and cervical screenings among lesbian women and transgender individuals.⁴⁴ This is thought to be attributed to a national lack of knowledge

⁴³ Marie Curie. *Palliative and end of life care for LGBTQ+ people*.

<https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/proving-good-quality-care/lgbt-end-of-life>. [Accessed 22/07/2025]

around human papillomavirus (HPV) risks within the LGBTQ+ community.⁴⁵ Another reason for decreased uptake among trans individuals may be due to the gender dysphoria that may be triggered from these tests.

The national Cancer Patient Experience Survey for England (2022) identified several inequalities in the care for LGBTQ+ patients living with cancer, including:⁴⁶

- Lesbian and gay individuals were reported less likely to have been able to discuss specific needs or concerns before treatment started.
- Bisexual people were less likely to have been able to share worries or feel adequately supported while in hospital.
- A systematic review into the psychological needs of LGBTQ+ cancer patients found healthcare providers fail to meet the psychological needs of LGBTQ+ patients.⁴⁷
- Transgender patients have been reported as being less likely to receive the right amount of information before cancer surgery, or to receive adequate support between their final treatment and follow-up. This is thought to be due a lack of education for oncology professionals on gender affirming care.⁴⁸

⁴⁴ Heer E, Peters C, Knight R, Yang L, Heitman S. Participation, barriers, and facilitators of cancer screening among LGBTQ+ populations: A review of the literature. *Preventive Medicine*. 2023. 170. <https://doi.org/10.1016/j.ypmed.2023.107478>

⁴⁵ National Institute for Health and Care Research. *Addressing Health Inequalities - Alternative Cervical Screening (ACES): Exploring Opinions among LGBTQIA+ Community*. <https://www.manchesterbrc.nihr.ac.uk/case-studies/alternative-cervical-screening-aces-exploring-opinions-among-lgbtqia-community/>. [Accessed 22/07/2025]

⁴⁶ NHS England. *National Cancer Patient Experience Survey*. <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-patient-experience-survey/>. [Accessed 22/07/2025]

⁴⁷ Webster R, Drury-Smith H. How can we meet the support needs of LGBT cancer patients in oncology? A systematic review. *Radiography*. 2021. 27 (2). 633-644. <https://doi.org/10.1016/j.radi.2020.07.009>.

⁴⁸ Macmillan Cancer Support. *Overcoming barriers: equitable cancer care for the LGBTQIA+ community*. <https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/blogs/iwd-equitable-cancer-care-for-the-lgbtqia-community>. [Accessed 22/07/2025]

GENDER DYSPHORIA CLINICS

Gender dysphoria clinics (GDCs) are an NHS commissioned service made up of a multidisciplinary team of healthcare professionals, who offer ongoing assessments, treatments, support, and advice, including:

- psychological support, such as counselling
- cross-sex hormone therapy
- speech and language therapy (voice therapy) to help individuals sound more typical of their gender identity⁴⁹.

Currently there are 7 GDCs across England,⁵⁰ with the closest clinics for Warwickshire residents being located at:⁵¹

- Danetre Hospital, Daventry, Northamptonshire
- The Nottingham Centre for Transgender Health, Nottingham

In 2018 the Equalities office conducted a national LGBTQ+ survey, among which they received 108,100 responses, 13% of whom were transgender.⁵² Findings of this survey found that 80% of trans respondents who accessed or tried to access gender identity clinics said it was not easy, with long waiting times the most common barrier. Long wait times for Gender Identity Clinics have been shown to contribute to feelings of low mood and suicidal ideation, as well as decreasing overall quality of life.⁵³ The NHS currently show the wait time for

⁴⁹ NHS. *Treatment Gender dysphoria*. <https://www.nhs.uk/conditions/gender-dysphoria/treatment/#:~:text=GDCs%20have%20a%20multidisciplinary%20team,typical%20of%20your%20gender%20identity>. [Accessed 30/06/2025]

⁵⁰ Sheffield Health and Social Care NHS Foundation Trust. *Gender Identity Clinic*. <https://www.shsc.nhs.uk/services/gender-identity-clinic/#:~:text=The%20Gender%20Identity%20Clinic%2C%20also,re%20commissioned%20by%20NHS%20England>. [Accessed 30/06/2025]

⁵¹ NHS. *How to find an NHS Gender Identity Clinic*. <https://www.nhs.uk/nhs-services/how-to-find-an-nhs-gender-identity-clinic/>. [Accessed 30/06/2025]

⁵² Government Equalities Office. *National LGBT Survey Research Report*. Government Equalities Office. 2018.

⁵³ Henderson N, Selwyn V, Beezhold J, Howard R, Gilmore R, Bartolome I. The impact of Gender Identity Clinic waiting times on the mental health of transitioning individuals. *Eur Psychiatry*. 2022. 1;65. doi:[10.1192/j.eurpsy.2022.2205](https://doi.org/10.1192/j.eurpsy.2022.2205)

Danetre Hospital as 5 years and The Nottingham Centre for Transgender Health as 2 years, with others in the UK reaching a wait time of 8 years.⁵⁴ This may have a serious impact on the mental health and wellbeing of those trying to access these services.

⁵⁴ NHS. *NHS Gender Identity Services – Adults*. <https://bridgeviewmedical.nhs.uk/self-help/nhs-gender-identity-services-adults>. [Accessed 30/06/2025]

OUR HEALTH BEHAVIOURS AND LIFESTYLES

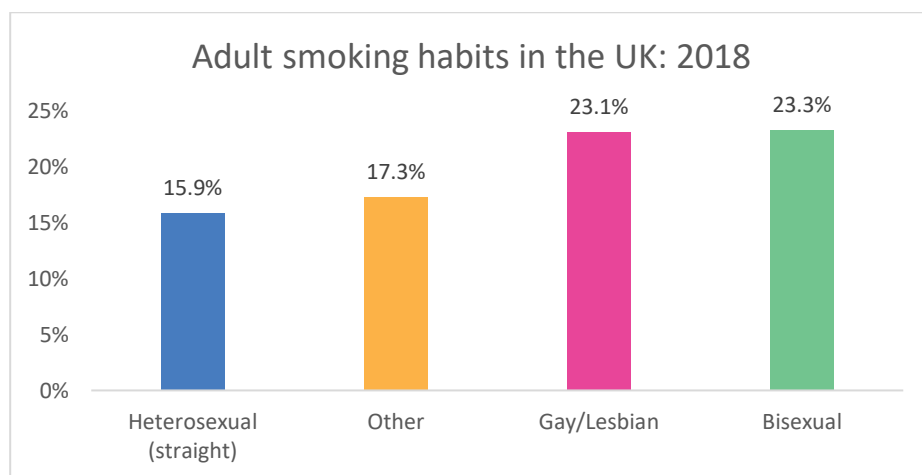
SMOKING

Smoking is the largest cause of preventable deaths in England, causing 64,000 deaths annually⁵⁵, with the risk factors associated with smoking being linked to many long-term conditions such as cancer, lung disease, dementia, diabetes, cardiovascular disease, macular degeneration (sight deterioration/loss), osteoporosis, and poor mental wellbeing⁵⁶.

The Annual Population Survey 2018⁵⁷ found that smoking prevalence is higher in gay or lesbian, and bisexual groups compared to heterosexual/straight, as seen in figure 11.

Figure 11: There is a higher prevalence of smoking in bisexual and gay or lesbian groups compared to the heterosexual population.

Adult smoking habits in the UK: 2018



Source: Annual Population Survey 2018

⁵⁵ Department of Health and Social Care. *Urgent call to smokers to make a quit attempt for No Smoking Day*. <https://www.gov.uk/government/news/urgent-call-to-smokers-to-make-a-quit-attempt-for-no-smoking-day#:~:text=Smoking%20is%20the%20biggest%20preventable,years%20on%20from%20its%20launch>. [Accessed 18th July 2024]

⁵⁶ Department of Health & Social Care. *Stopping the start: our plan to create a smokefree generation*. Department of Health & Social Care. Report Number: CP 949-I. 2023. (accessed 18th July 2024)

⁵⁷ Action on Smoking and Health, LGBT Foundation. *LGBT Evidence into Practice briefing*. ASH and LGBT Foundation. 2020.

This increased prevalence can be observed from childhood, with research finding that those who are lesbian, gay, or bisexual are at greater risk of smoking during adolescence and emerging adulthood than heterosexuals, particularly in females⁵⁸.

A cross-sectional survey of 112,537 adults in England in 2019 indicates that the difference in smoking prevalence between different sexual orientations has narrowed since 2013, mainly due to a larger decline in smoking rates among sexual minority groups compared to heterosexuals.⁵⁹ The 2019 survey found that smoking prevalence between men who are gay (21.6% smoking prevalence), preferred not to say (20.5%) and heterosexual men (20%) is now similar, and the same is true between women who are lesbian (18.3%) and heterosexual women (16.9%)

The “LGBT Evidence into Practice briefing” produced by action on smoking and health (ash.) and the LGBT foundation⁶⁰ highlights different reasons why smoking prevalence is higher among the LGBT population, including:

- Being linked to prejudice, discrimination, and poor mental health.
- LGBT people being more likely to belong to other groups with high smoking prevalence, such as being single, homeless, or having mental health conditions.
- LGBT people being targeted by marketing from the tobacco industry with several companies investing heavily in the promotion and depiction of smoking in LGBT media.

The briefing outlines three things that can be done to help LGBT people quit smoking:

- Make your service as welcoming as possible to LGBT people.
- Sexual orientation and trans status monitoring.
- Working with the local LGBT community.

The briefing also suggests that locally, this support could include:

⁵⁸ Corliss HL, Wadler BM, Jun HJ, Rosario M, Wypij D, Frazier AL, Austin SB. Sexual-orientation disparities in cigarette smoking in a longitudinal cohort study of adolescents. *Nicotine Tob Res.* 2013 Jan. 15(1):213-22. doi: 10.1093/ntr/nts114.

⁵⁹ Jackson SE, Brown J, Grabovac I, Cheeseman H, Osborne C, Shahab L. Smoking and Quitting Behavior by Sexual Orientation: A Cross-Sectional Survey of Adults in England. *Nicotine Tob Res.* 2021 Jan. 7;23(1):124-134. doi: 10.1093/ntr/ntaa042.

⁶⁰ Action on Smoking and Health, LGBT Foundation. *LGBT Evidence into Practice briefing*. ASH and LGBT Foundation. 2020.

- Displaying visual signifiers of LGBT allyship alongside other printed materials (e.g. consider issuing staff with rainbow lanyards).
- Creating an accepting atmosphere by avoiding assumptions that everyone is heterosexual or cisgender.
- Monitoring the sexual orientation and trans status of your clients.
- Working with local LGBT organisations to reach your local LGBT community.
- Commissioning a specific LGBT smoking cessation programme.
- Ensuring high quality training to enable LGBT cultural competence within services.
- Using community experiences to inform campaigns and services.
- Working with the local LGBT community to make prides and other events smokefree.

HEALTHY WEIGHT

Maintaining a healthy weight is a protective factor for health and wellbeing. Being overweight or obese increases the risk of developing serious health conditions such as type 2 diabetes, coronary heart disease, and some cancers⁶¹, as well as being linked to impacting quality of life and mental health issues such as depression and low self-esteem.

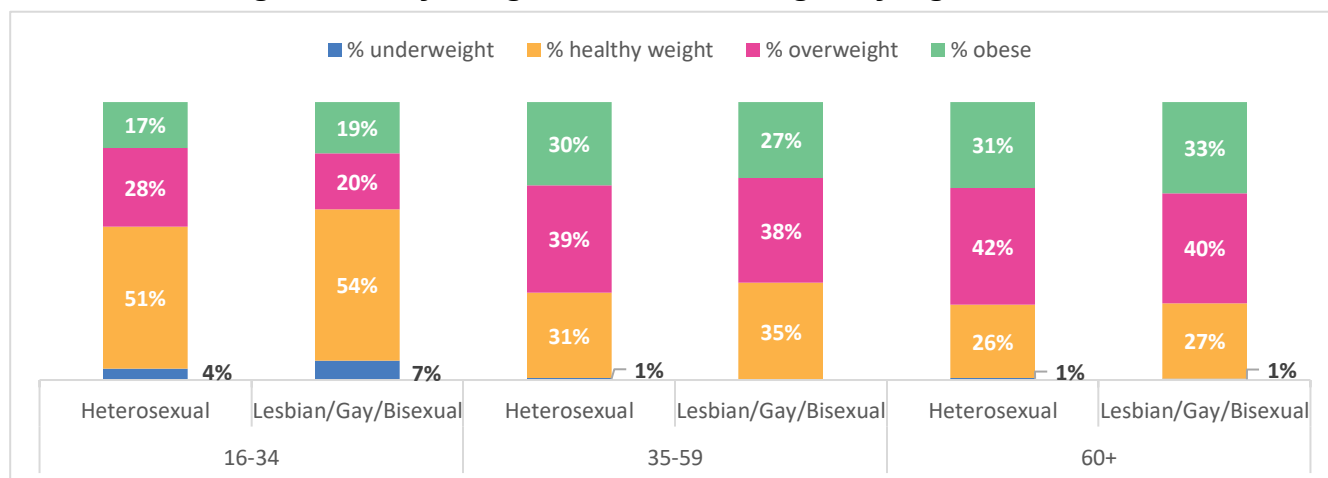
The NHS Digital “Health and health-related behaviours of Lesbian, Gay and Bisexual adults” report published in July 2021 compared health and health-related behaviours between LGB and heterosexual adults between 2011 and 2018⁶². The report found that a lower proportion of LGB adults were overweight or obese (51%) than heterosexual adults (63%). This is broken down into age groups in figure 12, and by sex in figure 13.

⁶¹ British Nutrition Foundation. *What are overweight and obesity?*. <https://www.nutrition.org.uk/health-conditions/obesity-healthy-weight-loss-and-nutrition/>. [Accessed 18th July 2024]

⁶² Dinos S, Tay N, Shipsey F. *Health and health-related behaviours of Lesbian, Gay and Bisexual adults*. NHS Digital. 2021.

Figure 12: There is a slightly larger percentage of LGB adults with a healthy weight than heterosexual adults in all age groups.

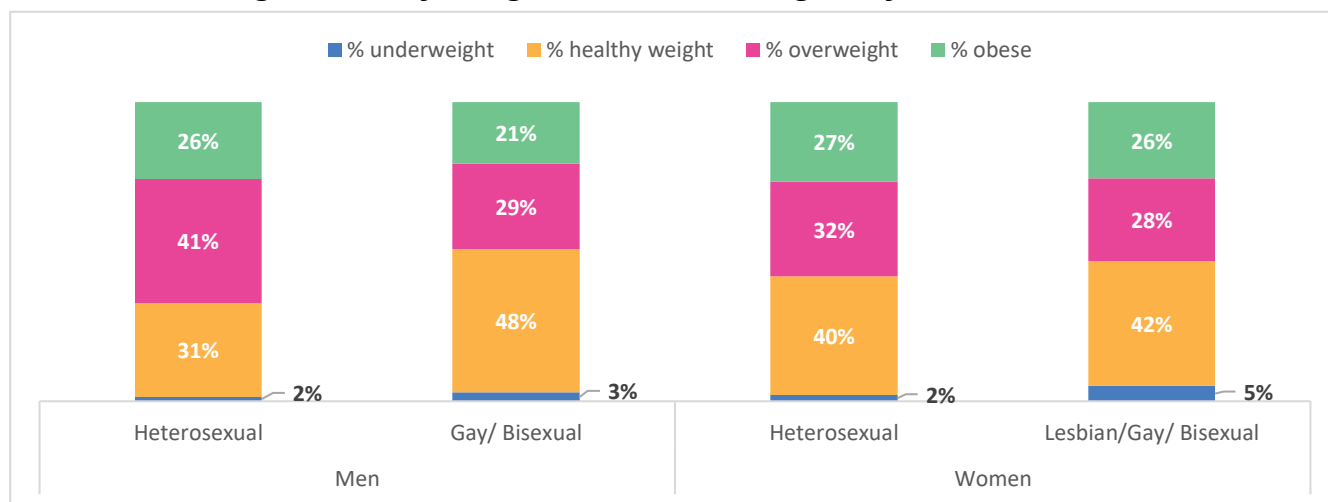
Obese, overweight, healthy weight, and underweight by age and sexual orientation.



Source: NHS Digital

Figure 13: A slightly higher proportion of LGB women are overweight or obese compared to LGB men, although both have a lower proportion compared to heterosexual women and men.

Obese, overweight, healthy weight, and underweight, by sex and sexual orientation



Source: NHS Digital

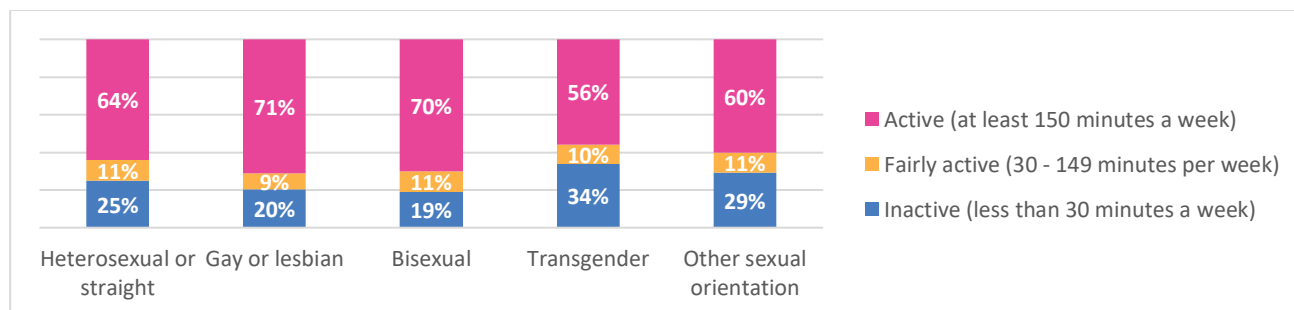
Other recent research shows a slightly different picture. The “Sexual orientation identity in relation to unhealthy body mass index” article published in the *Journal of Public Health*⁶³ which looked at results from 12 UK health survey’s concluded that women identifying as lesbian, or bisexual were at increased risk of being overweight or obese compared to heterosexual women. For men, the article concluded those identifying as gay were at a decreased risk, similar to the NHS Digital findings above.

PHYSICAL ACTIVITY

The health and wellbeing benefits of physical activity include reducing the risk of coronary heart disease, strokes, type 2 diabetes, bowel cancer, breast cancer in women, osteoarthritis, hip fractures, falls, depression, and dementia.⁶⁴ National data from Sport England⁶⁵ shows that LGB populations have higher rates of physical activity than the heterosexual population. The transgender and other sexual orientation groups have the highest percentage who are inactive (less than 30 minutes a week) at 34% and 29% respectively.

Figure 14: Approximately 1 in 3 people who are transgender are physically inactive.

Levels of physical activity by LGBTQ+ subgroups



Source: Sport England

⁶³ Semlyen J, Curtis TJ, Varney J. Sexual orientation identity in relation to unhealthy body mass index: individual participant data meta-analysis of 93 429 individuals from 12 UK health surveys. *Journal of Public Health*. 2020. Volume 42, Issue 1. Pages 98–106. <https://doi.org/10.1093/pubmed/fdy224>.

⁶⁴ NHS. *Benefits of exercise*. <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>. [Accessed 22nd July 2024].

⁶⁵ Sport England. *Adults Data (Ages 16+)*. <https://activelives.sportengland.org/Home/AdultData>. [Accessed 22nd July 2024]

The UK Chief Medical Officer advises that⁶⁶:

1. Children and young people (aged 5-18) should aim to be physically active for at least 60 minutes per day across a week.
2. Adults should undertake at least 150 minutes of moderate physical activity or 75 minutes of vigorous intensity activity per week.

The LGBTQ+ community can face barriers to participating in sport and physical activity, particularly in the form of bullying, discriminatory language, and gender stereotypes⁶⁷. “Out on the Fields” (2015) and “OutSport” (2019) are international researches into homophobia and transphobia in sports⁶⁸. This combined research showed that:⁶⁹

- 80% of gay, bisexual, and straight people have witnessed or experienced homophobic behaviour in sport.
- 51% of gay or bisexual males and 35% of lesbian or bisexual females aged 15-21 have been the target of homophobic behaviour in sport.
- 73% of gay, bisexual, and straight people believe it is not safe for LGB people to come out in youth sport environments.
- Nearly 90% of LGBTQ people in 2019 believe homophobia and transphobia remain current problems in sport.
- More than half (54%) of male athletes admit to using homophobic slurs in the past two weeks, and most (69%) have heard teammates use slurs.

The Active Lives survey⁷⁰ asks respondents to say whether they agree or disagree to the statements “I find the places and environments where I exercise inclusive and welcoming” and “The public places and setting where I’d like to exercise feel safe at the times I’d prefer to

⁶⁶ Department of Health and Social Care. *UK Chief Medical Officers’ Physical Activity Guidelines*. Department of Health and Social Care. 2019.

⁶⁷ Oxford Cambridge RSA. *Supporting LGBT+ people to participate in sport*. <https://www.ocr.org.uk/blog/supporting-lgbt-people-participate-in-sport/>. [Accessed 22nd July 2024].

⁶⁸ Out on the Fields. *Homophobia in Sport*. <https://outonthefields.com/>. [Accessed 22nd July 2024].

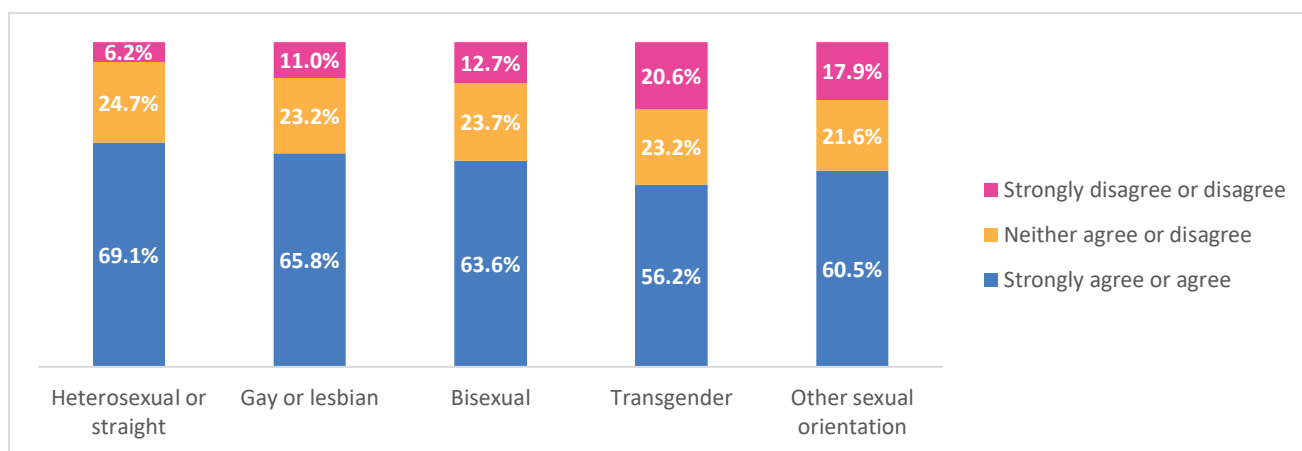
⁶⁹ Out on the Fiels. *Statistics on Homophobia and Transphobia in Sport*. <https://outonthefields.com/media/>. [Accessed 22nd July 2024].

⁷⁰ Sport England. *Adults Data (Ages 16+)*. <https://activelives.sportengland.org/Home/AdultData>. [Accessed 22nd July 2024]

use them". Figure 15 and 16 shows the results broken down into LGBTQ+ subgroup nationally. For both questions those identifying as gay or lesbian, bisexual, transgender, or another sexual orientation were less likely to find places and environments inclusive and welcoming, and less likely to feel safe.

Figure 15: LGBTQ+ people are less likely to find the places and environments where they exercise inclusive and welcoming than heterosexual people.

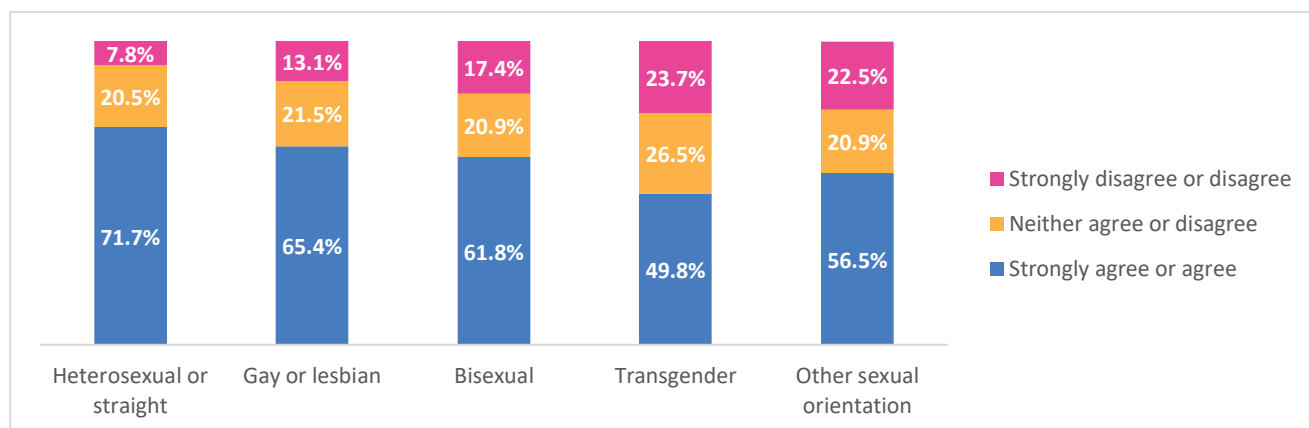
Responses to the statement "I find the places and environments where I exercise inclusive and welcoming" by LGBTQ+ subgroup.



Source: Sport England

Figure 16: LGBTQ+ people are less likely to find the public places and settings where they'd like to exercise safe at the times they want to use them.

Responses to the statement "The public places and settings where I'd like to exercise feel safe at the times I'd prefer to use them" by LGBTQ+ subgroup.



Source: Sport England

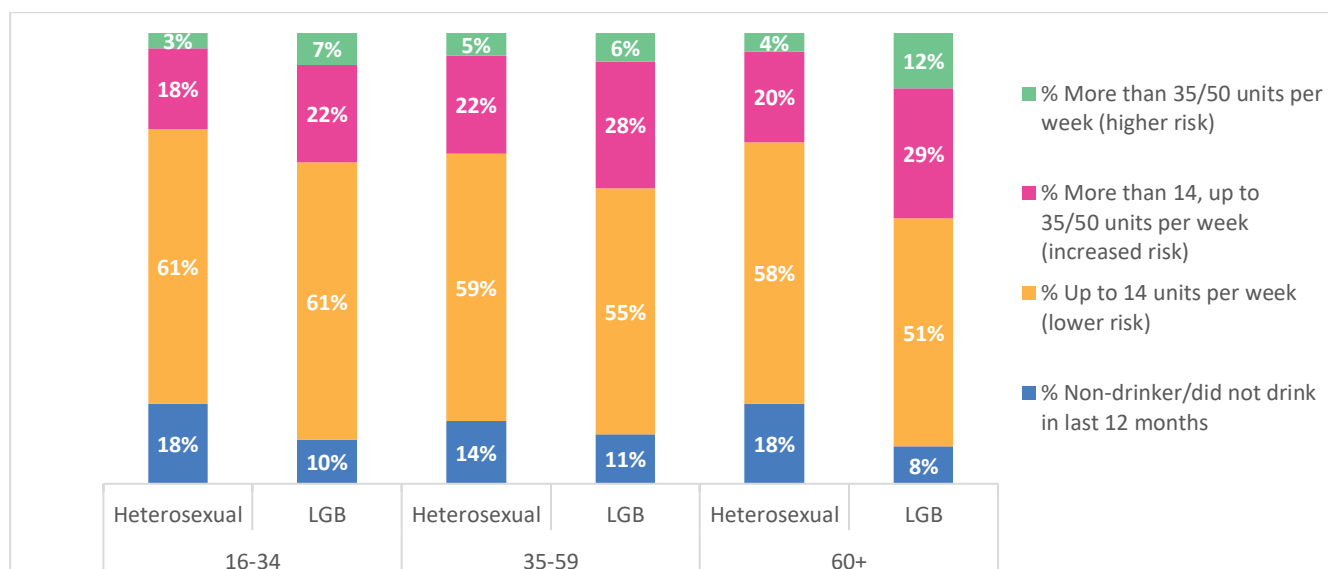
ALCOHOL USE

Alcohol can be a key risk factor for many conditions, with harmful drinking levels increasing the risk of developing several different cancers, stroke, heart disease, liver disease and damage to the brain and nervous system as well as harm and injury due to alcohol-related accidents.

National data from NHS Digital⁷¹ in 2021 shows that LGB adults are more likely to drink at levels which put them at increased or higher risk of alcohol-related harm (more than 14 units in the last week), with 32% of LGB adults being at increased or higher risk of alcohol-related harm compared with 24% of heterosexual adults. This prevalence also increases with age, with 41% of those aged 60+ who are LGB being an increased risk or higher risk drinker.

Figure 17: There is a higher prevalence of increased risk and higher risk drinking in the LGB population compared to the heterosexual population.

Estimated weekly alcohol consumption by age, ethnicity and sexual orientation.



Source: NHS Digital

⁷¹ Dinos S, Tay N, Shipsey F. *Health and health-related behaviours of Lesbian, Gay and Bisexual adults*. NHS Digital. 2021.

There is a higher prevalence of increased risk or higher risk drinkers (more than 14 units per week) in certain subgroups of the LGB population, particularly in men and those from a white ethnic background.

Compared to the heterosexual population, the LGB population were also found to have a higher proportion of people drinking over the daily recommended number of units in the last week. 40% of LGB people were found to drink more than 3 or 4 units (over the daily recommendation) compared to 32% of the heterosexual population.

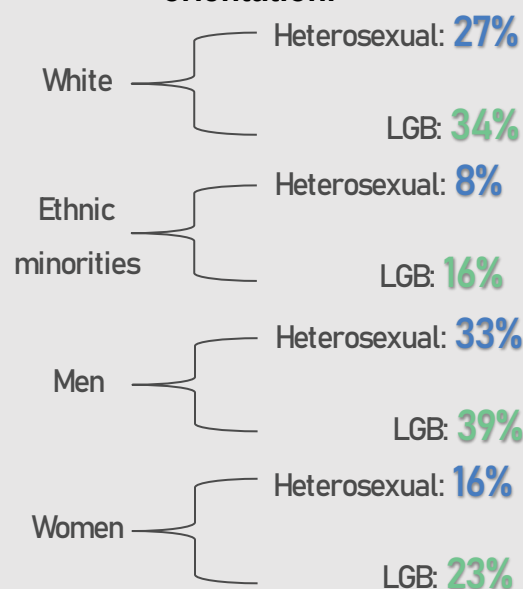
Data from Change Grow Live (CGL) who provide the Warwickshire drugs and alcohol service showed that between April 2024 and February 2025 inclusive, 4% of service users open for treatment identified as lesbian, gay, or bisexual. This is proportionally larger than the 2.4% of the whole population who identified

as lesbian, gay, or bisexual in the 2021 Census. However, given 6.5% of people in the 2021 census chose not to answer the question on sexual orientation, it is unknown if this would still be proportionally larger once this has been accounted for.

In February 2024, drinkaware published their “Out in the open: Alcohol use and harm in LGBTQ+ communities” report⁷². Contrary to the NHS Digital data presented above, the report found that the LGBTQ+ community tended to drink the same amount of alcohol as the heterosexual community. The report highlighted drinking motivations for the LGBTQ+ community, and how this can lead to an increase in harm experienced by this population. Findings included that:

- Drinking for social and enhancement reasons are the most common motivations for all drinkers, however drinking to fit in and drinking to cope are also common motivations among LGBTQ+ drinkers, particularly those drinking at a higher-risk level.

Increased risk or higher risk drinkers by ethnicity, sex, and sexual orientation.



Source: NHS Digital

⁷² Catterall E, Goodier E. *Out in the Open: Alcohol Use and Harm in LGBTQ+ Communities*. Drinkaware. 2024.

- LGBTQ+ drinkers largely socialise and drink in a nightlife setting which is associated with heavy drinking. LGBTQ+ drinkers were more likely to binge-drink when compared to heterosexual drinkers and typically drink more alcohol on a day when drinking. They are also more likely to experience negative consequences of drinking such as blackouts and alcohol-related injuries, as well as finding it harder to stop drinking once started.
- LGBTQ+ drinkers are more likely to drink alone at home and are significantly more likely to cite at least one coping motivation for drinking compared to heterosexual drinkers.
- People who are LGBTQ+ are more likely to belong to other groups that have a higher prevalence of, or experience more harmful impacts of drinking. This includes experiencing mental ill-health, living with a disability, and living in deprived areas.
- LGBTQ+ drinkers are more likely to experience negative impacts from someone else's drinking at every age, particularly LGBTQ+ women. This includes sexual harm, physical threats, and other serious consequences.
- LGBTQ+ drinkers were twice as likely to reach out to a service for help or advice regarding alcohol compared to heterosexual drinkers. However, LGBTQ+ higher risk drinkers were less likely to approach a GP or other health professional, preferring to seek support from alternative support such as an app or digital service. LGBTQ+ drinkers who reported having a negative experience accessing healthcare services in the past were less likely to access services for alcohol problems.

DRUG USE

Drug use can lead to a range of physical and mental health problems, including⁷³:

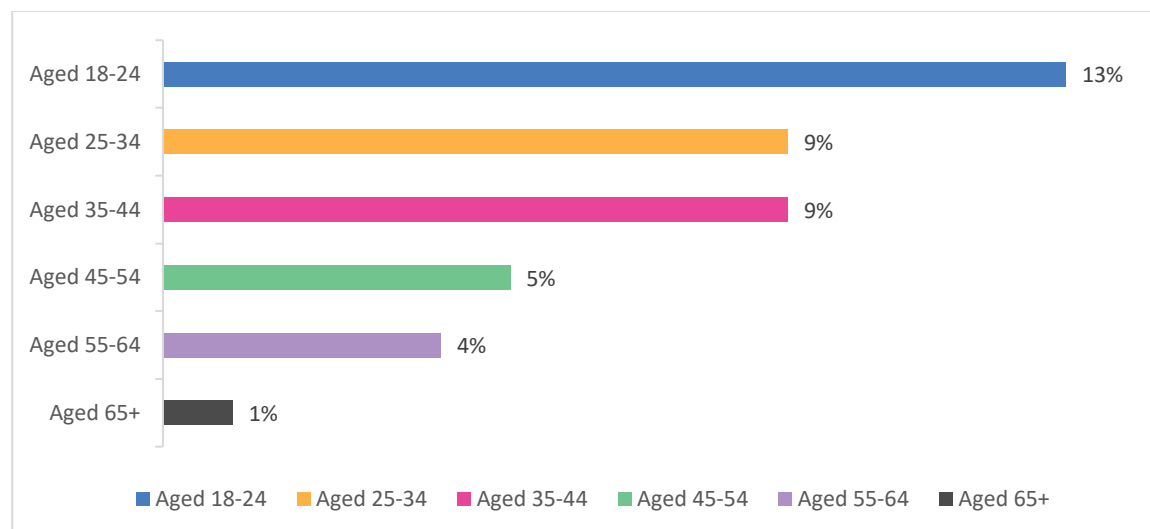
- Anxiety, depression, psychosis, personality disorder, and suicide.
- Lung damage
- Cardiovascular disease

⁷³ Office for Health Improvement and Disparities. *Misuse of illicit drugs and medicines: applying All Our Health*. <https://www.gov.uk/government/publications/misuse-of-illicit-drugs-and-medicines-applying-all-our-health/misuse-of-illicit-drugs-and-medicines-applying-all-our-health>. [Accessed 05/08/2024].

- Blood-borne viruses
- Arthritis and immobility among injectors
- Poor vein health in injectors
- Liver damage from undiagnosed and untreated hepatitis C virus (HCV)
- Sexual risk taking and associated sexually transmitted infections (STIs)
- Overdose and drug poisoning

The Stonewall report⁷⁴ published in 2018 found that 9% of the LGBT population in England took drugs at least once a month compared to 2.6% of non-LGBT people. In the LGBT population prevalence is higher in the younger age groups, with 13% of LGBT people aged 18 – 24 taking drugs at least once a month.

Figure 18: There is a higher prevalence of drug use in the younger LGBT population.
LGBT people who take drugs at least once a month by age.



Source: *The Stonewall Report*

Chemsex

Chemsex describes the use of some combination of methamphetamine, GHB/GBL and synthetic cathinones (e.g. mephedrone) by men who have sex with men to facilitate or enhance sex, often with multiple partners who may be identified through geosocial networking

⁷⁴ Bachmann C L, Gooch B. *LGBT in Britain: Health Report*. Stonewall. 2018.

applications. There are different reasons why people take part in chemsex, including to feel less inhibited, to enhance pleasure, feelings of stigma, and issues with self-esteem⁷⁵.

Whilst the impact will differ for different people, there are potentially harmful risks associated with chemsex, including⁷⁶:

- Negative impacts on physical health including to the heart and brain.
- Contributing to anxiety and depression.
- An increased risk of infections and blood borne viruses like HIV, hepatitis C and hepatitis B from injections.
- Drug addiction.
- Increased risk of HIV and other sexually transmitted infections (STIs) due to unsafe sex.
- Concerns around consent when drugs or alcohol are present.
- Negative impacts on social, sex, and work life.

A survey of 3,933 men who have sex with men in England found that 10% of respondents had chemsex in the past year⁷⁷. The survey also found that men who have sex with men engaging in chemsex were more likely to be:

- HIV-positive
- Aged 30-44,
- Born outside the UK,
- Engaged in higher risk sexual behaviours in the past 3 months.

⁷⁵ Change Grow Live. *What is chemsex? Support, advice and how to stay safe.*

<https://www.changegrowlive.org/advice-info/alcohol-drugs/chemsex-drugs>. [Accessed 05/08/2024].

⁷⁶ Change Grow Live. *What is chemsex? Support, advice and how to stay safe.*

<https://www.changegrowlive.org/advice-info/alcohol-drugs/chemsex-drugs>. [Accessed 05/08/2024].

⁷⁷ Blomquist PB, Mohammed H, Mikhail A. Characteristics and sexual health service use of MSM engaging in chemsex: results from a large online survey in England. *Sexually Transmitted Infections*. 2020. 96:590-595.

THE PLACE AND COMMUNITIES WE LIVE IN AND WITH

FEELING COMFORTABLE IN PUBLIC

Trans and non-binary people are less likely to feel comfortable living in the UK than cis-gendered lesbian or gay people. The National LGBTQ survey undertaken in July 2017, which included 108,100 respondents, showed that just over 1 in 3 trans women, trans men, and non-binary people felt comfortable living in the UK compared to 2 in 3 cis-gendered lesbian or gay people.⁷⁸

Table 3: Just over 1 in 3 trans women, trans men, and non-binary people feel generally comfortable living in the UK.

Responses to feeling comfortable being LGBT in the UK in the National LGBT survey.

Sub-group of respondents	Percentage feeling generally comfortable living in UK.
Cis-gender lesbian or gay people	63%
Trans women	37%
Trans men	34%
Non-binary people	38%

Source: National LGBT Survey

For both groups general comfort levels of life in the UK decreases in small towns as respondents stated they often feel less accepted and face higher levels of discrimination in these areas compared to those in urban settings. This pattern is reflected in the 6-percentage point difference in lesbian, gay and bisexual people not open about their sexual orientation to anyone in their family in small towns and villages verses larger cities as seen in table 4.⁷⁹

⁷⁸ Government Equalities Office. *National LGBT Survey Research Report*. Government Equalities Office. 2018.

⁷⁹ Stonewall. *LGBT in Britain Home and Communities*. Stonewall. 2018.

Table 4: LGB respondents were less likely to be open to any family member about their sexual identity in small towns or cities compared to large towns or cities.

Responses in the Stonewall survey 2018 to openness about sexual identity with family by small towns or cities and large towns or cities.

Area Living In	Percentage not open to any family member about their sexual identity
Small towns or cities	20%
Large towns or cities	14%

Source: Stonewall survey 2018

Nationally, LGBTQ+ individuals can perceive streets and public spaces as unsafe place to be themselves and be open about their sexual identity.⁸⁰ The National LGBT Survey found that 2 in 3 respondents refrain from holding hands with a same-sex partner in public because they fear negative reactions from others. It also found that 7 in 10 non-heterosexual and non-cis gendered people avoided being open about their sexual identity in public.⁸¹ This was higher in respondents who were bi-sexual, queer, or cis-gendered respondents who were asexual. This survey found similar findings for non-binary people and trans men and women hiding their gender identity, as shown in table 5.

⁸⁰ Government Equalities Office. *National LGBT Survey Research Report*. Government Equalities Office. 2018.

⁸¹ Government Equalities Office. *National LGBT Survey Research Report*. Government Equalities Office. 2018.

Table 5: A high percentage of survey respondents avoided being open about their sexual orientation or gender identity in public for fear of a negative reaction.

Percentage of respondents saying the avoided being open about their sexual orientation or gender identity in public for fear of a negative reaction.

Sexual orientation	Avoided being open about their sexual orientation for fear of a negative reaction (%)
Total minority sexual orientation respondents	70%
Bi-sexual	80%
Queer	86%
Cis-gendered respondents who were asexual	89%
Gender identity	Avoided being open about their gender orientation generally for fear of a negative reaction. (%)
Trans men/women	59/56%
Non-binary	76%

Source: National LGBT Survey

The 2018 Stonewall Trans report and 2018 National LGBT survey reports both note that trans people's fear of negative reactions continue to significantly impact their actions in public spaces:⁸²

- 44% of trans people don't feel safe because of their trans identity and so avoid certain streets.
- 68% of those with a minority gender identity avoid expressing their gender identity on the street.

⁸² Stonewall. *LGBT in Britain Trans Report*. Stonewall. 2018.

SERVICES AND ACTIVITIES FOR PEOPLE WHO ARE LGBTQ+

The Warwickshire Pride 2018 survey of Rugby Borough⁸³ (which had 81 participants, 59 of whom identified as LGBTQ+) showed that over three quarters of respondents felt that there needs to be more services and activities for LGBTQ+ people in Rugby Borough. When asked for examples of desired services, respondents mentioned safe social events and support services like counselling and health advice. One respondent to the Warwickshire Pride survey voiced that they are *“not aware of any positive work being done by public sector”* and another expressed that there could be *“more groups that are openly advertised”*.

HATE CRIMES

The police recorded an 8% fall in sexual orientation hate crimes in March 2023-24, the second consecutive year to show a decline in these offences, from 24,102 recorded offences in March 2022/23 to 22,839 offences in March 2023/24. The decline has been reported as driven by falls in public fear, alarm or distress and malicious communications offenses. Public order offences (47%, 16% of which resulted in charge/summons), stalking and harassment (25%), and violence against the person without injury (14%) were the highest three types of sexual orientation hate crime offences recorded.^{84 85}

Police also recorded Transgender hate crimes fell by 2% in March 2023/24, (4,780 offences). Specifically, a fall was noted in malicious communications offences (down 237) and public fear, alarm or distress offences (down 100) and an increase in harassment offences (up 170).

In a 2018 survey by Warwickshire Pride undertaken in Rugby which had 81 participants (59 of which identified as LGBTQ+), nearly 50% of participants had experienced hate incidents

⁸³ Warwickshire Pride. *Research*. <https://warwickshirepride.co.uk/research>. [Accessed 09/05/2025].

⁸⁴ Home Office. *Hate crime, England and Wales, 2022 to 2023 second edition*. <https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2022-to-2023/hate-crime-england-and-wales-2022-to-2023>. [Accessed 09/05/2025].

⁸⁵ Home Office. *Hate crime, England and Wales, 2022 to 2023*, [Hate crime, England and Wales, year ending March 2024 - GOV.UK](#), (accessed on 05/09/2025).

related to their LGBT+ identity, with verbal abuse being the most frequent form of harassment.

CARERS

According to a GP Patient survey in 2021, 70% of lesbian, gay, and bisexual carers reported a long-term health condition or disability compared to 60% of heterosexual carers and 50% of non-carers.⁸⁶ Additionally, nearly three times as many LGBTQ+ carers have a mental health condition compared to heterosexual carers (36% vs 13%). Barriers are faced by LGBTQ+ carers when accessing services, feelings of lack of inclusivity and understanding of needs often leads to carers avoiding or delaying accessing support.

COVID-19

COVID-19 caused an increase in health inequalities nationally. As a considerable amount of the evidence presented in this JSNA was pre-pandemic, it is important to consider the impact COVID-19 will have had on people who are LGBTQ+ and how this may have changed the picture since pre-pandemic evidence was published. Nationally, the BMJ has collected many reports to better understand how COVID-19 impacted health inequalities in the LGBTQ+ population.⁸⁷ These findings included:

- During lockdown, the proportion of LGBTQ+ people reporting “poor” or “extremely poor” mental health almost doubled from 34% to 61%, with similar increases for depression and anxiety “very often” or “every day”
- Self-harming among gender diverse people has increased by 7% compared with 2% in cis-gendered people.
- Those who are LGBTQ+ experiencing loneliness almost doubled to 56% of LGBTQ+ people who were experiencing it “very often” or “every day”.

⁸⁶ Carers UK. *Policy Briefing – GP Patient Survey 2021*. [Policy Briefing - GP Patient Survey 2021 | Carers UK](#) [Accessed 09/05/2025].

⁸⁷ Philips C. How covid-19 has exacerbated LGBTQ+ health inequalities. *BMJ*. 2021. 372:m4828. Doi:10.1136/bmj.m4828.

- Older LGBTQ+ people who are isolated and often rely on their chosen family were disproportionately affected by isolation and loneliness with these support networks being cut off. This may have had a disproportionate impact on LGBTQ+ individuals, with 52% of gay men aged over 50 living alone compared to 19% of heterosexual men over 50.
- 8% of LGBTQ+ people didn't believe they had a safe place to live during lockdown.
- Domestic abuse cases increased generally in the UK during the lockdown period, with the LGBTQ+ population being at a higher risk of experiencing domestic abuse. 15% of LGBTQ+ people reported experiencing violence or abuse during lockdown.
- 40% of LGBTQ+ people reported missing healthcare appointments. This was slightly higher with trans people at 50%.

Given the evidence above, it is likely that health inequalities for the LGBTQ+ population were exacerbated by COVID-19. It is unclear to whether these have improved since the end of the pandemic.

THE WIDER DETERMINANTS OF HEALTH

WORK AND EMPLOYMENT

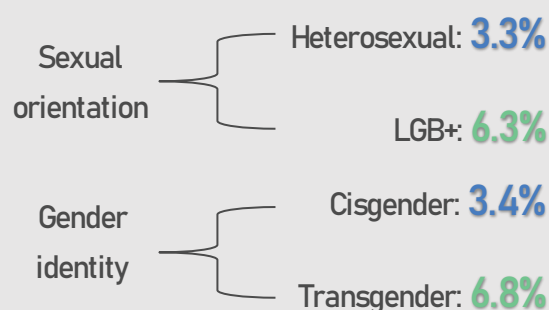
It is widely supported and evidenced that good work and stable employment positively impacts on people's health and wellbeing whilst unemployment increases the risk of mortality and morbidity.⁸⁸

LGBTQ+ people were twice as likely to report being unemployed in the 2021 census than heterosexual and cisgender people.⁸⁹

The LGBTQ+ population can face discrimination, exclusion, and harassment at work, the effect of which can contribute to ill mental and physical health.⁹⁰ The 2018 Stonewall report from a YouGov study of more than 5,000 LGBT people in Britain found that:⁹¹

- 18% of LGBTQ+ staff have experienced negative comments or conduct in the workplace due to being LGBTQ+. ⁹² This rises to 26% for disabled LGBTQ+ people.
- 1 in 8 trans people have been physically attacked by customers or colleagues in the year preceding the survey because of being trans.

Percentage nationally reporting unemployment in the 2021 Census



Source: Census 2021

⁸⁸ Public Health England. *Health matters: health and work*. <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>. [Accessed on 04/08/2024].

⁸⁹ Adams A, Picken N, Romanelli R. *Counting LGBTQ+ lives in England and Wales*. RAND Europe. 2023.

⁹⁰ Carter M, Thompson N, Crampton P. Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open*. 2013. 3e002628. Doi: 10.1136/bmjopen-2013-002628.

⁹¹ Stonewall. *LGBT in Britain Work Report*. Stonewall. 2018.

⁹² Government Equalities Office. *National LGBT Survey Research Report*. Government Equalities Office. 2018.

- 1 in 5 LGBTQ+ people looking for work said they were discriminated against because of their sexual orientation and/or gender identity while trying to get a job in the year preceding the survey.
- 1 in 8 lesbian, gay, and bisexual people wouldn't feel confident reporting any homophobic or biphobic bullying to their employer.
- 1 in 5 trans people wouldn't report transphobic bullying to their workplace.
- 3 in 5 LGBTQ+ staff (61%) agree that their workplace has equalities policies that protect lesbian, gay, and bisexual people at work. This is lower in rural areas at 54% compared to 62% in urban areas.
- Asian and minority ethnic LGBTQ+ people are disproportionately the victim of this abuse with 12% being physically attacked compared to 3% of white LGBTQ+ people.

EDUCATION

LGBTQ+ education at school age has been shown to promote inclusivity, awareness, equality, and respect. In 2019, the Department of Education introduced the requirement for LGBTQ+ content to be included as part of the relationships and sex education curriculum.⁹³

The 2021 Growing Up LGBT+ report's qualitative study across the UK showed that nearly 48% of pupils said that their schools had little to zero positive messaging about being LGBT+ in the last 12 months.⁹⁴ Given the timeframe the survey was conducted, this may have been impacted by the COVID-19 pandemic and lockdown. However, this should still be considered against the Stonewall's 2017 School Report that recommends an inclusive curriculum to make visible diverse experiences and celebrate differences particularly during RSE.⁹⁵

⁹³ Department for Education. *Relationships Education, Relationships and Sex Education (RSE) Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, and teachers*. Department for Education. 2025.

⁹⁴ Milsom R, Little M. *Growing up LGBT+: The impact of school, home and coronavirus on LGBT+ young people*. Just Like Us. 2021.

⁹⁵ Bradlow J, Bartram F, Guasp A, Jadvá V. *School Report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017*. Stonewall. 2017.

We can see the importance of such teaching being implemented through the Growing Up LGBT+ report which showed:⁹⁶

- LGBT+ pupils were bullied twice the amount in the past year than non-LGBT+ pupils (42% vs 21%) from further analyses conducted in March 2024.
- Transgender pupils experienced significantly more bullying daily and in the past year (10% daily and 54% in the past year) compared to non-transgender pupils.

The report also found that suicidal thoughts and feelings were reduced in pupils (LGBTQ+ or non-LGBTQ+) in schools that had positive messaging about being LGBTQ+. Recommendations from the School Report (Stonewall, 2017) include better equipping staff to tackle homophobia, biphobia and transphobia and training for schools to get the basics right when reporting bullying and working with pupils and local authorities to better understand the lived experience of LGBTQ+ young people in schools.

Negative experiences can also be seen at higher education level, with the LGBT in Britain Trans Report showing that 36% of trans students in higher education experienced negative comments or behavior from staff in the last year.⁹⁷

HOUSING AND HOMELESSNESS

Homelessness and ill health have a close link. 86% of homeless people are reported to have a mental health difficulty and 44% have a health condition. There is wide acknowledgement of the health inequalities and concerns felt by the homeless population and the effect it has on health and wellbeing.⁹⁸

Research shows that almost 1 in 5 LGBTQ+ people have experienced homelessness at some point in their lives, with rates being higher for trans people with 1 in 4 having experienced

⁹⁶ Milsom R, Little M. *Growing up LGBT+: The impact of school, home and coronavirus on LGBT+ young people.* Just Like Us. 2021.

⁹⁷ Stonewall. *LGBT in Britain Trans Report.* Stonewall. 2018.

⁹⁸ Warwickshire County Council. *Preventing Homelessness in Warwickshire: a multi-agency approach.* Warwickshire County Council. 2021.

homelessness at some point.⁹⁹ Discrimination in housing and employment, mental health challenges and domestic abuse have been shown to be major contributors to homelessness among LGBT+ adults.¹⁰⁰ Systemic marginalisation, unsafe or exclusionary housing environments, and barriers to accessing support are key drivers of homelessness among LGBTQ+ adults.¹⁰¹

Locally, figure 19 shows the proportion of applicants who were owed a Prevention Duty from risk of homelessness or a Relief Duty in 2022/23 in Warwickshire by sexual identity compared to proportions in the 2021 Census. The government homelessness statistics looks at those owed a financial duty either as a Prevention Duty because they are at risk of becoming homeless in the next 56 days or a Relief Duty because they have become homeless in the last 6 months. It is important to note that this is a count of duties not people, so some people can appear in the data more than once. A reasonable amount of people appear twice as they move off Prevention Duty and then get counted again as they are moved into Relief Duty.

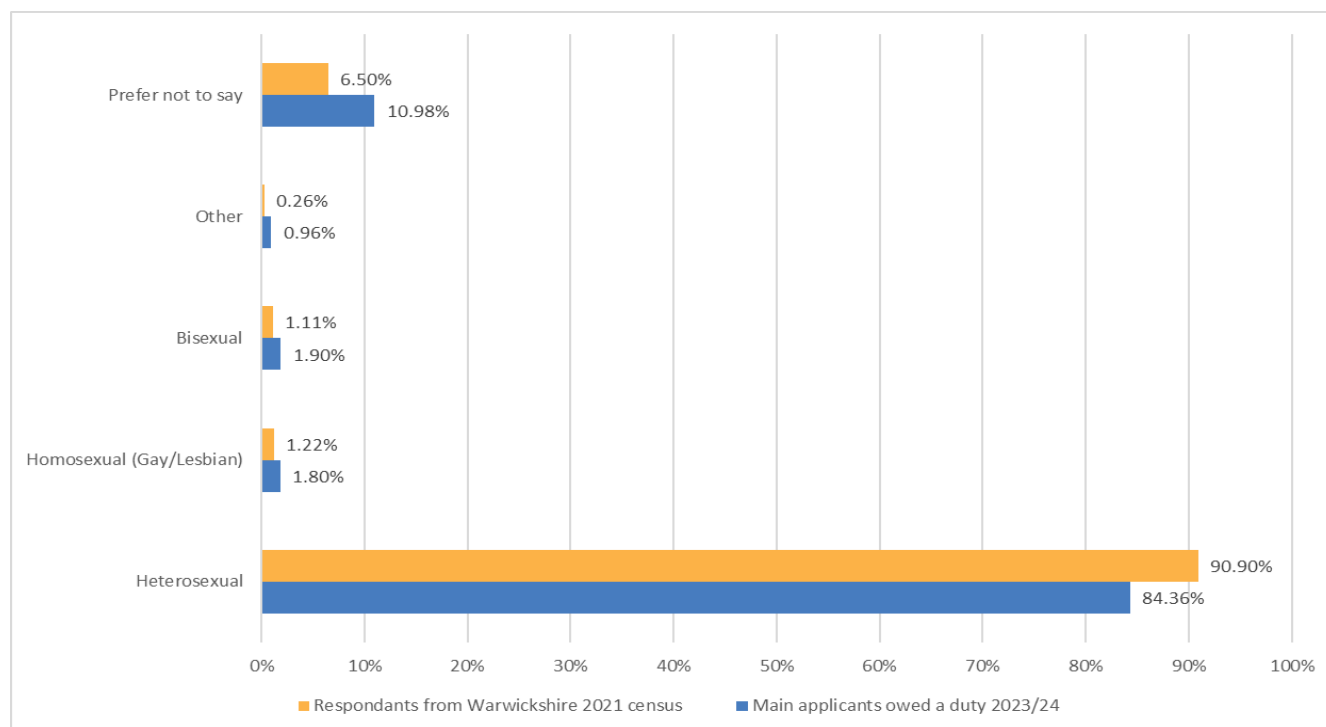
⁹⁹ Crisis. *About LGBTQ+ homelessness*. <https://www.crisis.org.uk/ending-homelessness/about-homelessness/about-lgbtqplus-homelessness/>. [Accessed 25/04/2025].

¹⁰⁰ Gov.UK. *Lesbian, gay, bisexual and transgender people's experiences of homelessness*. <https://www.gov.uk/government/publications/lgbt-peoples-experiences-of-homelessness>. [Accessed 25/04/2025].

¹⁰¹ UK Collaborative Centre for Housing Evidence. *LGBTQ+ Housing & Homelessness Survey*. <https://housingevidence.ac.uk/publications/lgbtq-housing-amp-homelessness-survey/>. [Accessed 25/04/2025].

Figure 19: LGBTQ+ people have a similar representation in Prevention Duty and Relief Duty data as they do in the 2021 Census. It is important to note the number of people who did not provide their sexual identity for either.

Sexual identification of applicants who were owed a Prevention Duty from risk of homelessness or a Relief Duty in 2022/23 in Warwickshire compared with the percentage of the population in Warwickshire as a whole.¹⁰²



Source: Homelessness statistics at LTLA level.

Young people experiencing homelessness subsequently are at risk of poor health and wellbeing through isolation and loneliness, depression, anxiety, school absence, disruption of sleep and food.¹⁰³ In 2021, the Albert Kennedy Trust (AKT) produced a report detailing findings from a survey of 161 LGBTQ+ young people who had experienced homelessness in the last five years. The results are summarised in table 6 below. The report also commented that most respondents want to see services adopt more inclusive language and imagery in

¹⁰² Gov.uk. *Homelessness Statistics*. <https://www.gov.uk/government/collections/homelessness-statistics> [Accessed 25/04/2025].

¹⁰³ Leng G. *The Impact of Homelessness on Health*. Local Government Association. 2017.

their communication materials, and that the top causes of youth homelessness was being forced to leave the home due to family rejection as a response to their coming out as LGBTQ+ or leaving physically, sexually or emotionally abusive and unsafe living conditions.

Table 6: Results from the AKT survey of LGBTQ+ young people

Response	Percentage
Feared that expressing their LGBTQ+ identity to family members would lead to them being evicted.	50%
Feared that expressing their LGBTQ+ identity to romantic partners would lead to them being evicted.	7%
Felt that homelessness made it hard for them to establish or maintain new relationships, including friendships.	64%
Felt supported by parents or stepparents while homeless.	13%
Were forced to do sexual acts against their will by family members before they became homeless.	16%
Were forced to do sexual acts against their will by romantic partners before they became homeless.	16%
Felt frightened or threatened by their family members before they became homeless.	61%
Felt frightened or threatened by their romantic partner before they became homeless.	20%
Felt like they had to have casual sex to find somewhere to stay while they were homeless.	17%
Those that accessed a service whilst homeless recall being asked by service providers to provide information about their gender identity and sexual orientation.	35%

Felt safe to disclose information about their gender identity and sexual orientation when asked by service providers.	33%
Aware of housing support services the last time they experienced homelessness.	44%
Not aware of support services available to them.	24%
Faced some form of discrimination or harassment while accessing services.	59%

Source: AKT Survey

VIOLENCE AND ABUSE

Domestic and Sexual Abuse

In 2020 Galop conducted an online survey of 1,020 LGBTQ+ people in the UK to understand their experiences of sexual violence.¹⁰⁴ Nearly 9 in 10 LGBTQ+ respondents (88%) reported that they experienced sexual harassment since the age of 18, and nearly 8 in 10 respondents experienced sexual assault (77%). Most respondents who had experienced sexual violence as an adult said that they were sexually abused by somebody known to them (78%), with the three most frequently named perpetrators being a partner or ex-partner (30%), an acquaintance (18%), or a friend (15%). The most common locations where sexual violence took place were in the home of the perpetrator (25%), in their own home (24%), or a place of work or study (10%).

Galop highlight that LGBTQ+ victims and survivors need to be made visible in the “public story” and policy and legislative responses to domestic and sexual violence and abuse. To achieve this, they recommend:

- Expanding funding to specialised LGBTQ+ sexual violence services and increasing the availability of specialised services to meet need across the UK, including therapeutic support, advocacy, and safe accommodation.

¹⁰⁴ West S, Bewley C, Withers Green L, Carlisle E. *Sexual Violence: A snapshot of those harming LGBTQ+ people*. London: Galop. 2023.

- Developing robust perpetrator programs that: acknowledge the experiences of LGBTQ+ survivors; are tailored specifically to address the actions of those who perpetrate sexual violence against LGBTQ+ survivors (who may not themselves be LGBTQ+); and recognise the relationship context where LGBTQ+ people are subjected to sexual violence, such as in intimate relationships or the family home.
- Creating respectful relationships campaigns and education resources for all ages that address both coerced and forced sex, and which include LGBTQ+ people and people with intersecting minoritised identities.
- Shifting the “public story” of sexual violence to incorporate LGBTQ+ peoples and relationships and correcting gendered and heterosexist ideas about “real victims” or “real perpetrators” of sexual violence.
- Addressing transphobic and anti-LGBTQ+ prejudice as key driving factors for stranger sexual assault or harassment towards trans and non-binary people.

Sexual harassment at school age.

The Just Like Us report released in 2021 surveyed 2,934 pupils from 375 schools across the UK and found that LGBTQ+ pupils are more likely to experience sexual harassment (7%) than those who are not LGBTQ+ (2%). This was highest in bisexual girls, 12% of which had experienced sexual harassment.¹⁰⁵

¹⁰⁵ Milsom R, Little M. *Growing up LGBT+: The impact of school, home and coronavirus on LGBT+ young people*. Just Like Us. 2021.

APPENDIX 1 - LGBTQ+ COMMUNITY GROUPS AND EVENTS IN WARWICKSHIRE

Some of the LGBTQ+ community groups and events that happen in Warwickshire are highlighted below. These groups and events provide an opportunity to support and celebrate those who are LGBTQ+ and may be avenues to actively engage with this community.

Warwickshire Pride

Warwickshire Pride are a registered charity for the organisation of LGBTQ+ services and events, running a whole range of support services and social activities all year round. These include:

- **Proud Youth:** weekly youth groups for LGBTQ+ young people aged 12-18 that take place at locations across Warwickshire.
- **Proud Parents:** a monthly group for parents, families, and carers of LGBTQ+ people.
- **No Barriers:** a monthly social group for LGBTQ+ people with learning disabilities.
- **Proud Stratford:** a monthly support/social group for LGBTQ+ people in Stratford-upon-Avon
- **Proud Nuneaton:** a monthly support/social group for LGBTQ+ people in Nuneaton.
- **Proud Rugby:** a monthly support/social group for LGBTQ+ people in Rugby.
- **TransTogether:** a monthly social group for trans people.
- **The Warwickshire Pride Sports Club:** a regular, inclusive, supportive, body positive sports group for LGBTQ+ people in Warwickshire.
- **LGBTQ+ Women's Fitness Group:** a weekly group helping LGBTQ+ women and non-binary people be active.
- **Coffee socials** across Warwickshire for the LGBTQ+ community.
- Telephone and trans awareness **training**.
- **Proud Consultancy:** a counselling service run by LGBTQ+ counsellors for LGBTQ+ people.
- **Advocacy**
- The annual **Warwickshire Pride festival**.

Website: <https://warwickshirepride.co.uk/about-us>

Out-Out Rugby

Out-Out are a social community group in Rugby who meet each Wednesday evening, providing a community get together for Rugby's LGBTQ+ community.

Bedworth Pride

2025 sees Bedworth's first ever Pride event, celebrating the LGBTQ+ community. Held on the 8th June, the event saw a collection of food vendors, music, dances, craft stalls and more.

Nuneaton Pride

Nuneaton Pride is an LGBTQ+ celebration of identity and solidarity, welcoming everyone to come together in support of equality and inclusion. Run as a family-friendly event, it welcomes all those who are part of the LGBTQ+ community or supportive allies to a day packed with live music, performances, community stalls, food vendors, and fun for all ages.

Rugby Pride

Rugby Pride is a yearly Pride march through Rugby town centre which is free and welcome to everyone. The march is followed by a community picnic at Caldecott Park.

Warwick Pride – University of Warwick's student society for LGBTQ+ students and allies.

Warwick Pride is the on-campus home of the LGBTQ+ community at Warwick University. They are committed to campaigning for LGBTQ+ people on campus and further afield, providing advice and welfare services, as well as running a program of social events.

Website: <https://warwickpride.org/>

APPENDIX 2 - LGBTQ+ RESOURCES AND TRAINING

RESOURCES AND TRAINING IN WARWICKSHIRE:

Warwickshire Pride

Warwickshire Pride offer LGBT+ awareness and trans awareness training to variety of organisations across Warwickshire.

Their training offer cover:

- Terminology
- Issues faced by LGBT+ people
- Hate crimes
- Mental health
- Challenging homophobic, bi-phobic and transphobic language
- How to make services safe, welcoming and accessible for LGBT+ people
- How to be an ally
- For trans awareness specific training, the session also covers the process of transitioning.

Website: <https://warwickshirepride.co.uk/training>

Midlands LGBT+ Project

Midlands LGBT+ Project includes training and workshops offers on the following:

- LGBT+ Inclusivity in the workplace
- Working with LGBT+ young people
- LGBT+ Terminology
- Inclusive schools training
- Inclusive Healthcare

Website:

<https://www.midlandslgbtproject.com/training#:~:text=Midlands%20LGBT%2B%20Project%20wants%20the,organisations%2C%20businesses%20and%20community%20groups.>

National resources and guidance

Name	Description	Link
An Integrated Healthcare System		
Warwickshire Pride	Warwickshire Pride offer trans awareness specific training covering the process of transitioning.	https://warwickshirepride.co.uk/training
Midlands LGBT+ Project	Midlands LGBT+ Project offers training on inclusive Healthcare	https://www.midlandslgbtproject.com/training#:~:text=Midlands%20LGBT%2B%20Project%20wants%20the,or organisations%2C%20businesses%20and%20community%20groups
National LGBTQIA+ Health Education Centre	The National LGBTQIA+ Health Education Centre advise 10 Strategies for creating inclusive health care environments for LGBTQ+ people.	https://www.lgbtqihealtheducation.org/wp-content/uploads/2021/05/Ten-Strategies-for-Creating-Inclusive-Health-Care-Environments-for-LGBTQIA-People-Brief.pdf
Pride in Practice	Pride in Practice use strength-based approaches to develop LGBTQ+ inclusion across a number of services.	https://lgbt.foundation/pride-in-practice-for-healthcare-professionals/
National government website	The government website has resources for service providers when delivering screening to transgender and non-binary people.	https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people
LGBT Foundation	The LGBT Foundation support GPs, dentists, pharmacies, and other	https://lgbt.foundation/pride-in-

	<p>health providers to embed LGBT+ inclusion into practice.</p> <ul style="list-style-type: none"> • training for healthcare professionals • Accreditation and support • Focus on reducing health inequalities and improving patient experience 	practice-for-healthcare-professionals/
SAYiT	SAYiT provide online training programmes suitable for all organisations.	https://www.sayit.org.uk/training
Our Health Behaviours and Lifestyles		
Stonewall	Stonewall has training, events and toolkits for service providers.	https://www.stonewall.org.uk/
RCSLT toolkit.	Material for all speech and language therapists (SLTs), speech and language support workers, and students.	https://www.rcslt.org/learning/equity-diversity-and-belonging/supporting-lgbtqia-colleagues-in-the-workplace-a-guide-for-all/
THE PLACES AND COMMUNITIES WE LIVE WITH		
The Samaritans	Samaritans provide emotional support to anyone at risk of suicide. Whilst not LGBT+ specific, their services are inclusive to all.	http://www.samaritans.org/
Carers UK	Carers UK provide resources for older LGBTQ+ carers and those caring for LGBTQ+ individuals.	A guide for LGBTQ+ carers - Carers' health and wellbeing - Carers Connect - The Carers UK online community

MIND	MIND provides guidance for LGBT+ people finding support for their mental health.	https://www.mind.org.uk/information-support/tips-for-everyday-living/lgbtqiaplus-mental-health/finding-support-for-lgbtqiaplus-mental-health/
Skills For Care	Skills For Care have provided an LGBT+ Adult Social Care Learning Framework Toolkit. This also has further resources and links.	https://www.mind.org.uk/information-support/tips-for-everyday-living/lgbtqiaplus-mental-health/finding-support-for-lgbtqiaplus-mental-health/
True Vision	True Vision provide advice on hate crime, how to report it, and where to get support.	http://www.report-it.org.uk/homeb
The Wider Determinants		
Crisis UK – LGBTQ+ Homelessness	Crisis UK – LGBTQ+ Homelessness provides guidance including best practices for inclusive support and links to specialist services.	https://www.crisis.org.uk/ending-homelessness/about-homelessness/about-lgbtqplus-homelessness/
RCSLT	Provides resources for training and guidance on inclusive work environments. WCC is also a good practice example for LGBT+ inclusivity.	https://www.rcslt.org/learning/equity-diversity-and-belonging/supporting-lgbtqi-colleagues-in-the-workplace-a-guide-for-all/#section-6

Stonewall	A resource for tailored and effective support for LGBTQ+ workplace inclusion.	https://www.stonewall.org.uk/inclusive-workplaces
MIND	MIND have toolkits for LGBT+ staff and their mental health and wellbeing.	https://www.mind.org.uk/news-campaigns/campaigns/mental-health-at-work-commitment/resources/how-can-employers-support-the-mental-wellbeing-of-their-lgbtqiaplus-staff/
Diverse Education	Diverse education provides a LGBTQ+ Inclusion Toolkit.	https://www.diverseeducators.co.uk/lgbtq-inclusion-toolkit/
Galop	Galop is an anti-abuse charity which provides LGBT+ Specialised Domestic Abuse Training to many organisations and have previously provided good training to WCC.	https://www.galop.org.uk/training

Warwickshire County Council:

Warwickshire County Council offer internal resources and training to all their staff through eLearning modules for learning on the experiences felt by LGBT+ people in the workplace. WCC have an established EDI at WCC.

The council offers internal and partner-accessible training such as:

- **LGBT 101:** Covers terminology, legislation, and health inequalities.
- **Trans and Non-Binary Inclusion:** Focuses on inclusive practices in public services, including healthcare

Website: <https://www.warwickshire.gov.uk/performance/equality-diversity-warwickshire-county-council/4>

Best practice in Neighbouring Areas

- Prism the LGBT Forum for Leicester, Leicestershire and Rutland have a practical and accessible 'How To Be LGBT Friendly Guide' for service providers, community organisations and public sector staff.

Website: <https://lgbti-era.org/wp-content/uploads/2023/01/0070-2015-ENG-How-to-be-LGBT-friendly.pdf>

- Devon County Council have compiled a Toolkit for services including a glossary, staff training materials, service user feedback tools, and guidance.

Website: <https://www.devon.gov.uk/equality/guidance/lgbttoolkit>

- Kirklees Council offers a LGBT Consultation Guide on how councils can effectively consult with LGBTQ+ communities to reduce inequalities and promote fairness.

PDF: <https://www.kirklees.gov.uk/involve/document/ConsultingLGBT.pdf>