Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, Plus (LGBTQIA+) Health and Wellbeing

Southwark's Joint Strategic Needs Assessment

Southwark Public Health Division

February 2025

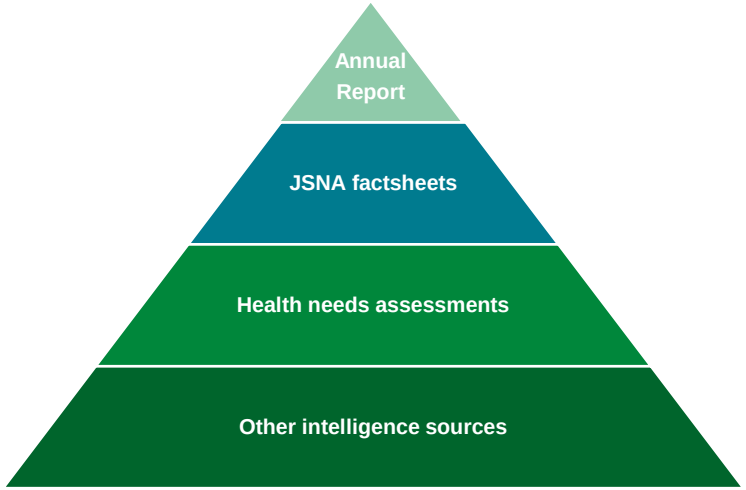
Southwark Council

Report title:	**Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, Plus (LGBTQIA+) Health and Wellbeing**
Status:	Public
Prepared by:	H Nwuba, T Seery
Contributors:	L Colledge, C Williamson
Approved by:	S Leahy
Suggested citation:	Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, Plus (LGBTQIA+) Health and Wellbeing. Southwark's JSNA. Southwark Council: London. 2025.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	February 2025

Health needs assessments form part of Southwark's Joint Strategic Needs Assessment process

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark, we have structured these resources around 4 tiers:



Tier I: The JSNA Annual Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA factsheets provide a short overview of health issues in the borough.

Tier III: Health needs assessments provide an in-depth review of specific areas.

Tier IV: Other sources of intelligence include local health profiles and national outcome frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This needs assessment aims to outline health and wellbeing needs of LGBTQIA+ people within Southwark

This review will form part of the Joint Strategic Needs Assessment (JSNA) programme for Southwark. It aims to describe and evaluate the health and wellbeing needs of LGBTQIA+ people within Southwark.

- **Specific project objectives are to:**
  - Describe population estimates for LGBTQIA+ communities within Southwark.
  - Explore key health issues experienced by LGBTQIA+ people within Southwark.
  - Identify areas of health inequality for LGBTQIA+ people, including healthcare service access, healthcare experience and health outcomes.
  - Understand health services currently operating in Southwark that are relevant to LGBTQIA+ communities.
  - Engage local healthcare and voluntary, community and social enterprise (VCSE) partners to inform findings.
  - Develop recommendations to improve the health and wellbeing of LGBTQIA+ people in Southwark.
- This needs assessment can be used to inform commissioning decisions and ensure services are tailored to identified needs.
- Following this needs assessment, an action plan should be developed with local partners which outlines how to address specific gaps in service provision and reduce observed health inequalities.

Southwark has a large LGBTQIA+ community who experience significant inequalities in access, experience and outcomes

Over 20,700 residents identify as LGB+ and over 3,200 residents identify as trans. The community is diverse, with a range of backgrounds and identities.

There is higher prevalence of a range of long-term conditions and disabilities among LGBTQIA+ residents.

There is poor collection of data on sexual orientation and gender identity in local services, hindering our ability to identify and tackle inequalities.

LGBTQIA+ residents experience poorer mental health compared with cisgender and heterosexual residents.

Evidence shows higher levels of certain risk factors among LGBTQIA+ residents, such as smoking and substance misuse; causes include minority stress.

LGBTQIA+ residents experience poorer access to health services and have less confidence in them than cisgender and heterosexual residents.

Evidence suggests there is significant under-reporting of LGBTQIA+ hate crime and other discrimination and abuse.

Local engagement highlights continued stigma and discrimination experienced by LGBTQIA+ residents, and lack of cultural sensitivity in the delivery of services.

CONTENTS **Page**

Southwark Council

There is longstanding evidence of significant health inequalities for LGBTQIA+ people

"Wherever you meaningfully look for LGBTQ+ health inequalities, you find them. And yet we're still not properly looking."
Dr Michael Brady, National Advisor for LGBT Health, NHS England

- **Southwark is home to one of the largest populations of LGBTQIA+ people in the UK.**
  - The 2021 Census assessed adult (16+ yr) respondents' gender identity and sexual orientation for the first time. Southwark had the 5th highest level of trans and non-binary people (1.2%; about 3,200) and 4th highest level of LGB+ people (8.1%; about 20,700) in England.
- **There is consistent evidence that LGBTQIA+ people experience health inequalities when compared with cisgender and heterosexual people.**
  - Inequalities exist across many aspects of health and wellbeing, and across the life course.
  - They are seen in health outcomes, experiences of care, and opportunities to lead healthy lives.
  - Evidence of such inequalities is documented in international and national research spanning decades. However, for some communities (including trans people) there is little robust UK data on health and long-term illness, particularly at the local level.
    - Within health service provision, sexual orientation and gender identity are often disregarded as factors impacting health.
    - While national standards for sexual orientation monitoring were set in 2017, very few health and care services routinely monitor this protected characteristic.

Sources: (1),(2),(3),(4)

Southwark LGBTQIA+ residents experience significant inequalities that require action by all partners

This needs assessment highlights the current state of health inequalities faced by our LGBTQIA+ residents in health services access, experience and outcomes, as well as broader sociocultural factors impacting health and wellbeing.

- **Significant inequalities exist for LGBTQIA+ residents regarding physical and mental health, lifestyle behaviours, and access to and experiences and outcomes of health and care services.**
  - These inequalities are longstanding and evident at local, regional and national levels.
  - Some communities experience greater disadvantage, including trans and gender-diverse individuals and those with multiple minoritised identities.

- **Inequalities arise because of differences in the conditions in which we are born, grow, live and age, and how resources are distributed.**
  - Evidence shows that LGBTQIA+ people are often exposed to wider sociocultural disadvantages, including in education and workplace settings, in housing status, in social integration, and in experiences of hate crimes and other forms of discrimination.
  - Inequalities are often driven and sustained by societal attitudes, and the resulting minority stress.
  - There is strong, vibrant community activity in some areas, but this remains inaccessible for some people, contributing to increased rates of social isolation and loneliness and worsening health and wellbeing.

- **Service data remains limited due to a lack of mandatory sexual orientation and gender identity data monitoring across services.**

- **VCSE groups provide essential support and advice that statutory services fail to offer, but often face inadequate and short-term funding.**
  - A systematic approach and cross-sector collaboration are needed, with a greater commitment to change in Southwark.

Collaboration between council, NHS and community stakeholders is required to improve LGBTQIA+ health

This needs assessment identifies five overarching themes for how public sector providers, VCSE organisations and local services can improve to better support the health and wellbeing of Southwark's LGBTQIA+ residents.

1. **Committing to change** through active leadership and forums that enable cross-sectoral partnership working around a shared action plan.

2. **Supporting and investing in community-led initiatives**, with more sustainable funding and better connection with mainstream services.

3. **Engaging and working with LGBTQIA+ communities** in service design, delivery and monitoring, to build community trust and confidence in service providers and commissioners.

4. **Creating inclusive and knowledgeable services** by supporting greater visibility and representation in services and their commissioning, and by delivering LGBTQIA+-led awareness training across health, care and wider council services.

5. **Monitoring progress** by supporting effective implementation of sexual orientation and gender identity monitoring across council and VCSE commissioned services, and by advocating for and supporting wider adoption across local NHS services.

Section 2: Introduction

Southwark Council

The LGBTQIA+ population is a diverse group of communities, made up of individuals with distinct identities and experiences

Southwark is home to one of the largest populations of LGBTQIA+ individuals in the UK.

- This needs assessment of LGBTQIA+ residents' health and wellbeing includes individuals with a minoritised sexual orientation (lesbian, gay, bisexual, pansexual, queer, asexual and any other non-heterosexual sexual orientation; sometimes termed LGB+), and/or with a minoritised gender identity (trans, non-binary, gender fluid, gender non-conforming, agender or any other non-cisgender identity; sometimes termed 'trans and gender-diverse', TGD), and/or with an intersex variation.

- The LGBTQIA+ acronym is used to be inclusive. While recognising the diversity of LGBTQIA+ people, evidence suggests there are common experiences affecting the health and wellbeing of LGBTQIA+ people.

    - LGBTQ+ individuals' health data is often aggregated together. However, individuals' and subgroups' experiences vary substantially; assuming homogeneity can be misleading and even harmful.

    - Data on specific identity subgroups often does not exist, preventing understanding of health impacts. In this report, differences between sexual orientation and gender identity are outlined where data allows. The additional effects of other characteristics (e.g. age, sex and ethnicity) are also presented where possible.

    - Where source material uses different terms or acronyms, source material terminology is used.

    - This report focuses on the adult (16 yr and over) population. Clear evidence documents significant and unique inequalities and service provision failings experienced by LGBTQIA+ children. These require further exploration but lie outside the current scope.

Sources: (3),(4)

The LGBTQIA+ population includes individuals with a minoritised sexual orientation and/or gender identity

Sexual orientation and gender identity are legally protected characteristics.

- **Sexual orientation describes a person's physical, romantic and/or emotional attraction to others, or lack thereof.**
  - The term is often used in a broader sense to encompass sexual identity, attraction and behaviour. These three elements may differ within the one individual, so data should be understood as reflecting people's response to research questions, rather than their attractions or relationships.
  - Research sometimes uses terms like 'men who have sex with men' to describe sexual behaviour regardless of sexual orientation.
  - There are many forms of sexual orientation and identity, and it is understood sexual orientation exists on a spectrum. Lesbian, gay, bisexual and heterosexual are just some of the diverse ways people self-identify.
  - The umbrella term LGB+ is often used to include people who identify as lesbian, gay, bisexual or another minoritised sexual identity.

- **Gender identity describes an innate sense of one's own gender, such as man, woman or non-binary, which may or may not correspond to one's sex assigned at birth.**
  - Often expressed in terms of masculinity and femininity, gender is largely culturally determined and often assumed from sex assigned at birth.
  - Gender identity is widely considered to be not necessarily static or limited to male or female categories, but rather existing on a spectrum. Thus, a person's gender identity may not be completely male or completely female.
  - Trans and transgender are umbrella terms which include people whose gender differs from, or does not sit comfortably with, the sex they were assigned at birth; specific terms include trans, non-binary, gender fluid, gender non-confirming and agender.
  - Non-binary is an umbrella term for people whose gender identity does not sit comfortably within 'man' or 'woman' categories.
  - Cis or cisgender describes people whose gender is the same as the sex they were assigned at birth.

- For further definitions of terms used throughout this report, see the Glossary.

Sources: (1),(2),(5),(6),(7)

The health of Southwark LGBTQIA+ residents is influenced by many factors

The causes of LGBTQIA+ health inequalities are complex, multifactorial and interactive.

- **Health inequalities can be seen across different health issues and outcomes:**
  - Physical health and long-term conditions
  - Disabilities
  - Mental health and wellbeing
  - Sexual and reproductive health
  - Cancers and screening
  - Lifestyle behaviours
    - Smoking, alcohol and drug use
    - Healthy weight
  - Ageing and end-of-life care
  - Access and experience of services
- **These health factors are influenced by wider determinants of health, including:**
  - Education
  - Employment
  - Housing and homelessness
  - Social integration and cohesion
    - Loneliness and social isolation
  - Safety
    - Hate crime and discrimination
    - Domestic abuse
    - Conversion therapy
- **Societal attitudes and norms significantly drive and sustain health inequalities:**
  - The minority stress model describes how stigma, prejudice and discrimination create a hostile and stressful social environment. This environment affects individual beliefs, expectations and behaviours, leading to poorer health, adverse health behaviours, and difficulties in accessing healthcare.
  - Homophobia, biphobia and transphobia all have important health impacts. Yip and colleagues' Dahlgren-Whitehead model adaptation shows how racism and other forms of discrimination influence health at three levels.

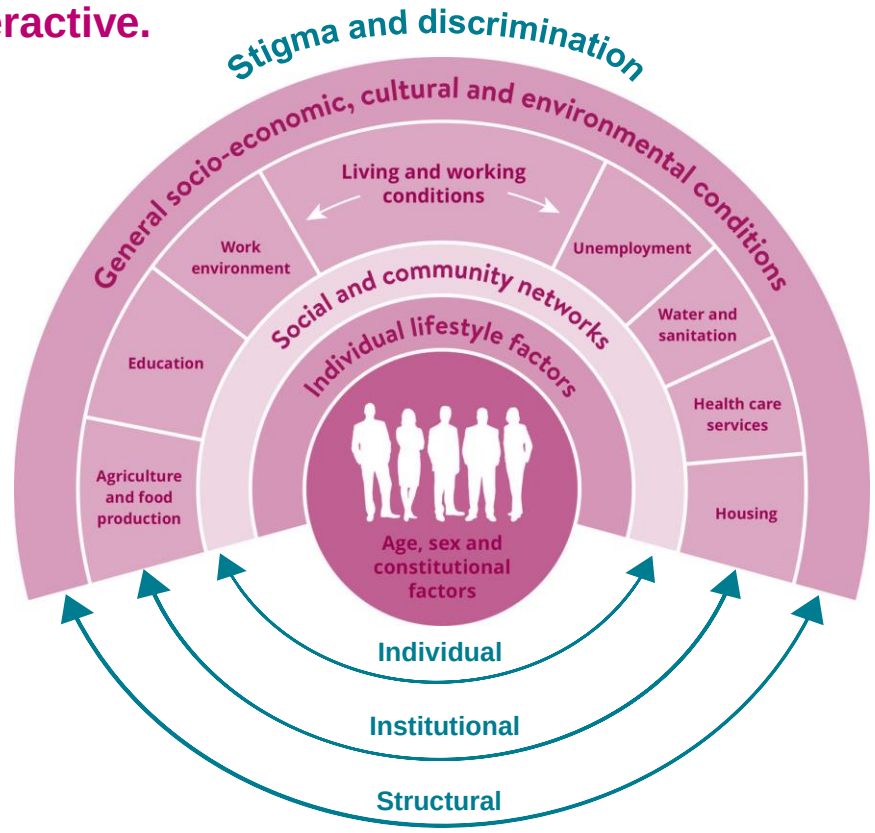


Figure 1. Adapted Dahlgren and Whitehead model, showing stigma and discrimination as a driving force for social determinants of health

Section 3: Policy Context

Southwark Council

International policy to uphold the human rights of LGBTQIA+ people impacts local residents

"Recent years have seen uneven progress – advances for lesbian, gay and bisexual persons in a growing number of countries, more limited progress on the rights of trans people, increased awareness but few concrete measures to protect the rights of intersex people" ***Office of the United Nations High Commissioner Rights***

- **UN member states have committed to upholding universal human rights standards.**
  - In recent decades, social attitudes and political acceptance of LGBTQIA+ people have progressed, but this is by no means universal. Human rights bodies continue to document widespread violations and abuses targeting LGBTQIA+ people in all regions of the world.

- **A significant proportion of Southwark residents were born in a country with poor support for LGBTQIA+ human rights.**
  - The 2019 LGBT+ Rights Index ranked countries based on 5 regressive and 13 progressive policies. No country scored -5 or +13, demonstrating that all had potential to improve or worsen their policy environments. The UK ranked +10.8.
  - In Southwark, 40% of residents were born outside of the UK and Ireland. Combined LGBT+ Rights Index and Census 2021 data shows that one-quarter (27%) of non-UK born Southwark residents (making up 1/10th (11%) of all residents) were born in countries with regressive policies, where LGBTQIA+ individuals face violence, imprisonment, or other state-sanctioned discrimination (see figure 2).

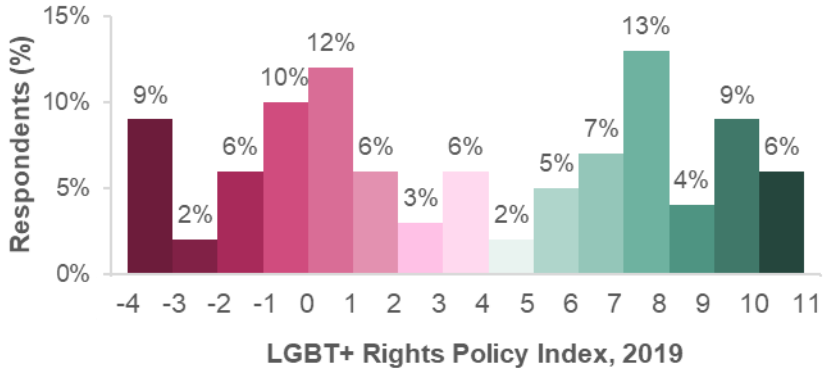


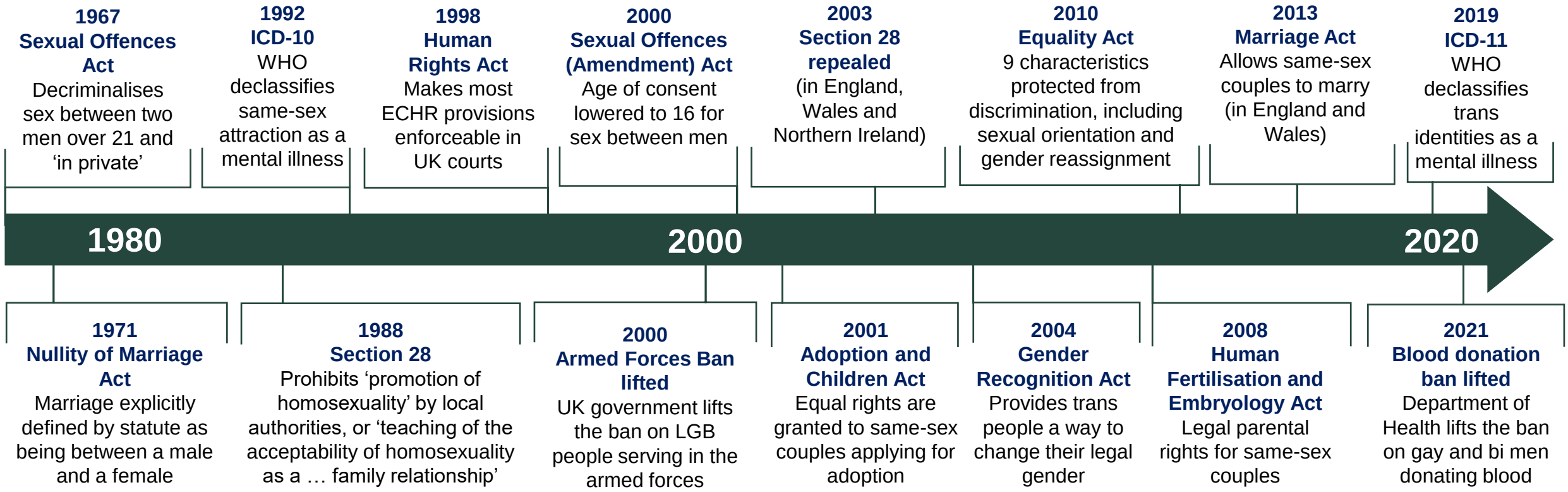
Figure 2. Proportion of Southwark 16+ yr respondents born outside of UK and Ireland, from Census 2021, by the LGBT+ Rights Policy Index of their country of birth

Sources: (11),(12),(13),(14)

The UK has made significant historical progress in LGBTQIA+ people's rights

"The case for extending the same rights to LGBT persons as those enjoyed by everyone else is neither radical nor complicated. It rests on two fundamental principles that underpin international human rights law: equality and non-discrimination" ***United Nations High Commissioner for Human Rights***

Figure 3: Timeline of key relevant national policy



Sources: (11),(15),(16)

Recent years provide important political context to the health inequalities of LGBTQIA+ people

The national political environment has an important impact on the health and wellbeing of LGBTQIA+ people.

- **Addressing LGBTQIA+ health inequalities is essential for public health**, as well as being a legal duty of all public bodies under the Equality Act 2010 and Public Sector Equality Duty 2011.
    - The 2018 National LGBT Action Plan set out a four-year plan with over 75 commitments to improve LGBTQIA+ lives, including improving gender identity services and mental healthcare. Evidence of progress is lacking.
- **There are significant concerns in the LGBTQIA+ community about the consequences of political discourse.**
    - A UN High Commissioner for Refugees independent expert visited the UK in 2023, undertaking a comprehensive review of official documents plus wide-ranging stakeholder engagement. Initial findings include:
        - Good practice and commendable efforts by some public authorities in drafting LGBT+ rights strategies.
        - The 2021 Census noted as a significant development; population estimates are vital for planning inclusive access to services.
        - However, widespread concerns noted over ‘toxic political discourse’, particularly anti-trans rhetoric, and an associated increase in fear, hate crime and discrimination.
    - The UK has dropped down European LGBT+ rights rankings in the past decade. (Largest LGBT+ rights gains have been seen in countries introducing legal gender recognition based on self-determination.)
    - A 2018 public consultation on the Gender Recognition Act found almost two-thirds (64%) supported removing the medical requirements for gender change. The Scottish Parliament passed the Gender Recognition Reform (Scotland) Bill in 2022, but further progression was prevented by the UK Parliament. Public support for changing birth certificate gender has since decreased (30% in 2023 vs 53% in 2019).

Sources: (3),(16),(17),(18),(19),(20),(21),(22)

The COVID-19 pandemic worsened LGBTQIA+ communities' vulnerabilities

Evidence shows that LGBTQIA+ people experienced inequalities during the COVID-19 pandemic.

- **The lack of routine data collection on sexual orientation and gender identity led to hidden or masked inequalities and contributed to an underestimation of the pandemic's impact on LGBTQIA+ people.**
  - This was despite academics, activists and community organisations warning of the impending risk of poor prognosis of COVID-19 infection and increased vulnerability due to poorer pre-pandemic health.
  - Despite prior government claims of insufficient evidence, inequalities have since been documented.

- **The pandemic exacerbated pre-existing health conditions, including mental health issues, within LGBTQIA+ communities.**
  - Stay-at-home and quarantine requirements increased social isolation and reduced support systems.
    - LGBTQIA+ people's support systems often differ from heterosexual and cisgender people, with many relying on their 'chosen family', who they may not live with, for practical and emotional support. Evidence shows these social connections mitigate distress and can be more effective than formal mental health support.
    - In a national community-led survey, 8% of respondents reported they did not feel safe where they were staying, increasing to 15% for disabled people and 17% for trans and non-binary people.
    - Another national community-led survey found that 15% of respondents reported experiencing abuse or violence during lockdown, with Black and South Asian LGBTQIA+ people more than twice as likely to experience this compared to White LGBTQIA+ people, and trans people almost twice as likely as cisgender people.
  - Discrimination and socio-economic adversity compounded issues, leading to worsening health inequalities within the community.
  - LGBTQIA+ individuals faced additional difficulties accessing healthcare. This included greater barriers to mental health support and gender-affirming care, with evidence that delays led to significant health deterioration.

Sources: (23),(24),(25),(26),(27),(28),(29),(30),(31)

Local community organisations work to support and raise awareness of the needs and assets of LGBTQIA+ residents

Southwark has identified the need for strategic approaches to tackling health inequalities faced by LGBTQIA+ people.

- **A range of local policies outline the need to tackle the inequalities experienced by LGBTQIA+ residents.**
  - The potential health inequalities and need for action are highlighted in Southwark's Joint Health and Wellbeing Strategy 2022–27, Tobacco Control Strategy 2024, Suicide Prevention Strategy 2023–28 and local Joint Strategic Needs Assessments.
  - The Council Delivery Plan commits to funding a permanent LGBTQ+ cultural space in the borough.
  - In November 2023, a Council Assembly motion committed the council to creating an LGBTQ+ action plan to address issues and inequalities experienced by Southwark's large LGBTQ+ community.
  - Southwark held its first 'Pride in Southwark' event in 2023, and in 2024 established an annual Southwark Pride Fund to support local VCSE organisations to celebrate and commemorate local LGBTQ+ community achievements.

- **To date, much of the awareness-raising and support for specific local LGBTQIA+ needs has come from community leads, networks, centres and VCSE organisations.**
  - Southwark is the base of two London LGBTQIA+ community centres: London LGBTQ+ Community Centre and The Outside Project.
  - Several local, pan-London and/or national LGBTQIA+ healthcare and VCS organisations operate in Southwark.
  - The Southwark Lesbian, Gay, Bisexual and Trans Network was established in 2001 to build and strengthen local LGBTQIA+ communities and improve quality of life.
    - The network builds on the work of its predecessor, the Southwark Anti-Homophobic Forum, founded in 1995 to address hate crime and harassment through collaborative action between local police, the council and community representatives.
    - The network led a large community consultation in 2018–19, showing important community health and wellbeing needs.
    - Delivering network activities has been challenging due to a lack of support and funding.

Sources: (32),(33),(34),(35),(36),(37),(38)

Section 4: Local Population

Southwark Council

More than 1 in 12 Southwark residents identify as LGB+: about 20,700 residents

Southwark has the 4th highest level of LGB+ identity in England, and the 3rd highest in London.

- In the 2021 Census, residents were asked which term best described their sexual orientation: heterosexual; gay or lesbian; bisexual; or another orientation:
  - More than 1 in 12 (8.1%; about 20,700) Southwark residents reported an LGB+ sexual identity, around double the levels for London (4.3%) and England (3.2%).
  - Due to social stigma around non-heterosexual identities, these figures are likely to be substantial under-estimates. Almost 1 in 10 (9.2%; about 23,600) Southwark residents did not answer the census question.

- Census respondents who chose 'other sexual orientation' were asked to write in the orientation with which they identified:
  - Southwark's LGB+ population predominantly identified as lesbian/gay (56%) or bisexual/pansexual (34%).
  - Southwark had over double the lesbian/gay prevalence and over one-half higher bisexual/pansexual prevalence, compared with London and England levels.

Table 1. Proportion of Southwark 16+ yr residents with an LGB+ identity, by specific sexual identity term, March 2021

	Number	Percentage
Lesbian/gay	11,596	4.5%
Bisexual/pansexual	7,046	2.8%
Queer	446	0.2%
Asexual	192	0.1%
Other LGB+	1,428	0.6%

Source: (2)

1 in 16 Southwark women and 1 in 10 men are LGB+; there is more LGB+ identity in specific ages and ethnic groups

The LGB+ population in Southwark is diverse. Local census data is available by age, sex and ethnic group.

- Over 1 in 16 Southwark women (6.2%; about 8,300 people) identify as LGB+, with levels highest in early adulthood.
- More than 1 in 10 Southwark men (10.1%; about 12,400) identify as GB+, with levels highest in middle age.
- An LGB+ sexual identity is more likely in residents from White Other (1 in 8), White British (1 in 10) and Mixed (1 in 10) ethnic groups.
- Southwark residents from non-White-British ethnic groups were significantly less likely to answer the sexual orientation census question. Thus sexual orientation may be more under-reported in those groups.

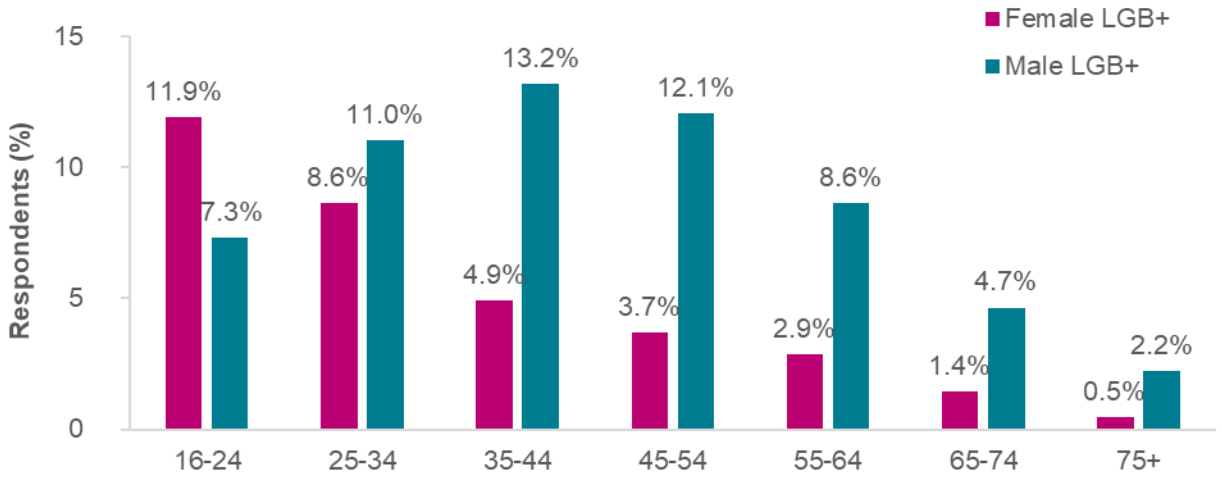


Figure 4. Proportion of Southwark 16+ yr residents identifying as LGB+, by age group and sex, March 2021

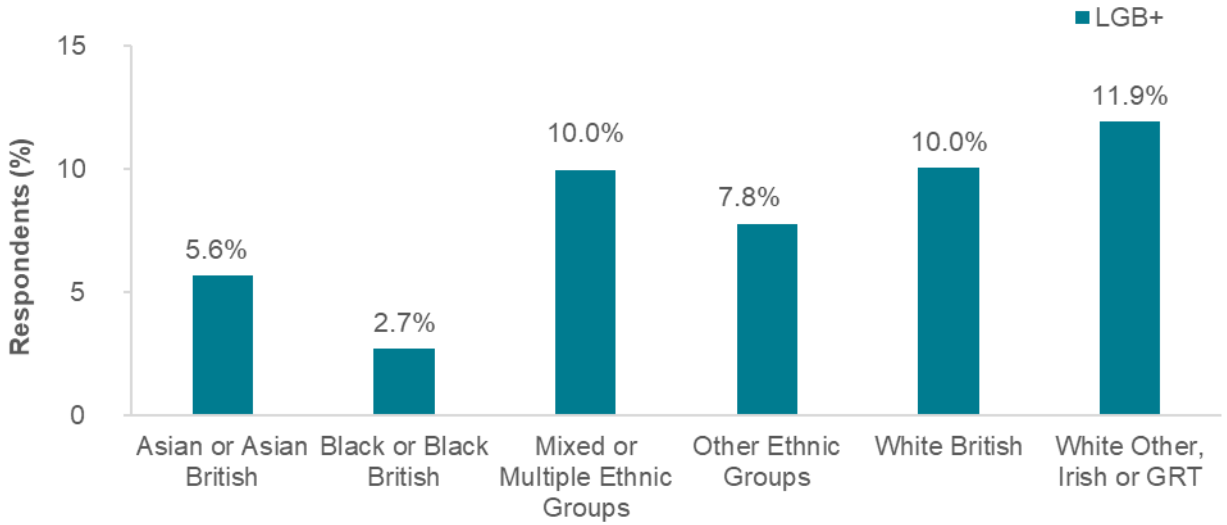


Figure 5. Proportion of Southwark 16+ yr residents reporting an LGB+ sexual identity, or not responding to the question, by ethnic group, March 2021

Source: (39) *GRT = Gypsy, Roma or Traveller.

There are at least 3,200 trans residents in Southwark: approximately 1 in 80 residents

Southwark ranked 5th highest in England and 4th highest in London for levels of trans identity.

- 2021 census respondents were asked whether their gender identity was the same as their sex registered at birth:
  - In Southwark, approximately 1 in 80 (1.2%; about 3,200) adults (16+ yr) reported a gender identity different from their birth sex registration, significantly higher than London (0.9%) and England (0.5%) levels.
  - This may be an under-estimate, as 7.3% (about 18,800) Southwark residents did not answer the census gender identity question.

- Census respondents whose gender identity differed from their sex registration at birth were asked to write in their gender identity:
  - Half of Southwark trans people used no specific identity term; most others used ‘trans woman’, ‘trans man’ or ‘non-binary’.
  - Around half (51%; about 1,600) of all Southwark trans people did not write in a specific gender identity, comparable to other areas.
  - As of March 2021, Southwark had approximately 450 trans men, 450 trans women, 400 non-binary and 250 ‘other’ gender identity residents.

Table 2. Proportion of Southwark 16+ yr census respondents with an LGB+ identity, by specific gender identity term, March 2021

	Number	Percentage
Gender identity different to sex registered at birth but no specific identity given	1,610	0.6%
Trans woman	445	0.2%
Trans man	470	0.2%
Non-binary	410	0.2%
Other trans gender identities	230	0.1%

Source: (1)

Southwark's Burgess Park neighbourhood has the highest LGB+ population level: over 1 in 8 residents

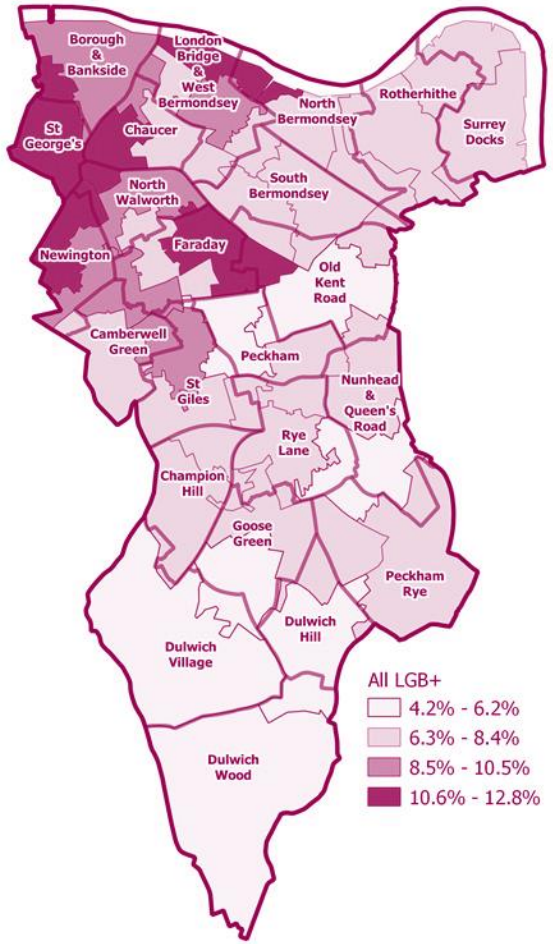


Figure 6. Prevalence of LGB+ identity in Southwark residents, by neighbourhood, March 2021

Census results showed a clear pattern in LGB+ residents' neighbourhood locations, which is important to consider in service planning.

- The highest ranking Southwark neighbourhood was Burgess Park (extending across Faraday and Old Kent Road wards), where over 1 in 8 (12.8%; about 950) residents reported an LGB+ identity.
- The next highest ranking Southwark neighbourhoods all had levels of more than 1 in 10:
  - Newington, Kennington East & Walworth West: 12.7%
  - Elephant & Castle: 11.7%
  - Southwark St George's: 11.1%
- Southwark's Herne Hill & Dulwich Park neighbourhoods had the lowest proportion of LGB+ residents, at 4.2% (fewer than 1 in 20).
- Within the overall LGB+ group, distinct sexual identity sub-groups show differing patterns of neighbourhood residence.

Source: (39)

Ethnically diverse residents are more likely to identify as trans and to under-report their gender identity

The trans population in Southwark is diverse. Local census data is available by age and ethnic group.

- The age structure of Southwark trans men and trans women is spread fairly evenly across the age range.
  - In contrast, three-quarters (74.6%) of Southwark's 'other' gender identity (including non-binary) residents are aged under 35 years, a pattern seen London-wide. The age profile of those with gender identity different to birth sex registration but no specific identity is very different.
- In Southwark, trans identity is more likely among 'Other' (1 in 30) and Black (1 in 50) ethnic groups.
  - Southwark residents from non-White-British ethnic groups were significantly less likely to answer the gender identity census question. Trans gender identity may be more under-reported in ethnically diverse groups.

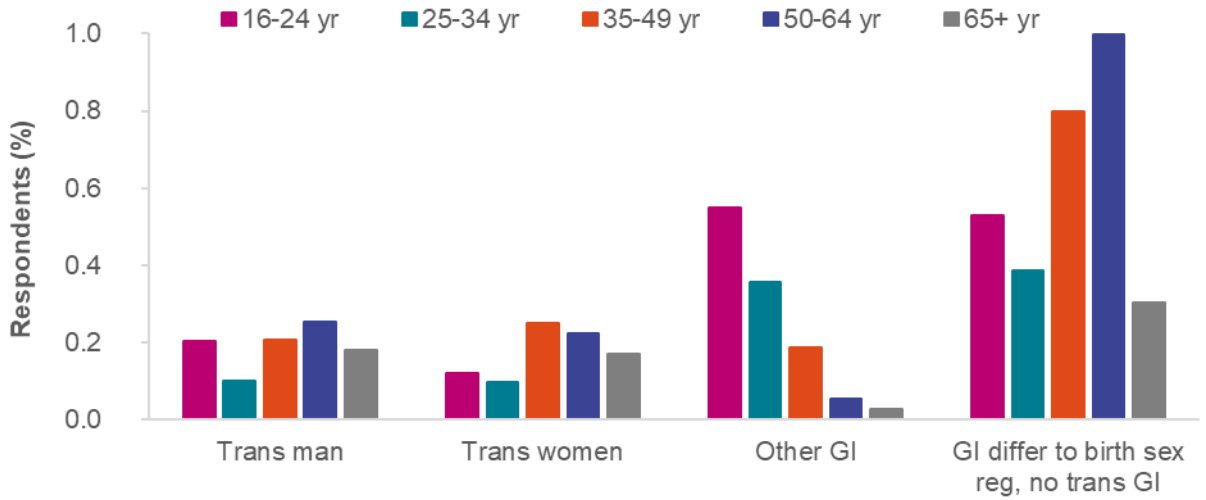


Figure 7. Proportion of Southwark 16+ yr residents reporting trans identities, for specific gender identities, by age group, March 2021

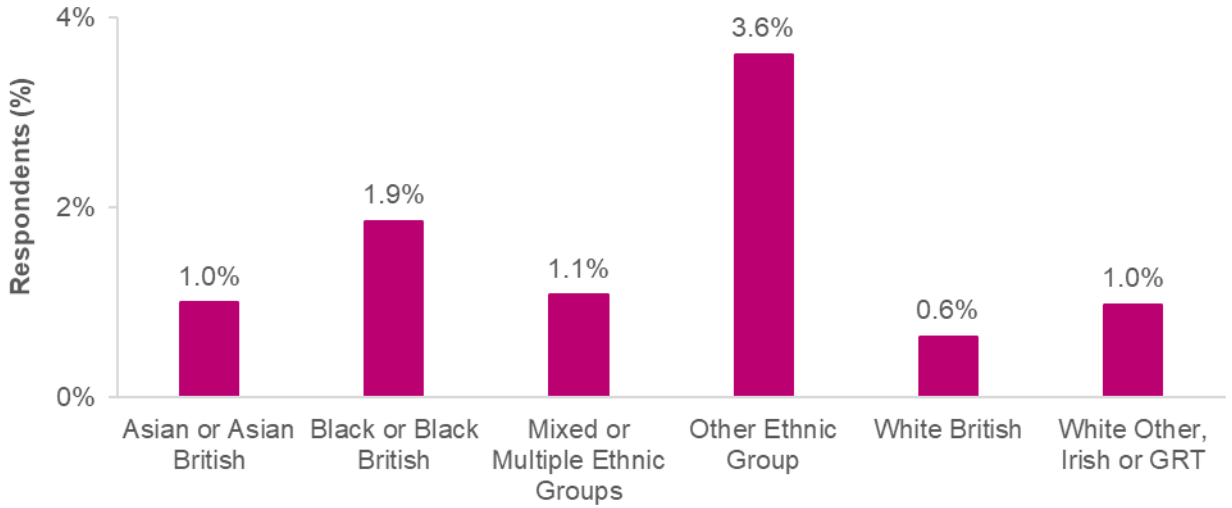


Figure 8. Proportion of Southwark 16+ yr residents reporting trans identity, by main ethnic group, March 2021

Source: (39) *GRT = Gypsy, Roma or Travellers

Southwark's Burgess Park neighbourhood has the largest proportion of trans residents in England: 8% (1 in 12)

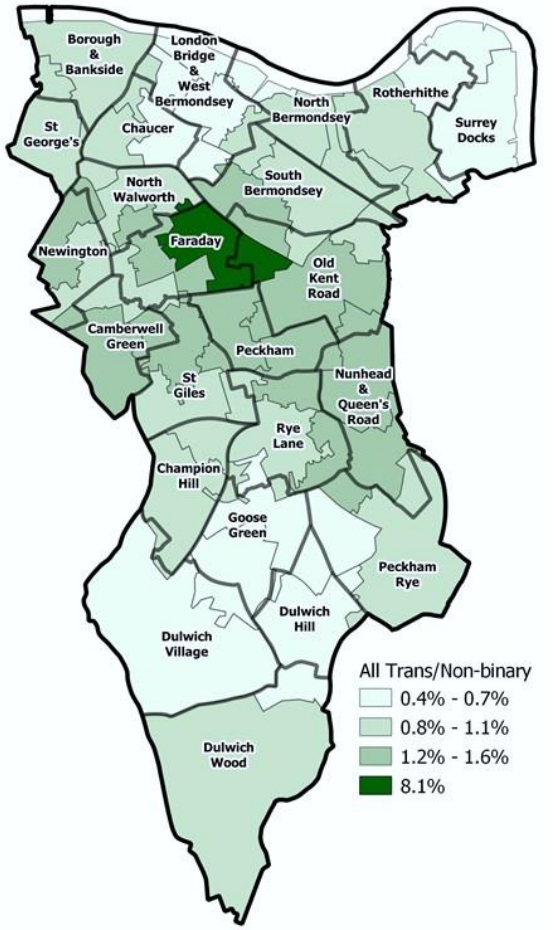


Figure 9. Prevalence of trans identity in Southwark, by neighbourhood, Census 2021

There are differences in where trans residents live, which are important to consider in service planning.

- The Burgess Park neighbourhood area is home to almost one-fifth (19.0%) of all trans residents. In the census, over 1 in 12 (8.1%; about 600) residents in Southwark's Burgess Park neighbourhood area (extending across Faraday and Old Kent Road wards) reported a gender identity differing from their birth sex registration.
- The next highest ranking neighbourhoods had far lower prevalences: around 1 in 70 (about 100 residents each): Nunhead North, 1.6%; Peckham Park Road, 1.6%; Walworth South, 1.6%.
- Southwark's Herne Hill & Dulwich Park neighbourhoods had the lowest proportions of trans residents, at 0.4% (fewer than 1 in 200).
- Within the overall trans group, distinct gender identity sub-groups show differing patterns of neighbourhood residence.

Source: (1)

Section 5: Key Health Issues

Southwark Council

High quality, routinely collect data on local LGBTQIA+ residents' health and wellbeing remains limited

High quality data on the LGBTQIA+ population is not routinely collected by most researchers or service providers.

- **The 2021 census provides local population estimates of LGBTQIA+ individuals for the first time.**
  - Prior to this, sexual orientation and gender identity data were not routinely collected in most population-level research.

- **There is limited local data on the prevalence of health conditions and health service use among LGBTQIA+ people.**
  - A small proportion of health services routinely collect this data, and those that do have varying degrees of completeness and quality.
    - A 2024 audit of public datasets by the Office for National Statistics found that, of 92 health datasets in England, only 27 included sexual orientation monitoring. Only four included gender identity, and three of these were surveys specifically aimed at LGBTQIA+ people.
  - The annual GP Patient Survey provides information on self-reported health and service experience.
    - In 2023, this included 3,788 Southwark residents, with a weighted sample of 4,382.
    - Over 98% of respondents answered questions on sexual orientation and gender identity. Of these, 7.5% (330) identified as gay or lesbian, 2.8% (121) as bisexual, and 2% (90) as other sexual identities; 1.1% (49) identified as trans.
  - In summer 2023, Impact on Urban Health facilitated the largest Health and Wellbeing Survey ever conducted in Southwark and Lambeth.
    - Overall, 5,230 people responded, giving a weighted sample of 4,000 residents. Of these, 578 (14.5%) identified their sexual orientation as LGB+. Of the 1,882 Southwark respondents, 270 (14.3%) identified as LGB+. Gender identity was included within the survey as male, female and other; there were insufficient responses to present findings for respondents identifying as 'other'.

- **Community and stakeholder consultation, including qualitative interviews with healthcare and VCSE leads, provides further insight.**
  - Additional local data is available from the 2018/19 survey by the Southwark LGBT network and 2024 NHS commissioned focus groups carried out by Mabadiliko CIC and The London LGBTQ+ Community Centre.

Sources: (1),(2),(40),(41)

While LGB+ residents report better health than the general population, trans residents report poorer health

Southwark trans residents report worse general health than cisgender residents. Southwark LGB+ residents report better general health than heterosexual residents, a trend not reflected nationally.

- **The 2021 census provides local data on self-reported general health by sexual orientation and gender identity. However, data is unadjusted for other demographic factors such as age and sex, so should be viewed in the context of wider academic findings.**
  - Very bad, bad or fair health was reported by over 1 in 5 (22.6%) trans residents; levels were one-third higher than in cisgender residents (1 in 6; 15.8%).
    - Similar patterns were seen across London and England.
    - When broken down by specific gender identity, 1 in 5 trans men (20.4%) and trans women (21.8%), and 1 in 4 (24.9%) residents with other trans identities (most commonly non-binary), reported their health as very bad, bad or fair.
    - Residents with a gender identity different from their birth sex registration but no specific gender identity had similar levels of poor health to cisgender residents (17.1% and 15.8%, respectively).
  - Approximately 1 in 8 (13.2%) Southwark LGB+ residents reported very bad, bad or fair health, a significantly lower level than in heterosexuals (1 in 6; 16.1%). This disparity was probably affected by the younger age profile of LGB+ residents in the borough.
    - Levels were statistically similar between lesbian/gay, bisexual and ‘other’ identity residents.
    - The same pattern was found across London.
    - Across England, LGB+ people had significantly higher levels of poor to fair health compared with heterosexuals. This finding is echoed in wider literature, including in younger and older adults.

- **There is a lack of data further disaggregated by specific sexual orientations or gender identities. There is a lack of evidence relating to general health, including chronic disease prevalence, among people with intersex variation.**

Sources: (39),(42),(43),(44),(45)

LGBTQIA+ residents are at elevated risk of several long-term conditions and multimorbidity

Southwark LGBTQIA+ residents are more likely to report long-term conditions than heterosexual and cisgender residents.

- **61% of Southwark trans respondents report at least one long-term condition, compared with 45% of cisgender respondents.**
  - GP Patient Survey 2023 findings were significant at Southwark and England levels.
  - Findings were consistent with a national 2021 survey analysis, including after adjusting for age, ethnic group and deprivation. The study found 10 of 15 conditions were significantly more prevalent in trans than cisgender respondents.
  - A 2024 systematic review found trans people had a 40% higher risk of cardiovascular disease compared to cisgender people of the same sex assigned at birth. It was proposed this was primarily due to socio-economic and lifestyle factors.

- **58% of Southwark bisexual respondents report at least one long-term condition, compared to 45% of heterosexual respondents.**
  - Lesbian/gay, bisexual, 'other' and 'prefer not to say' respondents were significantly more likely than heterosexuals to report having a long-term condition at both the South-East London and England levels. In Southwark, bisexual, 'other' and 'prefer not to say' respondents were also more likely to report a long-term condition than heterosexuals.
  - These findings are consistent with a national 2017 survey analysis, including after adjusting for age, ethnic group and deprivation.
    - Excluding cancer and hypertension, 13 of 15 long-term conditions were more prevalent in LGB+ women than in heterosexual peers, while 9 conditions were more prevalent in LGB+ men than heterosexual peers.
    - Inequalities were often highest in bisexual adults and in younger adults.

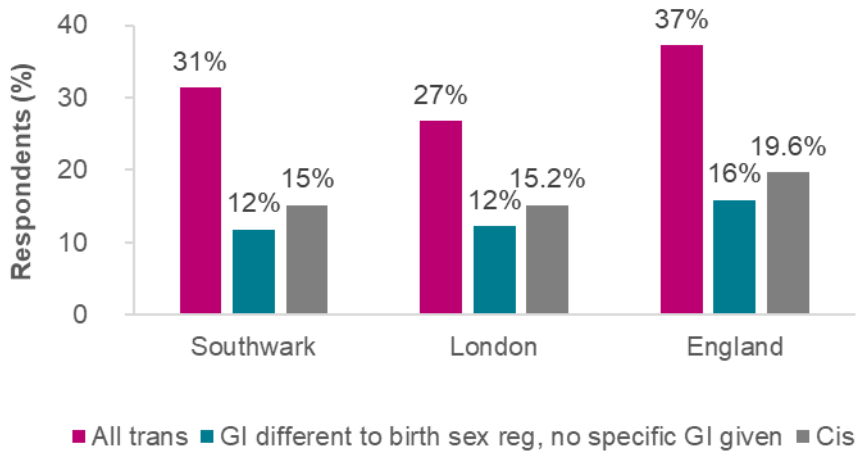
Figures 10 and 11. Proportion of Southwark 16+ yr respondents reporting at least one long-term condition, by gender identity (upper) and sexual orientation (lower), GP Patient Survey 2023

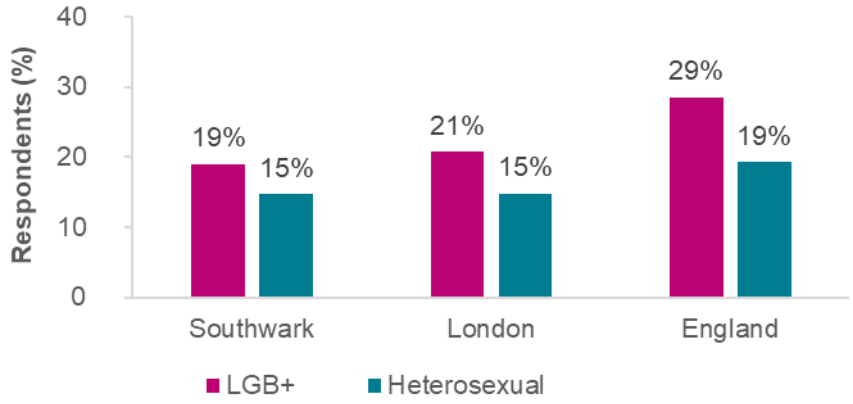
Sources: (40),(46),(47),(48),(49)

Disability levels among trans residents are double those of cisgender residents

Trans and LGB+ residents have higher disability levels compared with cisgender and heterosexual residents, across Southwark, London and England.

- **At the time of the 2021 census, almost 1 in 3 (31.4%) transgender residents in Southwark reported a disability, compared with 1 in 7 (15.2%) cisgender residents.**
  - Findings were consistent across Southwark, London and England.
  - People reporting a different gender identity to their birth sex registration but no specific gender identity had significantly lower disability levels than cisgender people, across Southwark, London and England.
- **Levels of disability among LGB+ residents were at least one-quarter higher than heterosexual levels, across Southwark, London and England.**
  - In Southwark, almost 1 in 5 (19.0%) LGB+ residents reported a disability, compared with 1 in 6 (14.8%) heterosexual residents, despite LGB+ residents' younger age profile.
  - Overall disability levels were substantially higher in Southwark bisexual (1 in 8; 12.3%) and 'other' identified (1 in 10; 11.1%) residents, compared with gay/lesbian (1 in 12; 7.6%) and heterosexual (1 in 12; 7.4%) residents, a pattern repeated London- and England-wide.
- Similar significant patterns in disability status were seen in local and regional GP Patient Survey 2023 analysis.





Figures 12 and 13. Proportion of Southwark 16+ yr residents reporting a disability, by gender identity (GI; upper) and sexual orientation (lower), March 2021

Sources: (39),(40)

Bisexual residents face two to three times higher risk of mental health conditions compared to heterosexual residents

Trans and LGB+ Southwark residents report poorer mental health compared to cisgender and heterosexual residents.

- **The 2023 GP Patient Survey found higher self-reported poor mental health rates among bisexual, lesbian and gay respondents compared with heterosexual peers, and for trans respondents compared with cisgender peers.**
  - Conclusions were limited and require more robust research.
  - However, trends align with past local research with Southwark and Lambeth residents, through the South East London Community Health Studies (2008–13). Analyses revealed higher rates of common mental disorders, suicidality and substance misuse amongst LGB+ residents compared with heterosexual counterparts.

- **Wider national and international evidence provides more detailed breakdown by sexual and gender identities.**
  - Inequalities remain unchanged over decades and appear to span all age groups.
  - Depression, anxiety, suicidality, and feeding and eating disorders are often more prevalent in LGBTQIA+ communities.
  - Experiences of poor mental health and wellbeing are not uniform across LGBTQIA+ people.
    - Trans and non-binary people often have higher prevalence than cisgender LGB+ and cisgender heterosexual people.
    - Bisexual people often have higher prevalence than lesbian/gay, followed by heterosexual, people.
    - Intersectionality often compounds risks, including having a minoritised ethnic identity or being disabled.
  - Evidence suggests mental health disparities are socially induced by stigma, prejudice and discrimination, leading to minority stress. This may include internalising stigma, with concealment and unhelpful coping behaviours, alongside less social support.
    - Bisexual individuals may experience bi-specific minority stressors and 'double discrimination', with greater concealment of sexual orientation and more limited social support.
    - Trans individuals may experience poorer mental ill-health due to gender dysphoria and, for those seeking trans-affirming care, long waiting times for gender identity clinics.

Sources: (8),(40),(42),(50-66)

Complex factors increase risk of some cancers in LGBTQIA+ communities

Prevalence of some cancers and known risk factors, related to minority stress, are higher in LGBTQIA+ communities.

- **The prevalence and distribution of cancer among LGBTQIA+ communities is unclear, hindered by poor data recording.**
  - Local GP Patient Survey 2023 data found no significant differences in overall cancer incidence by sexual orientation or gender identity.
  - Previous analyses of GP Patient Survey data found higher overall cancer incidence in gay or bisexual men compared to heterosexual men. There were no significant differences in women.

- **For the majority of common and rarer cancer, diagnosis appears independent of sexual orientation.** However, English Cancer Patient Experience Survey data suggested differing diagnosis rates for some cancers. Small sample sizes limit conclusions.
  - LGB women: evidence suggested higher rates of oropharyngeal, mesothelioma, stomach and endometrial cancers, and lower rates of anal, vaginal, liver and oesophageal cancers, compared to heterosexual women. Further evidence suggests higher rates of breast cancer.
  - GB men: evidence suggested higher rates of Kaposi's sarcoma, melanoma, Hodgkin lymphoma, anal, penile, oral and thyroid cancers, and lower rates of leukaemia, mesothelioma, liver and stomach cancers, compared to heterosexual men.

- **National data on specific cancer incidence among trans people and intersex people are lacking.**
  - North American databases indicate higher incidences of some cancers in trans people compared to cisgender peers, including lymphomas, Kaposi's sarcoma, non-melanoma skin, anus, liver, base of tongue and advanced stage lung cancer. Data also indicates lower incidence of sex-specific cancers, including prostate in trans women and breast in trans women and men, compared to cisgender counterparts.

- **Complex factors influence these associations.**
  - LGBTQIA+ communities have higher rates of known cancer risk factors, such as smoking, alcohol use, obesity, HIV infection and delayed cancer screening, related to minority stress.
  - Analysis of the Netherland's national cohort database found gender-affirming treatments may be associated with lower cancer risk for sex-related cancers like breast and prostate.

Sources: (40),(42),(44),(45),(54),(67-76)

Over a quarter of LGB+ women have been told they don't need cervical cancer screening

There are many potential barriers to cancer screening for LGBTQIA+ communities.

- **There is evidence that gendered cancer screening programmes have lower coverage among LGB+ and trans and non-binary people.** Using cervical cancer screening as an example:
  - **LGB+ women**
    - NHS Cervical Screening Programme research found that half (51%) of LGB+ women had either never been screened or not been screened within recommended timeframes. Over one-quarter (28%) had been informed screening was unnecessary for them.
    - This is despite LGB+ women having similar rates of cervical abnormality to heterosexual women.
    - The research also found barriers to accessing cancer screening, including: reluctance to disclose sexual orientation to health care workers; fear of discrimination; negative experiences of sexual orientation assumptions and heteronormative questioning; and health professionals' incorrect perception that lesbians do not require screening.
  - **Trans and non-binary people**
    - Current UK screening call and recall systems do not account for trans and non-binary people, who require screening based on their sex assigned at birth.
    - Public Health England developed guidance for trans people on cancer and other screening programmes. This guidance advises trans people who are registered with their GP as their chosen gender to attend screening protocols based on their assigned sex at birth.
    - In 2021, TransActual's national community-led survey found over one-quarter (27%) of respondents 'always' or 'often' avoided their GP for cervical cancer or prostate screening checks, with trans men most likely to avoid screening.
    - A survey of London gender identity clinic patients assigned female at birth found barriers to cervical screening, including: recall systems limited to a single gender; gender dysphoria related to the procedure or correspondence; use of cisnormative language in correspondence; experienced or anticipated stigma or discrimination; gendered services; and poor provider understanding.

Sources: (42),(59),(77),(78),(79),(80)

There are unique challenges for services to consider when dealing with older LGBTQIA+ people

While many of the issues facing older LGBTQIA+ people are similar to their cisgender and heterosexual peers, there are unique social and health issues.

- **Social context**
  - **Stigma:** Older LGBTQIA+ people may face cis-hetero-normativity and ageism from within their community and wider society.
  - **Historical context:** Individuals may have experienced issues such as the criminalisation of homosexuality, Section 28 and the HIV/AIDs crisis, which may result in elder shame.
  - **Economic vulnerability:** LGBTQIA+ older adults may have reduced financial security compared to cisgender and heterosexual peers, for example due to fewer housing assets or lower lifetime earnings due to workplace discrimination or reduced access to spousal benefits.
  - **Social networks:** Census 2021 found that Southwark LGB+ people were more likely to live alone (20.7% versus 13.7% for heterosexual peers), to live as a couple with no children, and to have never married. Also, the social networks of trans and cisgender residents may differ. LGBTQIA+ people may rely on ‘chosen families’ for support, and form resilient, strong, supportive communities. However, some relationships may have little socio-legal recognition. Networks may also be of similar age, which could increase the need for formal care as individuals age.

- **LGBTQIA+ health and ageing**
  - Older LGBTQIA+ individuals may have worse physical and/or mental health than cisgender and heterosexual peers, with higher rates of long-term conditions, limitations to activities of daily living, increased propensity to high-risk behaviours, and barriers to seeking care (including fear of discrimination and concerns about disclosing sexual orientation and/or gender identity).
  - Some may experience greater inequalities, with evidence that transgender and non-binary older people may face poorer physical and mental health, do less physical activity and have higher rates of obesity, compared with cisgendered peers.
  - LGBTQIA+ people have a higher incidence of dementia risk factors and can face specific dementia challenges, including risks of loss of identity, re-closeting or de-transitioning, experience of stigma and isolation, and further risks of economic insecurity.

Sources: (3),(39),(41),(81-90)

Same-sex female couples are required to self-fund artificial insemination cycles before being eligible for NHS-funded IVF

Pathways to parenthood include surrogacy, adoption, fostering, co-parenting and assisted conception. There is limited research on LGBTQIA+ parenthood and reproductive choices; however, existing evidence suggests inequalities.

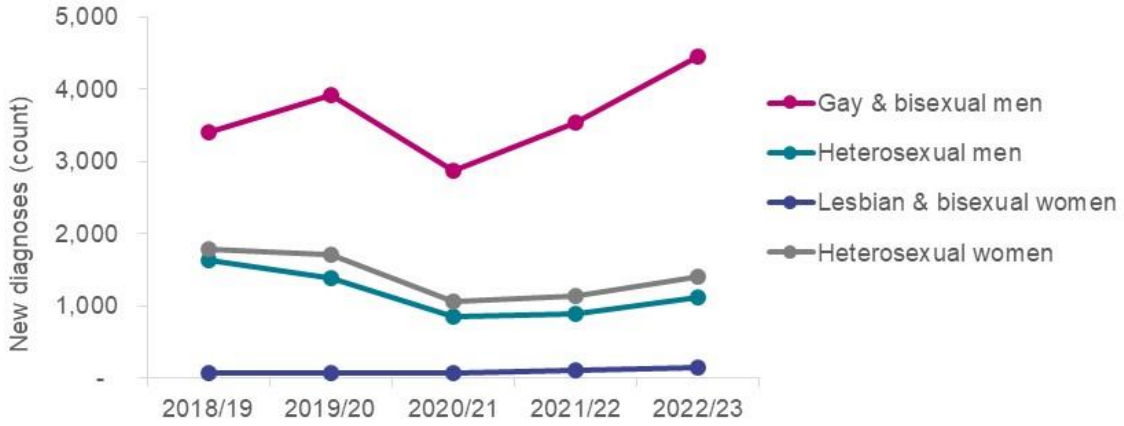
- **Adoption:** Since 2005, same-sex couples have been able to adopt under the Adoption and Children Act 2002. In 2023, 20% of adoptions in England were by same-sex couples, though actual numbers of LGBTQIA+ adoptive parents are probably higher, given this figure does not include single people or mixed-gender couples. Children of LGBTQIA+ parents have similar developmental outcomes to those of heterosexual and cisgender parents, but parents may face unique challenges, including reduced social support and stigma.
- **Pregnancy rates:** LGB+ women are less likely to have ever been pregnant than heterosexual women but have higher teenage pregnancy rates. Trans people assigned female at birth have similar desires for biological children, and unplanned pregnancy rates, as cisgender peers.
- **Fertility treatment:** LGB+ women who desire children biologically must self-fund three to 12 cycles (three cycles in South-East London Integrated Care Board) of intra-uterine insemination (about £1,000 per cycle) before accessing NHS-funded treatment. LGB+ men may use private egg donation and surrogacy. For trans people, gender-affirming hormone therapy can affect fertility so counselling is vital, though there is no evidence that testosterone treatment affects long-term ability to conceive. There is no NICE guidance on fertility preservation for trans people.
- **Perinatal services:** Limited data exists on perinatal outcomes by sexual orientation or gender identity, but US studies indicate higher risks for LGB+ women compared to heterosexuals, including miscarriage and pre-term delivery. Potential barriers to care include cis-heteronormativity, lack of provider knowledge, and anticipated stigma and discrimination, impacting both gestational and non-gestational partners.
- **Legal parenthood:** Legal parenthood for LGBTQIA+ individuals can present challenges. Same-sex couples need parental orders for surrogacy and some may require second-parent adoption. Married or civil-partnered couples can both be listed on birth certificates; unmarried couples may face further legal steps. Trans parents are legally recognised by their birth-assigned gender, and non-binary gender markers are not currently recognised on UK legal documents.

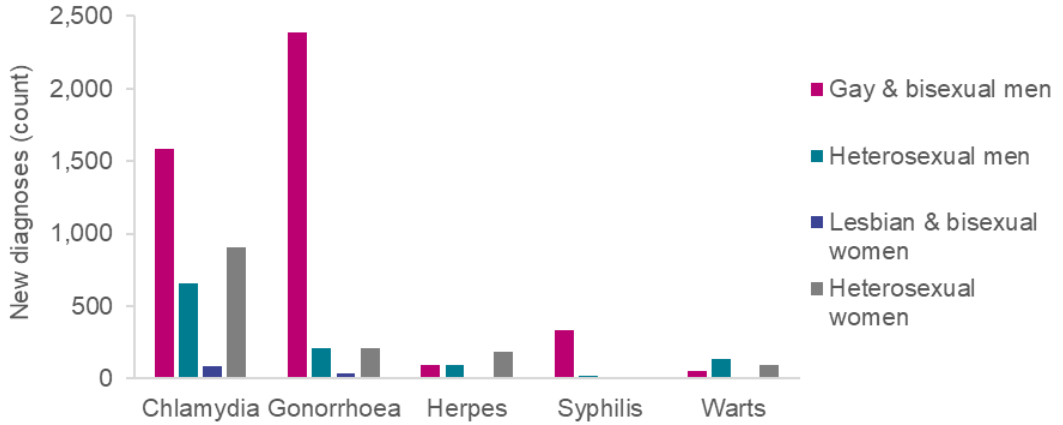
Sources: (91-104)

Incidences of common sexually transmitted infections are increasing among gay and bisexual men

The national STI surveillance system provides local data on sexually transmitted infections (STIs) by sexual orientation.

- **Five-year trends (2018/19–2022/23) in five common STI diagnoses, by sexual orientation, show:**
  - STI testing uptake varied by sexual orientation, with GB+ men over-represented and LG+ women under-represented, which biases findings.
  - **Male:** Among gay and bisexual men, new diagnoses increased across the most common STIs, with gonorrhoea the most common. In heterosexual men, new diagnoses remained stable apart from a rise in syphilis. Wart diagnoses fell in all groups, influenced by the protective effect of HPV vaccination.
  - **Female:** New STI diagnoses were generally low in LGB women (fewer than five a year), but STI testing uptake was significantly lower than in heterosexual women. STI rates rose or remained stable for all five common STIs in LGB women, but fell in heterosexual women.
- **Further UK research is needed regarding STI rates in trans and non-binary people.**
  - International research focusses on trans women living with HIV, and shows increased rates of other STIs.





Figures 14 and 15. Five-year trend (from 2018/19 to 2022/3) for new STI diagnoses (left chart), and 2022/23 new diagnosis counts for five common STIs (chlamydia, herpes, warts, gonorrhea and syphilis) (right chart), by sexual orientation and male and female gender, for tests in Southwark genito-urinary medicine (GUM) and non-GUM clinics

Sources: (105),(106),(107),(108)

Fewer new diagnoses, and steady testing rates in men who have sex with men, suggest HIV transmission continues to fall

The national HIV surveillance system provides local data with some breakdown by sexual orientation.

- **HIV diagnosed prevalence in Southwark was 9.4 per 1,000 in 2022, significantly higher than the national average of 1.7 per 1,000.**
  - In 2022, 94,397 people were seen for HIV care in England. By probable route of HIV exposure: 44.5% were in gay, bisexual and other men who have sex with men (GBMSM); 18% in men who have sex with women; 29.2% in women who have sex with men; and the remainder via other routes of transmission. HIV diagnoses in women who have sex with women remain low (25 new cases in 2013–17 in England).
  - 212 (0.2%) people seen for HIV care in England were trans, most trans women. Prevalence estimates are similar to the general population.

- **HIV transmission is measured through diagnoses where first positive test was made in England. HIV transmission is falling in GBMSM.**
  - In 2022, 2,444 (64% of all) new HIV diagnoses were first made in England, with rates increasing by 6% since 2021.
  - Despite overall increases, diagnoses among GBMSM fell by 8% between 2021 (784) and 2022 (724), with a steeper decline outside London.
    - White GBMSM saw the largest decrease. 42% of new diagnoses made in England in GBMSM were in ethnically diverse groups.
    - Falling diagnoses first made in England, and high testing numbers, suggest HIV transmission continues to decline in GBMSM.
  - The Southwark rate of new HIV diagnoses first made in England was 20.2 per 100,000, 11% lower than 2021, but the 4th highest in England.

- **In 2022, 65.1% of sexual health service attendees in Southwark received a HIV test, higher than England's 48.2%.**
  - Amongst GBMSM, 51.8% tested more than once in the past year (compared to 47.3% in England), with the highest testing rates on record.
  - Late diagnosis is an important predictor of poor outcomes, including mortality. In Southwark in 2020–22, HIV diagnoses were late for 31.9% of GBMSM, 76.2% of heterosexual men and 48.6% of heterosexual women.
  - Levels of HIV-negative people with a defined PrEP* need are highest in GBMSM, as are levels with need identified and initiating PrEP.
  - 99% of people seen for HIV care in England are on treatment; treatment levels are similar regardless of sexual transmission route or transgender status.
  - Positive Voices Survey 2022 found trans people living with HIV had high unmet health and social care needs, and the lowest service ratings.

Sources: (105),(109),(110),(111),(112) *Pre-exposure prophylaxis.

Data on physical activity and diet is limited, but LGBTQIA+ people may face significant barriers to sports participation

There is mixed evidence on weight, diet and physical activity in LGBTQIA+ people.

- **Healthy weight**
  - There is evidence that gay men and bisexual men and women are less likely to be overweight, and lesbian women more likely, compared to heterosexual men and women. Obesity rates increase with age across groups. An English research review found gay and bisexual men more likely to be underweight than heterosexual men. There is little evidence in trans people.

- **Food, diet and nutrition**
  - There is a lack of national and local data on diet and nutritional patterns among different sexual orientation or gender identity groups.
  - Some LGBTQIA+ communities are more at risk of unhealthy eating patterns, disordered eating, and some feeding and eating disorders. For example, lesbian and bisexual women may be more at risk than heterosexuals of eating disorders bulimia nervosa and anorexia nervosa.

- **Physical activity**
  - The Active Lives Survey consistently finds LGB+ people more likely to meet government recommended activity levels (150+ minutes/week) than heterosexual people.
  - The same survey found lower team sports participation levels in lesbian and gay people compared to heterosexual people, and in people with ‘other’ gender compared to ‘female’ and ‘male’.
  - In the Southwark & Lambeth Health & Wellbeing Survey 2023, LGB+ respondents were significantly less likely to use their local sports facilities and significantly less likely to rate the services as good.
  - There is consistent evidence of barriers to participation in sporting environments, including high level of experienced or anticipated stigma and discrimination. For trans people, inequalities in access to public spaces in general is a significant contributing factor. Further barriers include gendered sports clothing, gender-specific facilities, gendered sports teams, and previous or anticipated transphobia. Facilitators may include gender-affirming hormones and higher self-esteem and body satisfaction.

Sources: (41),(42),(50),(113-126)

Despite an overall downward trend in smoking prevalence, sexual orientation inequalities remain

Population-level studies show higher smoking rates in some LGB+ groups, particularly bisexual people.

- **The Annual Population Survey 2014–18 provides the most comprehensive national smoking prevalence estimates for LGB+ people.**
  - 2018 data showed higher smoking rates in bisexual (19.7%) and lesbian and gay (21.9%) people compared to heterosexuals (15.2%).
  - These differences have narrowed due to a decline in smoking rates among LGB+ people.
  - Adjusting for gender, age, ethnicity, socio-economic status and housing tenure narrows these differences further.
    - After adjusting, no differences in smoking rate were found between heterosexual, bisexual and gay men.
    - Differences in smoking rates between bisexual, lesbian/gay and heterosexual women narrowed but remained significant.
- GP Patient Survey 2023 data showed no significant differences in Southwark, probably due to small sample sizes, but significant differences in South East London and England, with highest smoking rates among bisexual people.
- Other national surveys, such as the Smoking Toolkit Study, found similar findings, with highest smoking rates among bisexual people. However, no significant differences in smoking rates by sexual orientation were seen after adjusting for other sociodemographic variables.

- **There is limited data on smoking rates among transgender people.**
  - Most data suggests current smoking rates are similar between trans and cisgender residents, although GP Patient Survey 2023 national trends suggest significantly higher rates in trans versus cisgender people.

- **Several explanations for the association between sexual orientation and/or gender identity and smoking prevalence have been proposed:**
  - Smoking as a coping mechanism for stigma, discrimination and minority stress.
  - Lower self-esteem, well-being and higher prevalence of mental health conditions, all associated with higher smoking rates.
  - Historically, LGBTQIA+ social safe places were traditionally bars or similar establishments, with higher smoking rates.
  - Targeted marketing by the tobacco industry towards LGBTQIA+ communities.

Sources: (40),(127),(128),(129),(130)

LGBTQIA+ residents are at higher risk of alcohol and drug harms than heterosexual and cisgender individuals

National studies, including Health Survey for England, Alcohol Toolkit Study and Stonewall's Health Report, show LGBTQIA+ individuals are more likely to consume alcohol at higher risk levels.

- Inequalities in alcohol use and harms may be more pronounced among women, older adults and some subgroups, such as bisexual people.
- The 'alcohol harm paradox' suggests that even with lower consumption in some groups, alcohol-related harms may still be higher.
- Illicit drug use rates are higher in LGBTQIA+ communities.
  - The latest Crime Survey for England and Wales reported 2.3% of adults had taken drugs at least monthly, whereas a 2018 Stonewall report found 9% of LGBTQIA+ individuals had.
  - Substance use trends and risks vary across LGBTQIA+ identities. For example, use of substances like methamphetamine and GHB/GBL is significantly more common among gay and bisexual men than heterosexual men, and is often linked to sexualised drug use.

- **Reasons for higher prevalence of substance use are multi-faceted and deeply rooted in societal structures and prejudices.**
  - Contributing factors may include social and community influences, identity formation, coping strategies, discrimination, and mental illness.
  - A large UK study with 565 trans and non-binary people found alcohol benefits included: socialisation and peer connection; identity formation; and managing gender dysphoria and other stressors. However, motives were commonly associated with alcohol dependence or other harms.

- **Despite evidence of a desire to reduce substance use, LGBTQIA+ individuals may encounter barriers to support, including stigma, discrimination and lack of provider knowledge.**
  - There is evidence to suggest many prefer self-help or peer support over formal healthcare routes.
  - Evidence suggests some may benefit from specialised trauma-informed interventions in LGBTQIA+-affirming environments. Services should consider expanding LGBTQIA+-specific substance misuse treatment services, and improving data collection and engagement with diverse LGBTQIA+ populations.

Sources: (59),(129),(131-142)

Chemsex can adversely impact health and wellbeing, and represents an important and complex local health need

Chemsex is most common amongst men who have sex with men and can adversely impact health and wellbeing.

- **Sexualised drug use (drug use before or during sexual activity) is common across different sexual orientations and genders.**
  - An international drug survey found gay, bisexual and other men who have sex with men (GBMSM), as well as bisexual women, used drugs with sex more frequently than their heterosexual counterparts. There is less evidence on prevalence in trans and gender-diverse people.

- **Chemsex generally refers to the intentional use of specific substances to sustain, enhance, disinhibit or facilitate the sexual experience.**
  - Most chemsex users are GBMSM. However, only a minority of MSM use drugs, and not all these men use them in a sexual setting or problematically. Estimated prevalence in European MSM is 16%. Chemsex is more common in MSM living with HIV.
  - Common substances include crystal methamphetamine, GHB/GBL and mephedrone. Some users may inject drugs, known as slamming,
  - Many chemsex users may use three or more drugs in one encounter, though not always chemsex-specific substances.

- **Reasons for engaging in chemsex are more complex than stereotypes will suggest.** Sex is a primary form of sociality, often involving elements of experimentation, adventure and boundary-pushing, as well as aspects of initiation, promiscuity and risk.
  - Chemsex use can be sought for its positive, desired effects. It may also be a coping mechanism for emotional and situational triggers like HIV-related stigma, racism, internalised homophobia, sexual violence, loss, neglect, fear of rejection, anxiety and/or low self-esteem.

- **Some engage in chemsex with minimal negative impact on well-being. For others, use proves problematic, and significant risks include:**
  - Mental health, with higher rates of depression, anxiety, suicidality, psychosis and drug dependence, especially among those injecting drugs.
  - Sexual health, with increasing transmission of STIs, including HIV and hepatitis B and C.
  - Physical health, with increased risk of minor and major accidents, and dehydration (in the most serious cases causing seizures and death).
  - Other injecting risks, including overdose, dependence and transmission of infection.
  - Chemsex-related crime, particularly due to disinhibiting effects of some chemsex drugs, increasing vulnerability both to harm and offending.

Sources: (143-151)

Section 6: Wider Determinants of Health

Southwark Council

LGBTQIA+ people have lower life satisfaction than heterosexual and cisgender people

LGB+ respondents to the Southwark & Lambeth Health and Wellbeing Survey 2023 showed lower life satisfaction than heterosexual respondents.

- **The Southwark & Lambeth Health and Wellbeing Survey 2023 found Southwark and Lambeth LGB+ residents had significantly lower levels of life satisfaction, and other quality of life metrics, than heterosexual residents.**
  - Average levels of self-reported life satisfaction (on a scale of 0–10, where 0 = 'not at all' satisfied and 10 = 'completely' satisfied) were 6.0 for LGB+ respondents and 6.7 for heterosexual respondents.

- **The National LGBT Survey 2018 found LGBTQIA+-identified individuals had lower average life satisfaction than Annual Population Survey levels for the general population (6.5 vs 7.7, respectively).**
  - The National LGBT Survey gives further detail by specific sexual orientation and gender identity (see figure 16).
  - Trans respondents were less satisfied with their lives than cisgender LGB+ respondents; findings from other community surveys correlate.

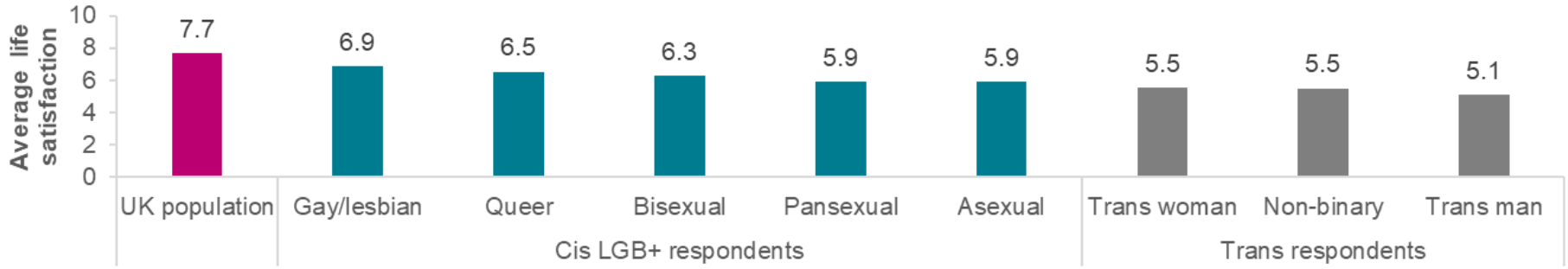


Figure 16. Respondents' average life satisfaction score (out of 10), by sexual orientation and gender identity. National LGBT Survey 2018.

Sample sizes: National LGBT Survey 2018: cis LGB+ = 90,730; trans = 14,130; Annual Population Survey 2015–2016, ONS general population = 232,610.

Sources: (3),(41),(135),(152),(153),(154)

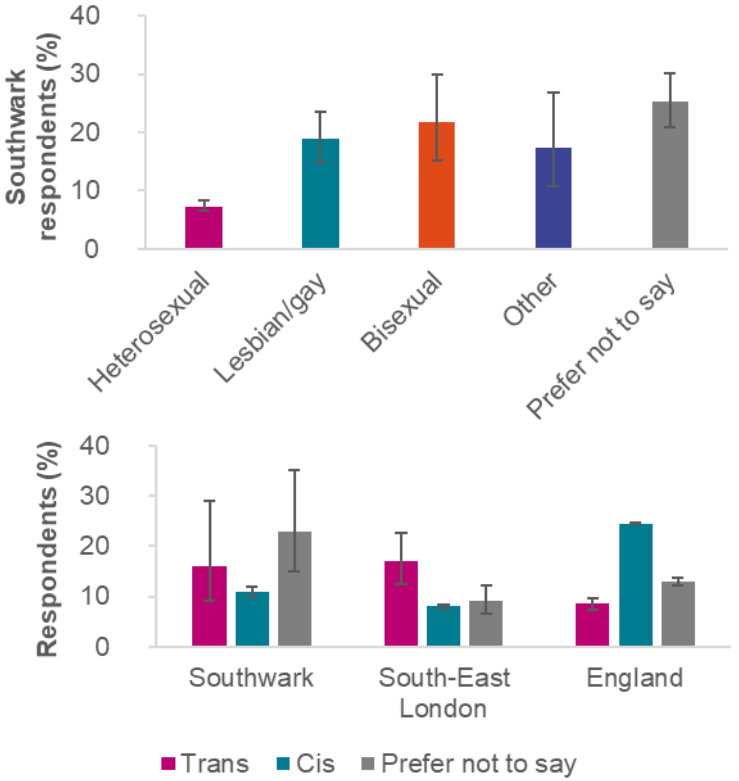
Two-fifths of Southwark and Lambeth LGB+ residents felt lonely some, often or all the time in the last year

Social connection and belonging, particularly with other LGBTQIA+ people, is well evidenced to support physical and mental health and reduce social isolation.

- **Support structures may differ from hetero-cis norms.**
  - The 2021 census and wider evidence suggest LGB+ people are more likely than heterosexual people to live alone or live with a partner without children, though this varies by sexual orientation. Trans people are significantly less likely than cisgender people to live as a couple, with or without dependent children.

- **Much evidence shows that social infrastructure is crucial for building and sustaining social connections, particularly for people less likely to reside with their chosen family.**
  - Almost three-fifths (58%) of London LGBTQIA+ venues were lost between 2006 and 2017.

- **Evidence suggests loneliness is more common in LGBTQIA+ communities.**
  - *Southwark & Lambeth Health & Wellbeing Survey 2023 analysis*: 42% of LGB+ Southwark and Lambeth residents were 'sometimes, often or always lonely' in the past 12 months, compared to 32% of heterosexual residents. LGB+ people were less likely than heterosexual people to say they felt 'very strong' belonging to their local area (23% and 30%, respectively).
  - *GP Patient Survey 2023 analysis:* Southwark respondents identifying as lesbian, gay, bisexual, 'other' sexual orientation or 'prefer not to say' had significantly higher levels of 'feeling isolated from others' in the last 12 months than heterosexuals. Trans residents had higher levels of isolation than cis residents; findings were significant at South-East London and England levels.



Figures 17 and 18. Proportion of Southwark 16+ yr respondents feeling isolated from others in the past 12 months, by sexual orientation (top chart) and gender identity (bottom chart), GP Patient Survey 2023

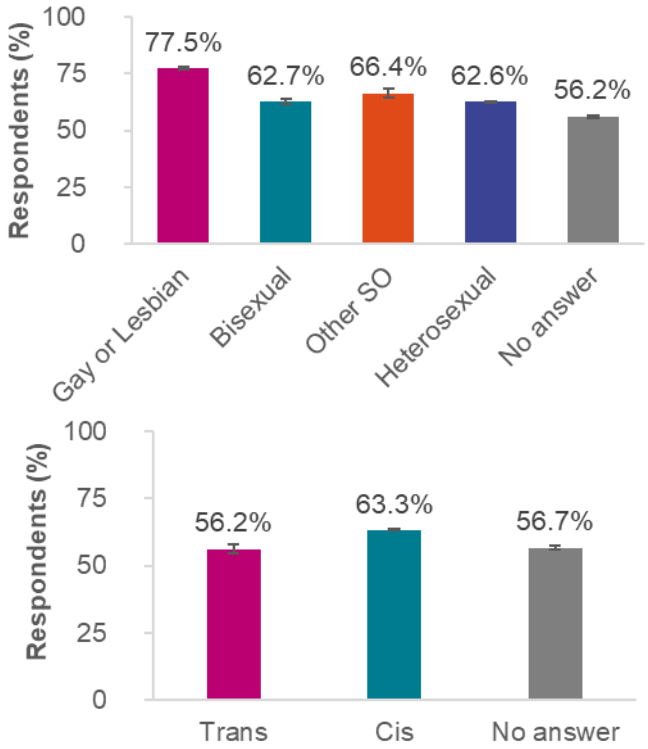
Southwark base sizes: heterosexual, 3339; lesbian/gay, 329; bisexual, 120; other sexual identity, 86; prefer not to say, 340; trans, 49.

Sources: (39),(40),(41),(155),(156),(157)

Trans residents are less likely to be employed and more likely to experience workplace discrimination

Economic activity and socio-economic classification varies by sexual orientation and gender identity.

- In Census 2021 data, only 56.2% of trans residents in Southwark were employed, compared to 63.3% of cisgender residents. LGB+ residents were on average more likely to be employed than heterosexuals, with 77.5% of gay/lesbian individuals employed. Bisexual and heterosexual individuals had similar employment levels (62.7% and 62.6%, respectively), while those who did not specify their sexual orientation had the lowest employment rate, at 56.2%.
- While LGB+ people were more likely to be employed, unemployment and job-seeking rates were similar to heterosexual levels. This suggests other factors, such as higher economic inactivity among heterosexual residents, which may be due to retirement, education, caregiving or long-term sickness.
- Socio-economic classification varied by sexual orientation and gender identity. LGB+ individuals were more likely than heterosexuals to hold managerial, administrative or professional roles (54.7% vs 41.8%), with gay/lesbian residents at 63.8%, bisexual individuals at 45.9%, and those of 'other' sexual orientations at 36.2%. Trans residents were significantly less likely to hold these roles, especially trans women, trans men and those with non-specific trans identities.
- Wider evidence suggests wage gaps between LGBTQIA+ employees and their heterosexual and cisgender counterparts. Workplace and recruitment discrimination significantly affects job attainment, retention and promotion, particularly for trans people and those with intersecting identities including factors such as disability or ethnic diversity. These challenges also contribute to difficulties in openly identifying at work, and impact job choice.



Figures 19 and 20. Proportion of 16+ yr Southwark residents who are economically active and in employment (excluding full-time students), for sexual orientation (top chart) and gender identity (bottom chart), March 2021

Sources: (4),(25),(39),(50),(158),(159),(160),(161)

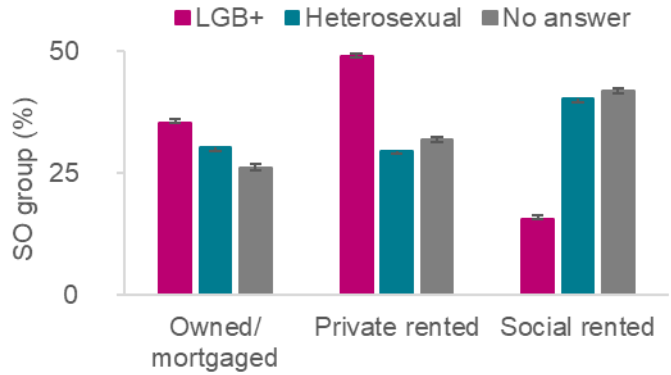
LGB+ residents are more likely to live in private rentals and much less likely to live in social rentals

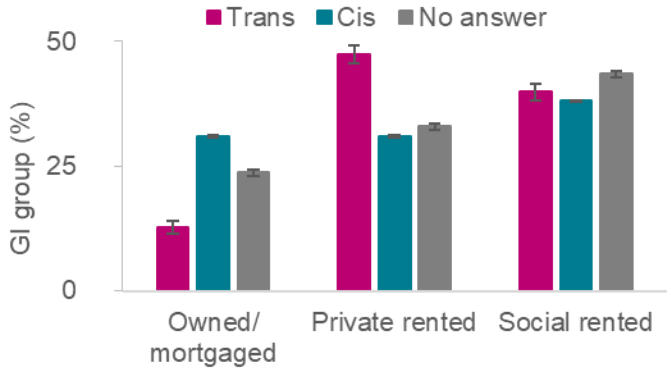
Census 2021 data shows Southwark LGBTQIA+ residents have different housing patterns to heterosexuals.

- LGB+ residents were more likely to rent privately (48.9%) than heterosexuals (29.5%), and much less likely to socially rent (15.7% vs 40.3%, respectively). Overall home-ownership levels were higher among LGB+ residents (35.4%) than heterosexuals (30.2%), but within-group analysis shows home-ownership levels were lowest among bisexuals (24.4%) and those with 'other' sexual orientations (16.7%).
- Trans residents were more likely to rent privately (47.4%) than cisgender residents (31.0%), and half as likely to own their own home as cisgender residents (17.2% vs 31.0%).
- UK Household Longitudinal Survey data shows lower home-ownership rates among LGB+ individuals compared to heterosexuals, even after adjusting for age, gender and other factors.

- **Contributing factors**
  - **Historical discrimination:** For example, mortgage refusals due to HIV/AIDS stigma, and gender-based mortgage application restrictions for LGB+ women.
  - **Biased policies:** Housing policies tend to favour heterosexual 'nuclear families', disadvantaging LGB+ individuals, especially singles (for example, cuts to Local Housing Allowance).
  - **Current discrimination**: Higher rates of housing discrimination, particularly for trans people.
  - **Long-term impacts:** Fewer housing assets; higher costs for lower-quality housing; and reduced financial security in older age. Given the population age profile and falling rates of home-ownership among younger residents, these inequalities are likely to worsen.

- **Health impacts:** The Southwark & Lambeth Health and Wellbeing Survey 2023 found that private renters were more likely to report poorer health outcomes and multiple long-term conditions than home-owners.





Figures 21 and 22. Proportion of Southwark 16+ yr residents' tenure type, by sexual orientation (top chart) and gender identity (bottom chart), March 2021

Sources: (39),(41),(50),(161),(162)

LGBTQIA+ people have greater homelessness risk but are under-represented in services

Homelessness disproportionately affects LGBTQIA+ individuals, impacting physical and mental health.

- Robust population-level data does not exist to determine true prevalence of homelessness. A nationally representative survey is underway.

- **Existing evidence consistently shows that LGBTQIA+ people are over-represented in homeless populations.** It is estimated that:
  - One-quarter (24%) of homeless young people identify as LGBTQIA+.
  - Almost one-fifth (18%) of LGBTQIA+ people have experienced homelessness.
  - Higher homelessness rates are found in specific LGBTQIA+ groups, including 27% among trans individuals and 36% among ethnically diverse individuals.

- **Contributing factors include hate crime, discrimination, domestic abuse, physical and mental health issues, and family rejection based on sexual orientation or gender identity.**
  - Three-fifths (61%) of homeless LGBTQIA+ young people felt frightened or threatened by family before becoming homeless.
  - Higher rates persist despite protective factors, including 65% having completed further education.

- **In Southwark, 5% of applicants owed a homelessness duty identify as ‘lesbian/gay’ or ‘other’. Applicant gender identity data is unavailable.**
  - This suggests significant under-representation compared to census population estimates (8.1% Southwark adult residents identify as LGB+), and wider literature indicating higher homelessness rates among LGBTQIA+ people.
  - Evidence suggests many LGBTQIA+ people find mainstream services inaccessible due to hetero-cis norms, anticipated or experienced discrimination, fear of identity disclosure, and lack of awareness of unique challenges.
  - There are particular difficulties finding safe accommodation for trans people, for example due to temporary shelters often being ‘single-sex’.

Sources: (4),(59),(163),(164),(165),(166)

Southwark and Lambeth LGB+ residents face greater food insecurity than heterosexual residents

Many factors contribute to an individual's ability to maintain a healthy weight, including access to affordable and nutritious food.

- The Southwark & Lambeth Health & Wellbeing Survey 2023 found significantly more LGB+ Southwark and Lambeth residents experienced food insecurity than heterosexual residents (28% and 20%, respectively).
- Survey for Londoners 2018/19 and 2021/22 data consistently found higher food insecurity among LGBTQ+ Londoners compared to heterosexual and cisgender peers.
  - Notably, the 2021/22 survey did not show the full impact of the cost-of-living crisis; the situation is likely to have worsened since.

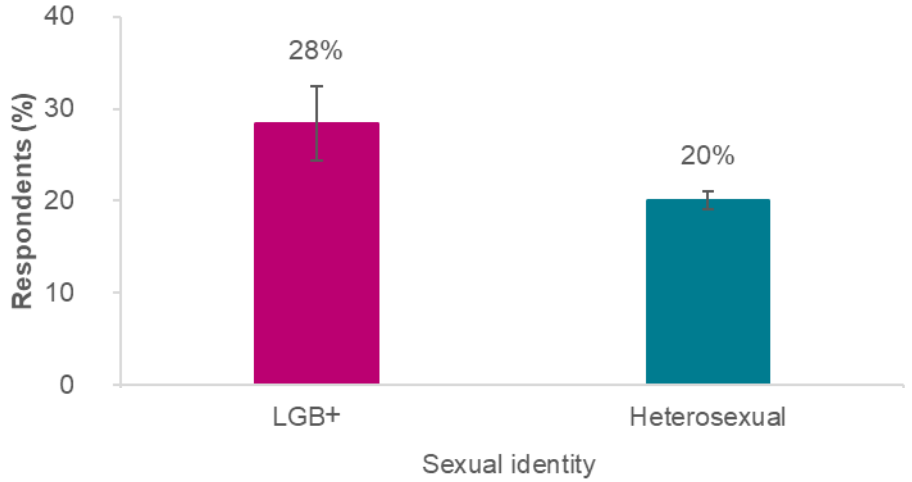


Figure 23. Proportion of Southwark and Lambeth respondents with food insecurity, by sexual orientation, Health & Wellbeing Survey 2023
Base size: LGB+, 578; heterosexual, 3,180.

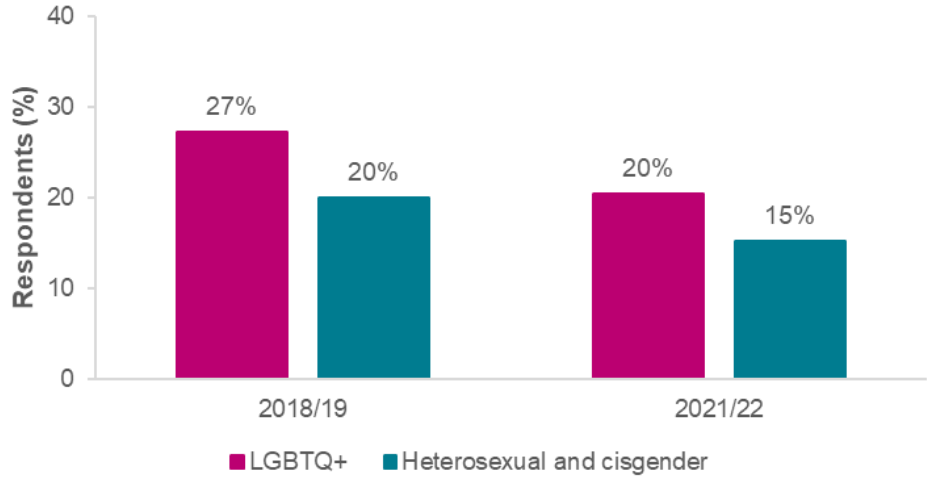


Figure 24. Proportion of Survey for Londoners respondents with low or very low food security, by LGBTQ+ communities or not, in 2018/19 and 2021/22

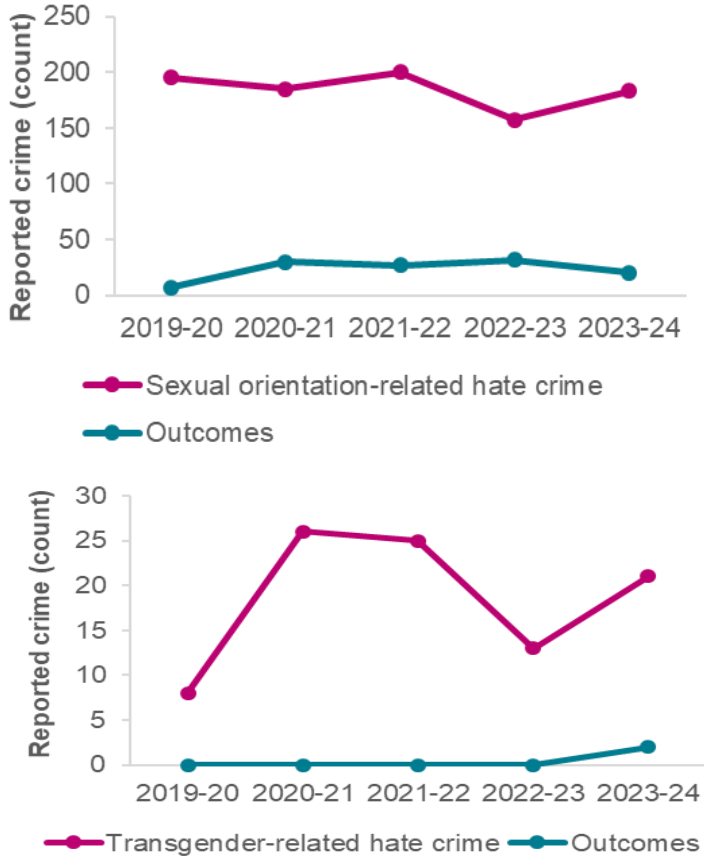
Sources: (41),(155)

Hate crime is a significant and growing issue, with the majority of cases unreported

Hate crime related to sexual orientation and/or gender identity is a serious concern, impacting physical and mental health.

- **Metropolitan Police data between 2019-20 and 2023-24 shows that, while reports of LGB+ hate crime remained consistent, trans hate crime reports increased, from 8 cases in 2019/20 to 21 cases in 2023/24.**
  - Over the past year of data (2022-23 to 2023-24), report numbers have increased from 157 to 183 for sexual orientation hate crime, and from 13 to 21 for transgender hate crime.
  - Only 13% of sexual orientation hate crimes and 2% of transgender hate crime had reported police outcomes.
  - These rising numbers may partly reflect improvements in reporting and recording.

- **Evidence suggests the majority of anti-LGBT+ hate crimes go unreported; the National LGBT Survey found that 90% of such crimes are not reported.**
  - Another survey found that over half of LGBT+ people had experienced anti-LGBT+ violence or abuse, with a third facing it daily or weekly. The most common forms were verbal (92%), online (60%), physical (29%) and harassment (59%).
  - Some LGBTQIA+ groups are at greater risk of hate crime, including trans and non-binary people, disabled people, and those with ethnically diverse identities.
  - The 2023 British Social Attitudes survey found a recent trend of decreasing societal acceptance of transgender people, which may be contributing to the rise in trans hate crime.



Figures 25 and 26. Reports of sexual orientation (top chart) and gender identity (bottom chart) hate crime reported to Southwark Metropolitan Police Service between Feb 2019 and Jan 2024

Sources: (4),(22),(50),(167),(168),(169),(170),(171)

LGBTQIA+ residents may face high rates of domestic abuse, and barriers to reporting and accessing services

The Metropolitan Police Service (MPS) collects data on same-sex domestic abuse, but this will not provide a full picture of incidence in LGBTQIA+ communities.

- **The 2018 Stonewall survey found that 1 in 10 (11%) LGBTQIA+ respondents reported abuse from a partner in the past year, with rates higher in some subgroups and for those at the intersection of multiple minoritised identities.**
  - Existing research focuses predominantly on domestic abuse within intimate relationships, with little evidence on other forms of domestic abuse, such as familial abuse.
  - A higher number of trans respondents to the Stonewall survey (19%) reported partner abuse. Further, in the National LGBT survey, 48% of trans respondents had experienced an 'incident' with someone they lived with, compared with 26% of cisgender LGB respondents.
  - Gay and bisexual men have a higher risk of being domestic abuse victims than heterosexual men. The 2018 Crime Survey for England and Wales showing 8% of gay men and 6% of bisexual men reported domestic abuse, compared with 4% of heterosexual men.
  - Evidence of domestic abuse prevalence in LGB+ women is mixed, though studies suggest rates are comparable to that seen in the general population of women.
- **Abuse is generally under-reported. However, reporting rates may be even lower in minoritised sexual and gender communities.**
  - Under-reporting may be due to heterosexual cisgender norms in domestic abuse narratives. Victims may not identify their experience as abuse, or may blame themselves. Further, individuals may not want to 'come out', or may fear being outed by their abusers. They may lack awareness of services, or find services inaccessible. They may have low trust and confidence in services, due to past failure of services to deal with crimes appropriately and effectively. They may find that services lack understanding of their specific needs.
  - There may be further barriers for trans people, with services typically being gendered and oriented towards heterosexual cisgender women.
  - Domestic abuse between LGB+ men may not be recognised as such. Services may lack necessary understanding and not be inclusive.
  - LGB+ women may face disbelief when reporting abuse by female partners. Furthermore, perpetrator programmes are limited and may target only men, with no mixed-gender groups.
  - A survey of LGBT+ domestic abuse support services in England and Wales found a lack of service provision for LGBTQ+ communities.

Conversion therapy is harmful and associated with poor mental health, including suicidal thoughts and attempts

The National LGBT Survey found 2% of 108,000 respondents had previously undergone conversion therapy in an attempt to 'cure' them of being LGBT, and a further 5% had been offered it.

- **Conversion therapy lacks a universal definition**.
  - In the UK, it is commonly described as any practice that "demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to another, and which attempts to bring about a change".
  - Modern conversion therapy may view LGB+ sexual orientations and/or trans identities as spiritual issues, developmental disorders, and/or addictions.
  - People may seek conversion therapy for perceived conflicts with religious values, a desire to belong, and/or external pressure or coercion.

- **In the National LGBT Survey, 2% of respondents had undergone conversion therapy, and an additional 5% have been offered it.**
  - Trans people, LGBTQIA+ people of faith, and ethnically diverse people were more likely to have experienced it.

- **There is scientific consensus that conversion therapy is ineffective and harmful.**
  - Furthermore, evidence-based recommendations for working therapeutically with distressed LGBTQIA+ individuals emphasise psychological approaches providing unconditional acceptance, identity exploration and social support.
  - Conversion therapy is associated with poor mental health outcomes, including suicidal thoughts and suicide attempts, and many UK health bodies have signed a memorandum of understanding that conversion therapy is unethical and harmful.

- **Over the past decade, UK administrations have alternated between committing to legislate against conversion therapy and considering non-legislative options**.
  - There have been fluctuating positions on whether to address sexual orientation and gender identity together or not.

Sources: (3),(12),(179),(180),(181),(182)

Section 7: Local Response and Services

Southwark Council

Southwark and Lambeth LGB+ residents report poorer health services access and experience than heterosexuals

The Southwark and Lambeth Health & Wellbeing Survey 2023 shows significantly poorer access to, experience of and trust in most health services among LGB+ residents compared to heterosexuals.

Table 3. Access and experience of respondents requiring access to services over the past 2 years, Southwark & Lambeth Health and Wellbeing Survey 2023

Service	Access	Experience and trust
General health	LGB+ respondents experienced greater difficulty accessing general health services (GP, hospital, A&E, pharmacy, dentist) than heterosexual respondents. Statistically significant differences were noted for access to GPs (not easy: LGB+ 48%; het 40%) and dentists (easy: LGB+ 58%; het 66%).	LGB+ respondents had less confidence than heterosexual respondents that general health services (GP, hospital, pharmacy, A&E and dentist) would help them if they were in need. Differences were statistically significant for all services except A&E.
Mental health	LGB+ respondents were significantly more likely to need services (LGB+ 64%; het 53%), but had greater difficulty accessing them (not easy: LGB+ 61%; het 37%).	LGB+ respondents were significantly less likely to be confident that mental health services would help them (not confident: LGB+ 44%; het 27%).
Sexual & reproductive health	LGB+ respondents were more likely to report needing services (LGB+ 62%; het 49%). Of those requiring services, access levels were similar for LGB+ and heterosexual respondents (easy: LGB+ 62%; het 61%).	This was the only instance of LGB+ respondents being significantly more likely to have confidence that services would be able to help them, compared with heterosexual respondents (confident: LGB+ 60%; het 46%).
Other health services	LGB+ respondents reported greater difficulty accessing substance misuse services (not easy: LGB+ 38%; het 26%), health visiting (not easy: LGB+ 41%; het 30%) and complementary services than heterosexual respondents.	LGB+ respondents were less confident than heterosexual respondents that complementary services (confident: LGB+ 27%; het 39%) and private health services would be able to help them.

Source: (41)

The Bridge Clinic was established in 2022 to improve access to primary care services for Southwark trans residents

The Bridge Clinic is an innovative, ground-breaking, nationally recognised service which provides a monthly 'primary care hub' clinic for trans and non-binary people.

- TransActual's 2021 community survey found that many trans and non-binary individuals faced significant barriers in accessing healthcare, with 45% feeling their GP lacked understanding of their needs and 70% experiencing some level of transphobia, leading many to avoid seeking care.
- To address this, the Bridge Clinic provides general non-trans-specific healthcare in addition to gender-affirming treatment and care, including Gender Identity Clinic (GIC) referrals, prescribing aligned with Shared Care Protocols for those already attending a GIC, and consideration of bridging prescriptions for those awaiting GIC assessment. It is available to south Southwark residents, with plans to expand to north Southwark.
- Data from the first nine months (Dec 2022 to Aug 2023) of Bridge Clinic service use gives insight into:
  - **Demand:** 40 new patients were seen by a GP, with a further 37 follow-ups and 72 nurse or healthcare assistant appointments. Clinic referrals (self or GP) were made by most local practices. One-third of clinic users had purposefully moved GP in order to access the clinic.
  - **Service user demographics:** Average age was 31 yr (range, 16–76 yr); the majority (82%) were White (59% White British); and 35% reported having a disability. The majority of service users had more than one pronoun, with the most common pronoun being 'they/them'.
  - **Health and care:** Almost two-fifths (38%) of users were current smokers. Previous attempts to access gender-affirming care had most commonly been via their GP or privately. Hormones were being used by 20 out of 33 patients. 20% were self-medicating at registration.
  - **Experience of services:** One-third (34%) of users reported gender-related discrimination at their GP practice, and over two-thirds (69%) had delayed visiting their GP due to fear of discrimination.
  - **Wider experiences:** Almost half (48%) had faced verbal or emotional abuse related to their gender in the past 12 months; one-sixth (14%) had experienced physical or sexual violence over the same period.

Sources: (59),(183)

Trans-affirming care remains inaccessible for the majority of people requiring it

National data on waiting times for Gender Identity Clinics (GICs) is publicly available, and large community surveys give insight into experiences of trans-affirming care.

- ‘Trans-affirming care’ describes any care related to gender-affirming pathways, including physical, psychological and social.
  - Many, but not all, trans and non-binary people will seek this via NHS or private providers.
  - For those who want to physically transition, a diagnosis of gender dysphoria is currently required.

- Nationally, there has been a significant increase in referral numbers to GICs.
  - In June 2024, the waiting time for a first appointment with the main central London GIC was 6 years: people who had first been referred in December 2018 were being offered their first appointment.
  - There are similar waiting times for other English GICs.

- Long waiting times have a significant impact on those seeking services, including increased rates of self-medication and mental health crises.

- Evidence demonstrates the benefits of gender-affirming pathways, including improved mental health outcomes and reduced suicidal ideation.

- In TransActual’s 2021 community survey, almost all (98%) of those accessing NHS transition-related healthcare found it to be not completely adequate, with trans women and non-binary people more likely to report healthcare as not at all adequate.
  - Main barriers included long waiting times to access services, GPs’ lack of knowledge about referral pathways, and the location of services.
  - There was also experience of discrimination within services, including 7% of service users experiencing transphobia. 83% of non-binary people accessing trans-specific care reported discrimination, and 53% of ethnically diverse service users reported experiencing racism.

Sources: (59),(184),(185),(186),(187)

Trans service users report significantly worse experience of secondary mental health services than cisgender users

A range of mental health services is available for Southwark residents, including NHS primary and secondary mental health services, and voluntary and community sector led services.

- South London and Maudsley (SLaM) NHS Foundation Trust is the largest provider of secondary care mental health services in Southwark, Lambeth, Lewisham and Croydon.
  - **Electronic patient record data monitoring of service users' sexual orientation is poor.**
    - In 2022/23, 92.8% of inpatients and 88.1% of outpatients had no sexual orientation recorded.
    - Data on service users' gender identity is unavailable.
  - **Anonymous patient experience surveys give data on service users' experience, and include options for reporting sexual orientation and gender identity.**
    - In 2021/22 and 2022/23, trans respondents reported significantly fewer positive responses than cisgender peers, and bisexual respondents significantly fewer than heterosexual peers.
    - In 2021/22, lesbian/gay respondents and those with 'other' sexual orientations reported significantly fewer positive experiences than heterosexual respondents.
  - **Electronic staff records give information on LGBTQIA+ representation among staff.**
    - In 2022/23, 75% of staff were heterosexual, 3% bisexual, 3% lesbian/gay, 0.4% of other sexual orientation, 0.3% undecided, 10% preferred not to say, and 8% were undefined. These levels are not representative of population estimates.
    - There is currently no electronic staff record data on gender identity. In staff survey responses, 95.7% of respondents report cisgender identity, 0.6% trans, and 3.8% prefer not to say.

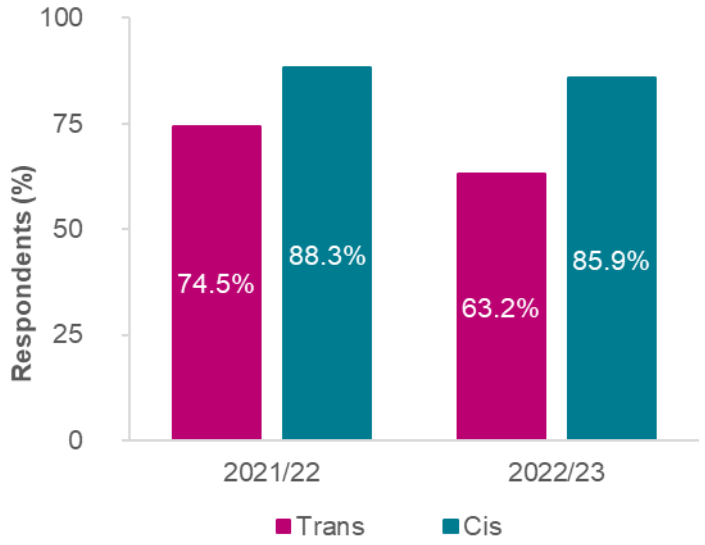


Figure 27. Proportion of positive responses to SLaM anonymous patient experience surveys in 2021/22 and 2022/23, by gender identity.

2021/22 base sizes: cis, 4540; trans, 102
2022/23 base sizes: cis, 708 ; trans, 19

Sources: (188),(189)

Bisexual IAPT clients have higher referral levels but are less likely to access services or achieve reliable recovery

NHS Talking Therapies (formerly known as Improving Access to Psychological Therapies, IAPT) delivers psychological therapy for depression and anxiety disorders locally, and collects data on service users' sexual orientation.

- National trends show mental health service referrals are increasing over time. In 2022/23, 81% of Southwark referrals had sexual orientation recorded (as gay/lesbian, bisexual or heterosexual).
  - Bisexual people appeared slightly over-represented (4–6%) compared to population estimates (3%), though this may represent general underuse (local population and services data suggests heterosexual people have 2-3 times greater mental health need).
- Despite higher referral levels, bisexual people were significantly less likely than heterosexuals to access services following referral, at south-east London (SEL) and London levels, and lesbian/gay people were significantly less likely than heterosexual people, London-wide.
- London-wide, bisexual people were significantly less likely to complete treatment compared to heterosexual and lesbian/gay people.
- Of those completing treatment, bisexual people were significantly less likely to achieve reliable recovery compared to heterosexual people at SEL level, and compared to all other groups London-wide. ('Reliable recovery' means moving from being a clinical case at the start of treatment to not being a clinical case at the end (recovery) and a significant improvement in the mental health condition (reliable improvement)).
- National data indicates bisexual people are 43% more likely not to have recovered from depression or anxiety at their final treatment session compared with heterosexual people. Treatment outcomes were also poorer for lesbian/gay people than heterosexual women.

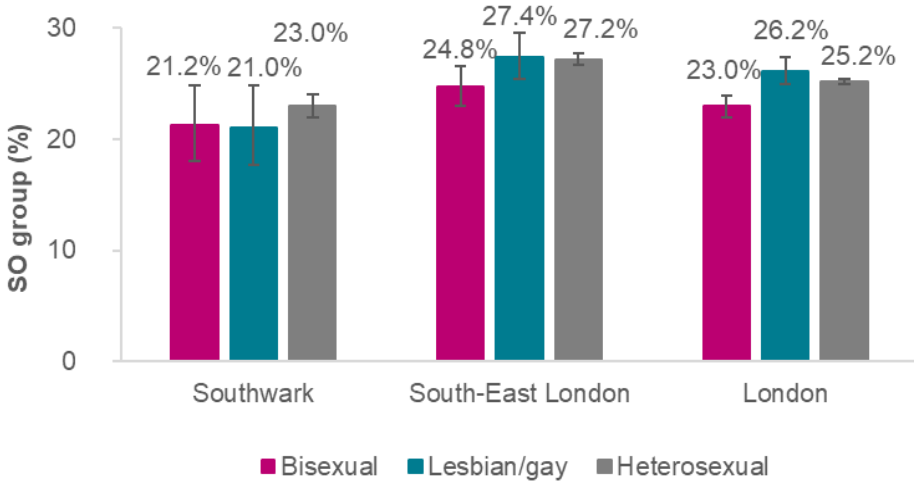


Figure 28: Proportion of Talking Therapies clients accepted for treatment who went on to reliable recovery, by sexual orientation, for Southwark, SEL and London, 2022/23

Sources: (190),(191),(192)

Despite higher referral and access levels, reliable recovery rates are significantly poorer for trans IAPT clients

Although gender identity data is not available for NHS Talking Therapies service users, national figures give insight into primary care mental health support access for trans people.

- 85% of referrals did not have gender identity data. Of the 15% that did, 17% of patients identified as trans (i.e. different gender at birth).
- For 2023 referrals England-wide, trans clients (74.5%) were significantly more likely than cisgender clients (72.8%) to access services following referral. This is in line with wider literature of mental health need and support access.
  - England-wide, trans clients' access rates rose significantly between 2022/23 Q1 (67.1%) and 2023/24 Q3 (74.3%).
  - Data suggests that 12-month access rates may be higher in London for both trans and cisgender clients, compared to England levels.
- Despite better treatment access, trans clients have substantially worse reliable recovery* rates than cisgender clients.
  - England-wide in 2023, reliable recovery rates were lower among trans clients (17.7%) than cisgender clients (22.5%).
  - However, trans clients' reliable recovery rates did rise significantly between 2022/23 Q4 (14.5%) and 2023/24 Q3 (22.1%).
  - Data suggest that 12-month reliable recovery rates for cisgender clients may be lower in London than England-wide.

Source: (191), *'Reliable recovery' means moving from being a clinical case at the start of treatment to not being a clinical case at the end (recovery), plus a significant improvement in the mental health condition (reliable improvement).

Southwark Talking Therapies runs an LGBTQ+ wellbeing group, with positive outcomes

Locally, Southwark Talking Therapies offer a range of services, including specific support for LGBTQIA+ people.

- An eight-session LGBQ wellbeing group intervention has been developed in Southwark and piloted in May 2017, drawing on cognitive behavioural therapy (CBT) and LGBQ-affirmative principles. The group is delivered by therapists who identify as LGBTQ+ and is suitable for LGBTQ+ people who think their sexual orientation or gender identity has influenced their self-esteem or mental health.
- The group provides an opportunity for service users to learn about CBT tools for addressing mood and anxiety, in a safe place with other LGBTQ+ people. The group uses core CBT interventions with a focus on specific LGBTQ+ minority stress issues such as coming out, internalised stigma and loneliness. Affirmative principles are embedded, such as normalising and validating.
- Evaluations of pre-Covid in-person and post-Covid online groups found the group feasible and acceptable in both face to face and online formats.
  - Initial evaluation of the first eight cycles of the group, from May 2017 to December 2019, included 78 participants. Drop-out rate was 21.8%.
  - Further evaluation of seven cycles of a post-Covid online group, from October 2020, included 74 participants. Drop-out rate was 36.5%.
  - The groups were effective, with significant reductions in symptomatology and impairment seen for both formats (recovery: pre-Covid 33%; post-Covid 59%; reliable improvement: pre-Covid 30%; post-Covid 38%).
    - Most participants needed no further treatment following the group (pre-Covid 53%; post-Covid 75%).
    - Participants found the group validating, potentially enhancing their experience of CBT; having LGBTQ+ facilitators was helpful.
  - Fewer female, bisexual and ethnically diverse people accessed the service, compared to LGB+ white males.
    - In the initial pre-Covid group of 78 service users, the majority were male (73.8%), gay (62.3%), employed (70%), White (63%) and experiencing depression (64.7%). Post-Covid group evaluation findings were similar.
    - Surveys suggest that some clients had concerns about experiencing prejudice within the group, suggesting the need for individual safe spaces and further investigation of access and outcomes for participants with additional social disadvantage.

Sources: (56),(192),(193),(194),(195),(196)

Improved data monitoring allows the quality and effectiveness of smoking cessation services to be monitored

Little is currently known about the quality and effectiveness of smoking cessation services for LGBTQIA+ people.

- Previously, there was no mandatory data monitoring of sexual orientation and gender identity by smoking cessation services. In April 2024, NHS Digital added requirements for sexual orientation and gender identity monitoring, as follows:
  - Sexual orientation: heterosexual; gay/lesbian; bisexual; other; does not know or not sure; not stated.
  - Gender identity: female; male; non-binary; other; declined response.

- In Southwark, the Allen Carr's Easyway stop smoking service has added sexual orientation and gender identity data monitoring to their reporting. The first quarterly monitoring report found 14% of service users identified as LGBTQIA+. Outcomes data is pending.

- Wider evidence indicates motivations to stop smoking do not differ by sexual orientation, and that LGB+ people use smoking cessation services at a similar rate to heterosexual people, though there is some evidence of less use by bisexual women compared to heterosexual women.

Neighbour example: Lambeth LGBTQ+-specific stop smoking pilot programme

In summer 2023, Lambeth piloted a six-week support programme for LGBTQ+ residents who wanted to stop smoking in a group setting. This was provided as a collaboration between Guy's & St Thomas' NHS Foundation Trust tobacco dependence treatment service, Art4Space and Lambeth Links. Monitoring data is pending.

Sources: (130),(197),(198)

Local substance misuse support needs differ by sexual orientation

The main local substance misuse community provider is Change, Grow, Live (CGL). They deliver interventions for Southwark adult residents with complex needs (including poly-drug use and dual diagnosis), providing support, treatment and rehabilitation, and managing the interface with other health services.

The majority of service users discharged between 2019/20 and 2023/24* had their sexual orientation recorded. Data shows:

- **Sexual orientation and gender identity:**
  - 63% (1,763) were heterosexual men, 26% (728) heterosexual women, 6% (178) gay men, 1% (38) gay/lesbian women, 2.0% (56) bisexual women, 1% (28) bisexual men, <1% (10) of 'other' sexual orientations, and less than 1% (17) preferred not to say.
  - This represents a slight over-representation of LGBTQIA+ people compared to population estimates, but may still represent underuse of services by LGBTQIA+ residents, given higher levels of need.
  - Gender identity analysis was not possible due to low recording levels.

- **Substance use:**
  - Clients most commonly sought treatment for alcohol use, independent of sexual orientation.
  - No significant differences were seen for female service users, however numbers of LGB+ female service users were low.
  - Gay and bisexual men were significantly more likely to seek treatment for methamphetamine and GHB/GBL, compared with heterosexual men. Gay men were also more likely to seek treatment for benzodiazepine and other amphetamine use.
  - Gay men were significantly less likely to seek treatment for cannabis, heroin or cocaine compared to heterosexual men.

- **Treatment outcomes:**
  - Gay men were significantly more likely to complete treatment and less likely to drop out, compared to heterosexual men.
  - Outcomes may be influenced by other support services involved, and the specific drug that users wanted treatment for.

Source: (199; *analysis of data up to 31/01/2024)

Local chemsex service users have complex physical and mental health needs, requiring an integrated response

Antidote is the UK's only LGBT-specific drug and alcohol support service, run by London Friend.

- The service is jointly funded by Southwark & Lambeth, and includes:
  - ChemCheck, a six-week group support programme based on harm reduction principles.
  - Axis Clinic, at the Caldecot Centre, in partnership with King's College Hospital NHS Trust and SLaM NHS Trust staff, providing chemsex information and brief intervention, together with sexual health, drug and alcohol, and mental health support.
  - Training and capacity building for healthcare professionals in local drug and alcohol, sexual health and mental health services.

Figures below are based on 2023/24 service use data from initial assessments, with 42 clients from Southwark:

- **Demographics:**
  - The majority identified as gay (91%) and male (95%), and were from white British (41%) or other White (26%) ethnic groups.
  - Over one-quarter (29%) of clients were aged 26–35 yr, one-third (31%) were 36–45 yr and a fifth (21%) were 46–55 yr.
  - Over a quarter (27%) of clients were unemployed and seeking work.
- **Substance use:**
  - Most common substances used were crystal methamphetamine (first priority for 52% of clients), GHB, alcohol, cocaine and mephedrone.
  - The most common contexts for use were sexual (57%) and/or alone (38%).
  - The most common goals at assessment were to stop (43%) or gain control (29%).
  - Half of clients had an AUDIT C* score above 8, though a fifth of these clients did not name alcohol as a presenting substance issue.
- **Wider health:**
  - Two-fifths (42%) said none of their penetrative sex involved condoms. Almost two-fifths (38%) of clients were HIV-positive. Over half (52%) of HIV-negative clients were on PrEP.
  - Presenting risks included: previous suicidal ideation (in one-third; 33%); previously attempted suicide (in one-quarter; 24%); current or previous self-harm; paranoid delusions; risk of overdose; and signs of self-neglect.

Source: (200) *Alcohol Use Disorders Identification Test: Consumption – an alcohol harm assessment tool.

LGB+ residents find sexual health services equally accessible and have greater confidence in them

Sexual health services are commissioned by the Council to meet local health needs. Data on Southwark residents' genito-urinary medicine (GUM) and non-GUM clinic use is available by sexual orientation.

- In 2022/23, most new consultations by Southwark residents at GUM and non-GUM sexual health services were for heterosexual women (43%), gay men (23%) and heterosexual men (18%).
- In 2022/23, almost two-thirds (64%) of Southwark residents accessing services attended local clinics, namely Burrell Street, Walworth Road and King's College Hospital. The other most commonly attended service was 56 Dean Street Clinic (17% of new consultations), which specialises in LGBTQI+ community care.
- In the Lambeth & Southwark Health & Wellbeing Survey 2023, LGB+ respondents were more likely to have needed sexual health services in the past two years. There were no differences in ease of access between LGB+ and heterosexual respondents, and LGB+ respondents were more likely to have confidence in services.
- Surveys suggest less use of services by gay/lesbian women than other LGB+ groups, and by trans than cisgender people. For example, in the National LGBT Survey, 17% of trans respondents accessed services in the past 12 months compared to 29% of cisgender LGB+ respondents. Of those accessing services, the majority found services easy to access (66%) and had positive experiences (78%).

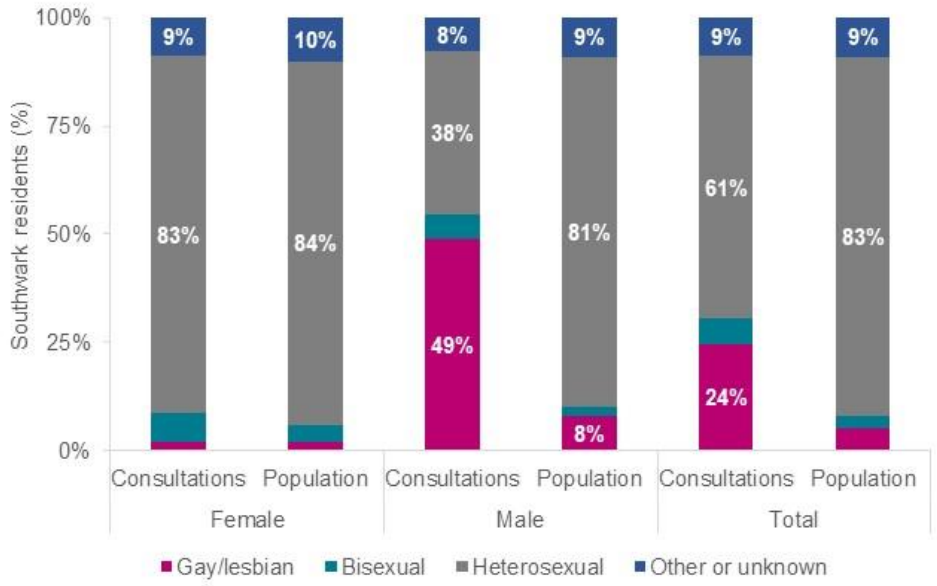


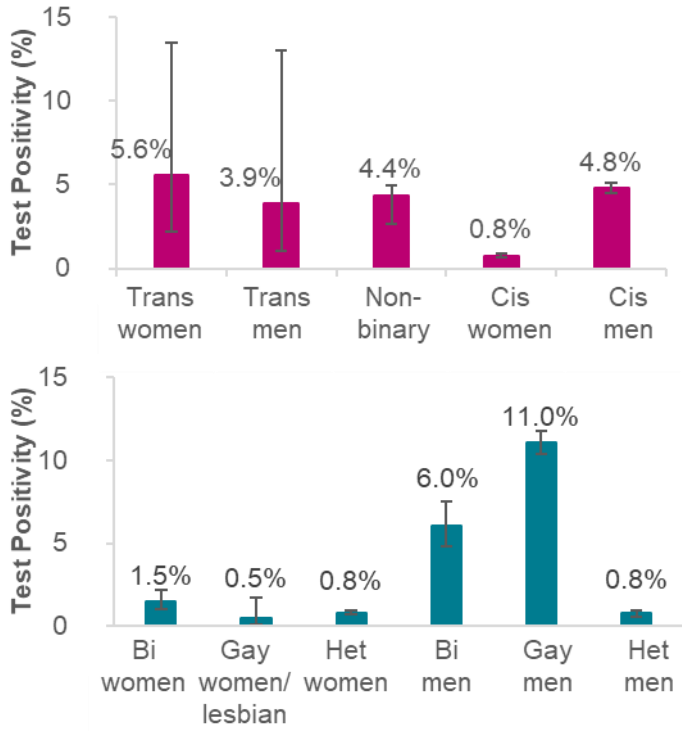
Figure 29. New consultation at GUM and non-GUM services by Southwark residents in 2022/23, by sexual orientation, compared to local Census 2021 total population estimates, by sexual orientation

Sources: (3),(41),(105),(201),(202),(203)

Sexual health e-service data shows variation by sexual orientation and gender identity

Sexual Health London e-service is an online STI testing and management service available to participating London boroughs, including Southwark. It facilitates over half of all STI testing across London.

- **2023 Southwark activity data is available by sexual orientation and gender identity.**
  - Data is available for total tests and thus includes repeat service users. Sample sizes are sometimes small and not representative of all sexual health service users or the Southwark population.
  - E-service sexual orientation data is inferred from reported behaviour, not self-identity. This limitation also means sexual orientation data predominantly (99.9%) represents cisgender users.
- **Gender identity**
  - Of 46,732 tests, 48.9% were by cisgender women, 49.6% by cisgender men, 0.93% non-binary people, 0.21% trans women, 0.15% trans men, 0.02% intersex people and 0.25% other.
  - Gender identity affected test positivity patterns (figure 30), with higher gonorrhoea positivity levels in trans women, trans men, non-binary people and cisgender men compared to cisgender women. Intersex people had the highest gonorrhoea positivity level (25%; 95% confidence interval 7–59%), but sample size was small (fewer than 10). Highest syphilis reactivity rates were in trans women. No differences were seen in HIV, hepatitis B and hepatitis C reactivity.
- **Sexual orientation:**
  - Of 37,877 tests, 4.5% were by bisexual women, 3.3% by bisexual men, 1% gay women/lesbian, 23.7% gay men, 41.4% heterosexual women, 23.9% heterosexual men and 2% unknown.
  - Sexual orientation affected test result patterns (figure 31). Gonorrhoea test positivity was significantly higher in gay and bisexual men than heterosexual men, and in bisexual women than heterosexual women and gay women/lesbians. The highest chlamydia test positivity and syphilis reactivity rates were seen in gay men.



Figures 30 and 31. Gonorrhoea test positivity in Southwark service users of the Sexual Health London e-service, by gender identity (top chart) and sexual orientation (bottom chart), for total tests in 2023

Source: (204)

CliniQ is a holistic health and wellbeing service for trans and non-binary people; feedback is universally positive

Founded in 2012, CliniQ is a partnership between King's College Hospital NHS Foundation Trust and CIC CliniQ. It provides specialised health and wellbeing services for trans and non-binary people.

- **2022/23 service data provides demographic information for 674 clients:**
  - **Borough:** 39% of clients were from SEL (12% each from Southwark and Lewisham); 19% travelled from outside London, from as far as the North East.
  - **Ethnicity:** The majority (56%) were from White groups; 27% from Other ethnic groups; 4% Asian/Asian British groups; 4% Black/Black British groups; and 6% Mixed groups.
  - **Gender identity:** 39% trans male/man/masculine; 30% trans female/woman/feminine; 30% gender queer/non-binary; 1% preferred not to say.
  - **Age:** Most (80%) were 20-39 yrs; Southwark users older overall (30-39 yrs: Swk 46%; all 27%).
- **Service use**
  - **New vs returning clients:** 57% were returning clients; Southwark had a higher proportion of new clients (62%).
  - **Attendance reasons**: These varied (most gave more than one reason), and included blood tests (48%), sexual health check and/or treatment (40%), hormone injections (39%) and hormone advice (35%).
  - **Hormone access:** 74% of patients were on hormone therapy, primarily accessed via GPs (44%), gender identity clinics (31%), the internet (25%) or a pharmacy (17%). Southwark clients were significantly more likely to use GPs for hormone access.
  - **Client satisfaction:** In the Apr 2022 to Jan 2023 service report, 99% of responding clients were 'pleased with the service' and would 'recommend to a friend'.

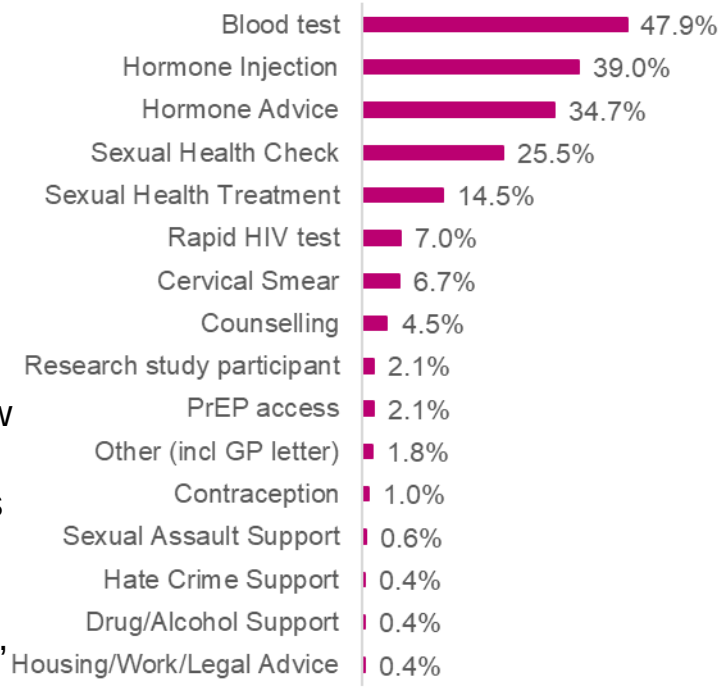


Figure 32. Attendance reasons (multiple selections allowed) self-reported by CliniQ service users, 2022/23

Source: (205)

Visibility and awareness of older LGBTQIA+ adults and their needs remain low in care settings

Southwark's older LGBTQIA+ population is expected to grow, increasing demand on social care to meet their needs.

- **Poor monitoring of sexual orientation and gender identity in care settings leads to under-representation and invisibility.**
  - The National LGBT Survey found 7% of 65+ yr trans people had been in a care facility compared to less than 1% of cisgender age peers.
  - Locally, only 62% of Southwark adult social care users have their sexual orientation recorded; of these, less than 2% identify as LGB+.

- **Unique challenges:** Whilst LGBTQIA+ people report similar concerns to heterosexual and cisgender people over accessing care, research indicates that particular factors shape their perceptions and engagement with care.
  - **Poor provider knowledge:** Large UK care home workforce surveys found that, while often well intentioned, staff could not recognise LGBTQIA+ residents and had poor knowledge of the issues and policies that may affect them. Statements like 'we treat them all the same' were common, suggesting cis-hetero-normativity, with potential to worsen inequality and invisibility. Staff had no or little training on LGBTQIA+ issues. Barriers to discussing sexual and gender identity came from poor knowledge and fear of 'saying the wrong thing'.
  - **Stigma and discrimination:** Fear of discrimination deters some older LGBTQIA+ people from accessing care and/or fully disclosing their identity, leading to delayed or unplanned transitions, risking poorer outcomes especially for end-of-life care.

- **Service improvements:**
  - **Data monitoring and training:** Southwark has recognised the need for improved data collection and is currently exploring training for all social care professionals, to improve confidence and sensitivity in data collection and general LGBTQIA+ service user support.
  - **Bespoke services:** Some studies suggests many older LGBTQIA+ people want specific LGBTQIA+ housing provision, though others still have concerns over discrimination in such settings. Until more inclusive mainstream services develop, a mixed approach may be best.
  - **Maintaining independence:** Support services need to explore how to support older LGBTQIA+ people to maintain independence for longer.
  - **End-of-life care and advanced care planning**: Services need to address concerns around non-disclosure of identity, ensure recognition of diverse family structures, and improve knowledge of advanced care planning, to ensure end-of-life care decision-making is respected.

There are two LGBTQ+ Community Centres located in the north of the borough, supporting LGBTQIA+ residents

There are many VCSE organisations, operating locally, regionally and nationally, which work to raise awareness and support the health and wellbeing of LGBTQIA+ people; some were engaged in this needs assessment.

- **The National LGBT Partnership** connects 39 LGBTQIA+ organisations across England; it is committed to reducing health inequalities and challenging discrimination in services, and is led by LGBT Foundation and Consortium.

- **The Outside Project is an LGBTIQ+ community homeless shelter, centre and domestic abuse refuge operating as a pan-London service.**
  - **Established:** Open since 2017, the project was formed in response to LGBTIQ+ community members who were endangered, homeless or 'hidden homeless', and felt on the outside of services, due to prejudice.
  - **Services** include:
    - **Anira House**: Shelter for those unable to access other services, with an outreach service commissioned by Westminster Council.
    - **STAR Support:** Domestic abuse refuge, now an independent organisation and funded by MOPAC*.
    - **Community Centre**: Hosts various groups and activities and is home to multiple grassroots organisations.
    - **Partnership Health Initiatives** include sexual health testing and a needle exchange and harm minimisation programme.

- **The London LGBTQ+ Community Centre is a community centre and café operating in Southwark.**
  - **Established:** Originally a pop-up as a response to increased community isolation during the COVID-19 pandemic, the Centre is now a registered charity operating from Bankside, on a five-year lease from Southwark Council.
  - **Services:** They partner with many VCSE groups and host a variety of groups and activities, including mental health counselling, sexual health testing, exercise classes, other wellness service and various social/support groups for different intersections of the community.

- **The Southwark Lesbian, Gay, Bisexual and Trans Network** was established in 2001 to strengthen LGBTQIA+ communities. The network led a large health and wellbeing community consultation in 2018-19. The sustainability of network activities is challenged by funding and support issues.

Sources: (38),(218),(219),(220) *Mayor's Office for Policing and Crime.

Southwark and Lambeth Metropolitan Police Service have a dedicated LGBT+ Community Engagement Officer

The Metropolitan Police Service (MPS) response to LGBTQIA+ health inequalities includes the role of LGBT+ Community Engagement Officers and specific initiatives such as Project Sagamore.

- **LGBT+ Community Engagement Officers**
  - Each London unit has a dedicated officer to enhance engagement with the LGBTQIA+ community. Their role includes:
    - Providing a consistent point of contact for LGBT+ people and organisations.
    - Improving engagement between police and community members, including chairing a Community Reference Group.
    - Supporting LGBT+ victims of crime and providing advice and support to investigations.
    - Raising awareness and understanding of LGBT+ community issues within the MPS.

- **Data collection and analysis**
  - The MPS collect data on sexual orientation and transgender related hate crimes, and on same-sex domestic abuse.
  - The MPS encourage reporting of hate crimes and provide specialised support to victims.

- **Chemsex-related offences**
  - There is growing recognition of a link between chemsex, mental illness and offending behaviours, though research is still developing.
  - **Project Sagamore:** Launched in 2020 by the MPS and HMPPS*, this initiatives aims to address crime and vulnerability in the chemsex context through a multi-agency approach, seeking to improve the identification and management of such cases.
  - **Chemsex Expert Reference Group:** Established in 2022 to create a coordinated approach across agencies (including the NHS, independent and voluntary sector clinicians, academics, public health and justice professionals). A group exists in Southwark and Lambeth to address local needs.

Sources: (167),(168),(221),(222),(223) *His Majesty's Prison and Probation Service.

Section 8: Community and Stakeholder Views

Southwark Council

This needs assessment has been informed by the views of LGBTQIA+ VCSE organisations and health care leads

As part of this needs assessment, stakeholder interviews were conducted with local healthcare and VCSE leads working to improve the health and wellbeing of LGBTQIA+ people.

- One-to-one in-person or online interviews were conducted with representatives from these organisations: The LGBTQ+ Community Centre, The Outside Project, London Friend, Spectra, METRO, Opening Doors London, LGBT HERO, Black Thrive, CliniQ, LGBT Foundation's Pride in Practice, The Bridge Clinic, Talking Therapies Southwark, King's College Hospital LGBT Staff Network, Southwark Council LGBT Staff Network, Southwark LGBT Network and Lambeth Links.
- Interviews sought to better understand: the organisation's role in improving the health and wellbeing of local LGBTQIA+ people; the health and wellbeing needs of residents they support; how well they felt current services were meeting these needs; other services or informal methods used to meet these needs; how services can be changed to help fill the gap; and potential barriers to change.
- Stakeholder interviews generated the following themes:
  - **Access and experience of mainstream healthcare services:** inaccessibility, healthcare professionals' attitudes (including stigma and discrimination), knowledge lack and unwillingness to change; unable to self-disclose; lack of visibility and representation; data monitoring.
  - **Access and experience of LGBTQIA+-led services:** importance; trusted; understanding and meeting needs; over capacity with insufficient funding, not accessible for all.
  - **Access and experience of trans-affirming healthcare:** inaccessibility; lack of trust and confidence in healthcare professionals; lack of knowledge and unwillingness to change; self-management; holistic care; community support; hub models.
  - **Improving services:** commitment, LGBTQIA+-led; outreach; LGBTQIA+-accredited training; visibility, representation; data monitoring.
  - **Specific needs**: longstanding inequalities; barriers to care; mental health; trans and non-binary people; bisexual and lesbian women; older adults; those with multiple minoritised identities (including Black LGBTQIA+ people); chemsex users.
  - **Wider determinants:** toxic political climate; hate crime and discrimination; social isolation and loneliness; cost of living crisis; homelessness; importance of social networks; safe spaces; LGBTQIA+-specific support.

Source: (224)

“Listen. Just listen”

Stakeholders believed mainstream services are inaccessible to LGBTQIA+ residents, and identified a lack of trust and confidence in these services.

- LGBTQIA+ residents have experienced or anticipate **stigma and discrimination** from services. Services may not feel **welcoming or safe.** Residents do not feel **listened to**. This **influences decisions to seek care** or engage with services. Some feel unable to **self-disclose** their LGBTQIA+ identities and are met with hetero- and cisnormative **assumptions** and **their needs not being met.**
- Commonly, stakeholders felt healthcare professionals **lacked appropriate knowledge or understanding.** There was a **lack of LGBTQIA+ visibility and representation** in services.
- Some felt services **lacked willingness to implement the changes needed** to reduce health inequalities, including at a policy level.
- There are **widespread issues of poor or no data monitoring,** preventing proper reporting of inequalities which can drive action.

*“**Listen. Just listen**…there are too many horror stories of people who just don't have that experience. Feel like they're being gaslit in the service”.*

*“They might suffer from certain conditions that could have been picked up earlier if they would have trusted their GP… **people's lives are at risk**.”*

*“[Patients] often **don't feel safe to come out** with their clinician… they've had actual experiences of **stigma, discrimination** or kind of very clunky attempts to try and be affirmative, but done in a way, it was just felt not particularly validating or helpful”.*

Source: (224)

“Our thing is we want to no longer be needed… don’t see that happening for quite some time”

There was a strong desire among stakeholders for LGBTQIA+-led services, as safe, welcoming and understanding of needs. Services are unable to keep up with demand and often close to referrals.

- Stakeholders were unanimous about the **importance** of LGBTQIA+-led services, some discussing the **historical context** and consequences of Section 28 and evolution of community-led services. Communities have **often felt let down** by mainstream services. There is **good engagement** with community-led health services as services are **trusted and respected**. Services are often **over capacity, with insufficient funding**.
- There is a recognition that service users may come with **complex and multiple needs**.
- LGBTQIA+-led services are **not accessible to all**, particularly those with multiple minoritised identities. Services which support higher numbers with dual experience of oppression include those **delivered by and for specific communities**, and a trans health advocacy service.
- Some LGBTQIA+-led community services are **filling gaps in healthcare provision**. These range from service navigation roles, to specific healthcare services, to a variety of support offers for overall health and wellbeing.

“We **don't really have problems with non-engagement** though – the other way round. They want to come all the time”.

“**Our black communities**… at the beginning, because the history of the project had been very white-led…**didn't feel it was for them**”.

“Being **seen by someone who is part of the community** might **open up more** about what’s going on”.

Sources: (224)

“How far would you be willing to travel for a simple blood test? It’s a national disgrace that people have to travel this far”

Stakeholders identified that trans-affirming care is inaccessible, with the gatekeeping role of GPs seen as problematic, particularly when professionals have insufficient knowledge, training and/or willingness to learn.

- Some stakeholders felt clinical practice is being i**nfluenced by wider societal pressures** and that clinicians need **greater support** in their role.
- Because of **past or feared stigma and discrimination**, cisnormative assumptions and misgendering, trans residents have a **lack of trust and confidence** in healthcare professionals.
- Due to **waiting times** and inaccessible services, trans residents are **self-sourcing hormones**, without monitoring. They rely on strong **community support.** Other **coping mechanisms** including those that are maladaptive. **Mental health** is being significantly impacted by waiting times.
- There is a need for more **holistic care**, including management of gender dysphoria. There is evidence of gender-related medical misattribution and invasive questioning (termed ‘**trans broken arm syndrome**’*).
- **Trans health hub models** were seen as good practice. However, stakeholders noted there is a **significant lack of funding** for such models, and a desire for more community hubs. Others acknowledged these were still insufficient, due to potential difficulties with **continuity of care** for those with multimorbidity.

*“**There's not enough funding** attached to this cause... money that we are funded for, for a start, we don't know how long it's going to last for”.*

*“Doctors… are highly aware and even seem burdened by patient safeguarding… but with trans people, they don’t. They make it not mean the same thing… kind of contextualise it as enabling something that’s unnecessary… a lifestyle choice… ’it's your **choice** to go on hormones, why should you be pressuring me to prescribe?’...a clever thing to do because it switches someone’s **personhood, their needs, to something they are choosing**”.*

*“It just seems that there's this whole kind of **acceptability** amongst healthcare to say ‘oh, I don't know about that’. That **sits in a special little box**”.*

Source: (224) *Healthcare providers’ invasive questioning and incorrect assumption that medical issues result from a patient’s trans status.

“Meet our needs where we are at. Spaces we have created that we feel safe in – support those”

Stakeholders felt services must be improved, with a stronger commitment to change, or health inequalities will persist.

- Some acknowledged prior progress. For many, focus remained on the **significant progress still needed**. Some expressed **fears** for the future; others were optimistic, particularly with **community solidarity**. There was a call for Southwark Council to show **greater commitment**, even **spearheading initiatives. Greater engagement** was seen as essential to better understand how to reach under-served communities.
- The majority felt work was often best achieved by **LGTQIA+-led services** and **partnership working**, and an **outreach model** where communities were met in their own safe spaces. There was a unanimous call for **increased and sustainable funding** for services currently meeting needs.
- It was universally recognised that **further awareness training of services** was required. This should be long-term, sustainable and not tokenistic, and also **LGBTQIA+-accredited**, to gain trust from communities by providing them with **quality assurance.** Training on **specific communities’ needs**, such as trans health, was necessary. There was an expressed need for **greater visibility in services and representation** from LGBTQIA+ staff members. There was also a desire for more tailored **health education** for communities, delivered in their own safe spaces.
- Many expressed need for sexual orientation and gender identity **data monitoring**, with data obtained and used appropriately to inform change.

“I think **training is key**… with training for things like that, if you do one-off training and then it's over, then you forget, and then you go back to your old ways… the NHS could have in place [training] where people are **actually accountable** and there's an **ongoing review** of how services are running”.

“They **want to be able to see someone who’s black and queer.** And a number of them will say, unless they see that, then they're just not going to go… or at the very least, they'll take a white queer therapist”.

“[Southwark] should be the **vanguard** considering our population levels of LGBTQ+ people”.

Source: (224)

“It’s the same kind of issues… not being essentially addressed”

Current health inequalities are longstanding and not being addressed. Needs may be different to those of heterosexual and cisgender people. Mainstream offers may not be competent or appropriate to meet some needs.

- The main health concerns identified were in relation to **barriers to care.** Common wider determinants identified included **social isolation and loneliness; hate crime and discrimination** and their impacts on **mental and physical heath.**
- Throughout interviews, **specific groups** within LGBTQIA+ communities were identified as requiring greater support and experiencing more substantial health inequalities. This included **trans and non-binary people**, particularly in relation to trans-affirming healthcare and mental health support. There was need for greater engagement with and support for **bisexual and lesbian women**. Those with **multiple minoritised identities**, including **Black LGBTQIA+ communities**, were identified as having further barriers to service use and health and wellbeing maintenance. **Older LGBTQIA+ people** were acknowledged as a forgotten group with many unmet needs. **Chemsex** was another area requiring further support.

“**Our trans and non-binary residents – everyone should be doing better here**”.

“Massively ageist society… older people hugely invisible… seen as deeply unattractive to look old… **don’t think of them in terms of sexuality** or sex”.

“**Hidden harm** that we haven’t had capacity to get to… experiences of our **minority ethnic communities**… additional stigma around getting support”.

Source: (224)

“All of these things, coupled with the fact that you are living in a society that isn’t welcoming or even safe for you”

Stakeholders felt that wider determinants of health are maintaining and perpetuating the health inequalities experienced by LGBTQIA+ people.

- Wider determinants were of frequent concern, including the current **toxic political climate**; **hate crime and discrimination**; **social isolation and loneliness**; the **cost of living crisis**; and **homelessness**. There was unanimous recognition of the essential role of **social networks** and **peer support**, **safe community spaces**, **LGBTQIA+-specific support**, and the need for **greater investment**.

“It's to do with **being oppressed and not having the services** to deal with that, and that also has an **effect on people's life circumstances**”.

“**Queer community spaces**… strong sense of **people wanting to provide** and be **part of a community**… there is a real will for people to come together in **solidarity**”.

“We are seeing that the **intolerance of putting up with suffering is stronger**”.

Source: (224)

This needs assessment has also been informed by the views of residents participating in focus groups

In 2024, Mabadiliko Community Interest Company was commissioned by the NHS to engage with Southwark LGBTQIA+ residents, to understand their preventative health service needs and to develop recommendations for local action.

- The engagement explored areas such as availability of preventative services, barriers to accessing support, and key principles that should be adopted in designing support.

- The research highlighted continued stigma and discrimination experienced by residents, and a lack of cultural sensitivity in the delivery of services. Residents emphasised the need for broader policy and system changes relating to social determinants of health inequalities, alongside the need for meaningful, on-going partnership with decision-makers. Recommendations which emerged from the engagement include:
  - Establish mandatory LGBTQIA+ cultural competency training and certification requirements for all healthcare providers and staff, with regular assessments and accountability mechanisms.
  - Increase dedicated funding and resources for LGBTQIA+-specific health clinics, community centres and other organisations that provide culturally relevant services and programming for LGBTQIA+ communities in Southwark.
  - Develop and implement targeted outreach, navigation and case management services to help LGBTQIA+ individuals in Southwark, particularly those from marginalised communities, connect with appropriate and affirming healthcare providers and resources.
  - Establishment of clear policies and guidelines for creating welcoming, inclusive and affirming healthcare environments for LGBTQIA+ patients in Southwark, including requirements for gender-neutral facilities, inclusive intake forms and electronic health records, and visible signs of LGBTQIA+ allyship.
  - Develop and expand LGBTQIA+-specific mental health support services in Southwark, including access to culturally competent therapy, counselling and peer support groups.
  - Develop and implement comprehensive LGBTQIA+ data collection and monitoring systems across all services, with a focus on identifying and addressing disparities in access, outcomes and experiences of care.

Sources: (225)

Section 9: Best Practice

Southwark Council

Much guidance exists to support services to commission, design and deliver high quality support for LGBTQIA+ residents

Best practice guidance is available for a variety of settings, determinants of health, and specific community groups.

- **There are important considerations for specific settings. Examples of guidance for service planning, design and delivery include:**
  - NHS Confederation: Health and Care LGBTQ+ Inclusion Framework 2022; Public Health England (PHE): The Lesbian, Gay, Bisexual & Trans Public Health Outcomes Framework Companion Document 2013; LGBT Foundation: If We're Not Counted, We Don't Count 2021
  - **GB+ men:** PHE: Promoting the Health and Wellbeing of Gay, Bisexual and Other Men Who Have Sex With Men 2014
  - **LGB+ women:** PHE: Improving the Health and Wellbeing of Lesbian and Bisexual Women and Other Women Who Have Sex With Women 2018
  - **Trans and non-binary people:** London Assembly Health Committee: Trans Health Matters: Improving Access to Healthcare for Trans and Gender Diverse Londoners 2022; British Medical Association: Inclusive Care of Trans and Non-Binary Patients 2024; World Professional Association for Transgender Health: Standards of Care for the Health of Transgender and Gender Diverse People version 8 2022
  - **Older LGBT+ people:** Bailey D et al: Equal But Different! Improving Care for Older LGBT+ Adults 2022
  - **Mental health:** Mental Welfare Commission for Scotland: LGBT Inclusive Mental Health Services 2022; LGBT Foundation: LGBT+ Positive Practice Guide 2024
  - **Sexual health**: PHE: Sexually Transmitted Infections: Promoting the Sexual Health and Wellbeing of Gay, Bisexual and Other Men Who Have Sex With Men 2021; British Association of Sexual Health and HIV: Recommendations for Integrated Sexual Health Services for Trans, Including Non-Binary People 2019
  - **Social care**: Skills for Care: LGBTQ+ Care in Later Life 2023; National LGBT Partnership: ASCOF LGBT Companion Document 2015
  - **Substance use:** London Friend: Out Of Your Mind 2014
  - **Work and education**: Stonewall: LGBT in Britain Work Report 2018
  - **Housing and homelessness**: The London Queer Housing Coalition: Manifesto 2024
  - **Hate crime and abuse**: Galop: Working with Victims of Anti-LGBT Hate Crimes 2021; Galop: Commissioning for Inclusion: Delivering Services for LGBT+ Survivors of Domestic Abuse 2021

Sources: (42),(54),(81),(226-240)

Much guidance exists to support services to commission, design and deliver high quality support for LGBTQIA+ residents

There are commonalities in the evidence base and best practice guidance across settings.

- **Routine sexual orientation and gender identity data collection and monitoring across services**
  - With appropriate staff training, consideration of intersecting identities, and confidentiality policies.
- **Mandatory, ongoing staff training in LGBTQIA+ health inequalities**
  - Including: general and specific needs, experiences and challenges faced by LGBTQIA+ people; challenging biases; and regular assessment and accountability.
- **Inclusive, affirming and accessible service provision**
  - Greater visibility and representation in services; need for both general and LGBTQIA+-specific service provision; greater investment in services such as gender-affirming care and mental health services; and provision for those experiencing multiple marginalisation.
- **Pro-active preventative approaches, and clear inclusive policies and guidelines**
  - Inclusive local policies on improving access and outcomes, and on wider determinants of health.
  - Advocacy for stronger legal protections against discrimination.
- **Community engagement and co-design of services**
  - Collaboration with trusted LGBTQIA+ organisations, and communities, in service design, delivery and evaluation, to ensure communities' needs are met and their confidence maintained.
- **Promoting research and evidence-based interventions**
  - Investment in research focused on tailored interventions to reduce the inequalities identified, ensuring greater representation of the most marginalised and under-represented groups.

- In 2022, the NHS Federation produced the Health and Care LGBTQ+ Inclusion Framework, which summarises six key overarching recommendations for health and care services, shown in figure 33.

Figure 33: NHS Federation recommendations to support LGBTQIA+ people's health

Source: (226)

Section 10: Recommendations

Southwark Council

Collaboration between Southwark Council, SEL ICB and community stakeholders is required to improve LGBTQIA+ health

This needs assessment identifies five overarching themes in how public sector bodies, VCSE organisations and local services could improve, to better support the health and wellbeing of LGBTQIA+ residents in Southwark.

1. **Committing to change** through active leadership and forums that enable cross-sector partnership working around a shared action plan.

2. **Supporting and investing in community-led initiatives**, with more sustainable funding and better connection with mainstream services.

3. **Engaging and working with LGBTQIA+ communities** in service design, delivery and monitoring, to build community trust and confidence in service providers and commissioners.

4. **Creating inclusive and knowledgeable services** by supporting greater visibility and representation in services and their commissioning, and by delivering LGBTQIA+-led awareness training across health, care and wider council services.

5. **Monitoring progress** by supporting effective implementation of sexual orientation and gender identity monitoring across council and VCSE commissioned services, and by advocating for and supporting wider adoption across local NHS services.

1. Committing to change

Issue	Recommendation	Responsible party
1.1 Causes of health inequalities for LGBTQIA+ residents are multifaceted, spanning a range of wider socio-cultural disadvantages, societal attitudes and access challenges. Cross-sectoral collaboration and a systematic approach are needed.	Embed clear policies and commitments within Southwark Council's Equality Framework, to help address health and wider determinant inequalities experienced by LGBTQIA+ residents and staff.	**Southwark Council Equality, Diversity & Inclusion (EDI) team**
1.2 Findings from this needs assessment have been guided by colleagues across the health, social care and VCSE network. It is important that these relationships are maintained, to help promote responsibility within individual services and organisations.	Reestablish the council's LGBTQI+ Community Forum to drive forward collaborative agendas and co-ordinate actions identified from the report.	**Southwark Council Strategy & Communities team**
1.3 There are no ongoing programmes of work to identify and communicate gaps in health and wellbeing needs affecting LGBTQIA+ residents.	Create an LGBTQIA+ health working group to provide ongoing review of health and wellbeing needs for LGBTQIA+ people. For example, exploring the need for more focused needs assessments.	**Southwark Public Health**

2. Supporting and investing in community-led initiatives

Issue	Recommendation	Responsible party
2.1 The needs of LGBTQIA+ residents are not always met by existing services, and current approaches to supporting the community are not always community-led, or are struggling due to lack of funding.	Establish more equitable funding models for smaller VCSE organisations. For example, use of the NHS health inequalities fund.	**Integrated Care Board**
	Establish a health outreach hub at a local community centre, co-designing the offer with local LGBTQIA+ services and supporting them to co-locate their services there.	**Southwark Public Health**
	All mainstream service contracts should have built-in assurances that improvements and outcomes will be delivered for LGBTQIA+ service users. This can be set out in Equality Impact Assessments.	**Southwark Council; Integrated Care Board**
2.2 LGBTQIA+ residents struggle to access mental health services and often report poorer outcomes when they do. Stakeholders reported that in other health domains, community-led services were more impactful than mainstream services.	Work with local community groups and mental health providers to co-design a tailored mental health support offer (using the Southwark Wellbeing Hub as a model), delivered by staff from LGBTQIA+ backgrounds.	**SLaM; Integrated Care Board**
	Develop further accreditation opportunities (such as Pride in Practice) for organisations and services across the whole health and care system.	**Southwark Public Health; Integrated Care Board; NHS England**
	Provide cultural competency training where accreditation is not available.	**Integrated Care Board**
2.3 Some LGBTQIA+ communities are more marginalised and experience poorer health outcomes than others, but services tend to be generically targeted at all LGBTQIA+ communities.	Increase funding opportunities for existing services that specifically support trans and non-binary people, such as the Bridge Clinic.	**NHS services sexual health team; Integrated Care Board**
	Consider subcontracting for targeted LGBTQIA+ services, providing fair opportunities to LGBTQIA+ specialist organisations.	**Local Authority services; Integrated Care Board**

3. Engaging and working with LGBTQIA+ communities

Issue	Recommendation	Responsible party
3.1 More involvement of LGBTQIA+ residents is needed in the co-design, delivery and evaluation of services.	Collaborate with local VCSE organisations to identify and involve residents in service design, delivery and evaluation.	**Integrated Care Board; Southwark Council**
	Explore opportunities to involve LGBTQIA+ residents in the design of new service models, such as the new Adult Social Care under-60s service.	**Southwark Social Care; Integrated Care Board**
3.2 There is limited understanding of the experiences of LGBTQIA+ people accessing health and care services.	Encourage VCSE organisations to document the experiences of LGBTQIA+ people accessing health and care services.	**Local VCSE groups**
	Increase the responsibility of larger organisations to address gaps in LGBTQIA+ service experience identified by VCSE organisations.	**Southwark Council; Integrated Care Board**
3.3 Trusted organisations require more resources to promote their services.	Work with local VCSE organisations to promote the services of trusted organisations, improving awareness and uptake by LGBTQIA+ residents.	**Integrated Care Board**
	Larger organisations should seek guidance from VCSE groups on which organisations are trusted by LGBTQIA+ communities, particularly for services aimed at specific LGBTQIA+ groups.	**LGBTQI+ Community Forum**

4. Creating inclusive and knowledgeable services

Issue	Recommendation	Responsible party
4.1 The LGBTQIA+ community comprises a large number of diverse groups with intersectional identities and varying needs, but services often treat LGBTQIA+ residents as one homogenous entity.	Invite local VCSE partners to deliver training events for local commissioners and frontline teams, to increase awareness of LGBTQIA+ people's intersectionality.	**Integrated Care Board; Southwark Public Health**
4.2 Stronger protections required to combat the stigma and discrimination experienced by LGBTQIA+ people accessing services, especially for trans communities.	Ensure all services have a visible policy of zero-tolerance for homo/bi/transphobia and all identity-based discrimination.	**Integrated Care Board; Local Authority services**
	Offer explicit training on gender and sexual diversity within recruitment training, to secure fairer outcomes for LGBTQIA+ applicants to Southwark roles.	**Local Authority services; Integrated Care Board;**
4.3 Experiences of invisibility and lack of representation of LGBTQIA+ people within services.	Continued support for LGBTQIA+ role models to be visible within public sector organisations, Pride and LGBTQIA+ history events.	**Southwark Council EDI team**
	Encourage public sector organisations to implement an 'available upon request' protocol for staff wanting rainbow pins, allowing staff to demonstrate their support for the LGBTQIA+ community.	**Southwark Council EDI team**
4.4 Evidence of barriers to LGBTQIA+ communities engaging in sports environments, especially for trans communities.	Ensure sports facilities are LGBTQIA+-friendly, with dedicated sessions catering for these communities.	**Southwark Leisure**
4.5 Public-facing materials do not consistently use inclusive language and ensure representation of all LGBTQIA+ people.	Review public-facing materials (e.g. leaflets and webpages) and ensure inclusive language and representation of LGBTQIA+ people.	**LGBTQI+ Community Forum**

5. Monitoring progress

Issue	Recommendation	Responsible party
5.1 Service contracts do not enforce the requirement to routinely collect information on protected characteristics such as sexual orientation and gender identity.	Implement an ‘equality diversity & inclusion’ page in Southwark Council and NHS service contracts, stating that sexual orientation and gender identity data must be collected.	**Southwark Council EDI team**
5.2 Data systems which collect and update resident/patient details do not have the functionality to record data on sexual orientation and gender identity.	Review and monitor the collection of sexual orientation and gender identity data across electronic record systems, and develop service plans to improve recording.	**Southwark Insight & Intelligence Programme (SIIP); Integrated Care Board**
	Ensure data collection for sexual orientation and trans monitoring aligns with LGBT Foundation and BASHH guidelines.	**Southwark Insight & Intelligence Programme; Integrated Care Board**
	Provide alternative methods for service users to disclose sexual orientation and gender identity in primary and secondary care settings, such as digital recording devices.	**Hospital Trusts; Integrated Care Board**
5.3 There is a lack of awareness of the importance of collecting data on protected characteristics, such as sexual orientation and gender identity.	Enhance mandatory training on equality, diversity and inclusion for front line staff and staff involved in data recording.	**Southwark Council EDI team; Integrated Care Board**

This needs assessment has strengths and limitations which should be considered when applying findings

- This needs assessment brings together a diverse range of qualitative and quantitative data, providing a robust foundation for understanding the issues faced by Southwark LGBTQIA+ residents. It also highlights the invaluable role of local VCSE groups and the vital role of community support in improving and sustaining health and wellbeing.

- Despite longstanding evidence of health inequalities and efforts to obtain data, local data is still insufficient and rarely disaggregated appropriately by specific sexual orientation or gender identity. This limits the validity and applicability of some findings. Individual groups need to be considered separately, to avoid potential harm from aggregating all LGBTQIA+ people and perpetuating 'othering'.

- Some wider determinants were included following further engagement with stakeholders. These findings should be explored in more detail following publication of this report.

- Following publication of this report, there must be a greater and more sustained effort to engage local diverse LGBTQIA+ communities in service design, delivery and evaluation.

- The main report author acknowledges their positionality as a white cisgender heterosexual woman. Despite efforts to let quantitative and qualitative data guide the report synthesis, the potential for inherent biases must be considered.

Section 11: Glossary

Southwark Council

A number of terms have been used in this report; the following definitions apply

Glossary of key terms used

Binary	This refers to the gender binary of men and women. Trans binary refers to someone who identifies with a binary gender that does not align to their sex assigned at birth.
Biphobia	The fear or dislike of someone based on prejudice or negative attitudes, beliefs or views about bisexual people.
Cisgender or cis	Someone whose gender identity is the same as the sex they were assigned at birth.
Cisnormative assumption	The assumption that all bodies and people align with their sex assigned at birth, and that this is ideal and superior to other gender identities.
Chosen family	A non-biologically related group of individuals established as playing significant roles in each other's lives, based on chosen bonds.
Coming out	The process of first telling one or more people about one's sexual orientation and/or gender identity.
Gender	Often expressed in terms of masculinity and femininity, gender is largely culturally determined and often assumed from sex assigned at birth.
Gender dysphoria	A person's experience of discomfort or distress due to a mismatch between their sex assigned at birth and their gender identity.
Gender identity	An innate sense of one's own gender, such as man, woman or non-binary, which may or may not correspond to one's sex assigned at birth.
Heteronormative assumption	The assumption that all are 'naturally' heterosexual, and that heterosexuality is the ideal and superior to other sexual orientations.
Homophobia	The fear or dislike of someone based on prejudice or negative attitudes, beliefs or views about lesbian or gay people.
Intersex	Term used to describe people with the biological attributes of both sexes, or with biological attributes which do not fit societal assumptions about what constitutes male or female.

A number of terms have been used in this report; the following definitions apply

Glossary of key terms used

LGBTQIA+	Commonly used acronym referring to lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual and other non-cisgendered and non-heterosexual identities. Others include LGBT, LGBT+, LGBTIQ+, LGBTQ+.
Minoritised	Individuals and populations whose collective cultural, economic, political and social power has been eroded through the targeting of identity in active processes that sustain structures of hegemony. The term emphasises active processes and moves beyond binary discussion of minority versus majority. Minoritisation is a social process shaped by power.
Misgendering	Intentional or unintentional referring or speaking to a person in a way that does not align with their gender identity.
Non-binary	Umbrella term for people whose gender identity does not sit comfortable with ‘man’ or ‘woman’. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.
Non-gestational	A parent who did not physically give birth to the new child.
Sexual orientation	A person’s physical, romantic, and/or emotional attraction towards other people. Sexual orientation is also used as an umbrella term covering sexual identity, attraction and behaviour.
Outed	A person’s sexual orientation or gender identity is disclosed to a third party without the person’s consent.
Pronoun	Words used to refer to someone in the third person, as a substitute for their name, e.g. ‘he’, ‘she’ or gender-neutral language such as ‘they/their’.
Transgender or trans	Umbrella term for people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, such as trans man, trans woman or non-binary.
Transitioning	The steps a trans person takes to live in the gender with which they identify. Each person’s transition will involve different elements; for some this involves medical intervention, but not all trans people want this or are able to undergo it.
Transphobia	Fear or dislike of someone based on prejudiced or negative attitudes, beliefs or views about trans people.

Section 12: References

Southwark Council

References

(1) Office for National Statistics. Gender identity, England and Wales: Census 2021. London: ONS; 2023.
(2) Office for National Statistics. Sexual orientation (detailed) for geographic areas in England and Wales, England and Wales: Census 2021. London: ONS; 2023. With updated figures, November 2023.
(3) Government Equalities Office. LGBT survey and LGBT action plan. Improving the lives of lesbian, gay, bisexual and transgender people. London: GEO; 2018.
(4) Hudson-Sharp N et al. Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence. London: NIESR; 2016.
(5) Stonewall. List of LGBTQ+ terms. Stonewall: London; 2023.
(6) Oxford English Dictionary. Oxford, UK: Oxford University Press; 2023. Available online.
(7) Savin-Williams RC. Sexual Orientation: Categories or Continuum? Commentary on Bailey et al. *Psychol Sci Public Interest* 2016; 17(2): 37–44.
(8) Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull* 2003; 129: 674–97.
(9) Yip JL et al. Anti-racist interventions to reduce ethnic disparities in healthcare in the UK: an umbrella review and findings from healthcare, education and criminal justice. *BMJ Open* 2024; 14(2): e075711.
(10) Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Stockholm, Sweden: Institute for Future Studies; 1991.
(11) United Nations. Born free and equal: sexual orientation, gender identity and sex characteristics in international human rights law (2nd ed). Geneva: United Nations Office of the High Commissioner; 2019.
(12) United Nations. Independent expert on sexual orientation and gender identity. OHCHR; update 2024. Available at: https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity
(13) Data page: LGBT+ rights index. In: Bastian H et al. LGBT+ rights; 2023. Data adapted from Velasco, various sources. Available at: https://ourworldindata.org/grapher/lgbt-rights-index
(14) ONS. Country of birth, England and Wales: Census 2021. Data for 16+ yr usual residents. London: ONS; 2023.
(15) WHO. International classification of diseases, tenth revision (ICD-10) 2nd ed 2004. and eleventh revision (ICD-11) 2019/2021. Geneva: World Health Organisation; 2004 and 2021.
(16) The National Archives, London UK. Including: Sexual Offences Act 1967, Marriage Act 1971, Local Government Act 1988, Section 28, Human Rights Act 1998, Sexual Offences (Amendment) Act 2000, Adoption and Children Act 2001, Gender Recognition Act 2004, Human Fertilisation and Embryology Act 2008, Equality Act 2010, Marriage (Same Sex Couples) Act 2013. Available online via: legislation.gov.uk.
(17) Government Equalities Office. Analysis of the responses to the Gender Recognition Act (2004) consultation. London: GEO; 2020.
(18) Government Equalities Office. Gender Recognition Act reform: consultation and outcome 2022. London: GEO; 2022.
(19) The Scottish Parliament. Bills and laws. Bills (proposed laws). Gender Recognition Reform (Scotland) Bill 2022. Scotland UK: The Scottish Parliament; 2022.
(20) United Nations. Independent expert on protection against violence and discrimination based on sexual orientation and gender identity. Country visit to the United Kingdom. New York: OHCHR; 2023.
(21) ILGA-Europe. Rainbow Europe map and index 2023. Brussels: ILGA; 2023.
(22) National Centre for Social Research. Press release: Britain's attitudes towards moral issues have become much more liberal. Findings from 40 years of the British Social Attitudes survey. London: NatCen; 2023.
(23) McGowan VJ et al. Life under COVID-19 for LGBT+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations. *BMJ Open* 2021; 11(7): e050092.
(24) ILGA Europe. COVID-19 impacts on LGBTI communities in Europe and Central Asia: a rapid assessment report. Brussels: ILGA; 2020.
(25) LGBT Foundation. Hidden Figures: COVID-19 pandemic impact on LGBTQ+ people. 3rd edition. Manchester UK: LGBT Foundation; 2020.
(26) LGBT Hero. The LGBTQ+ Lockdown Wellbeing Report. London: LGBT Hero; 2020.
(27) Nowaskie DZ et al. The impact of COVID-19 on the LGBTQ+ community: Comparisons between cisgender, heterosexual people, cisgender sexual minority people, and gender minority people. *Psych Res* 2022; 309: 114391.

References

(28) Gato J et al. Psychosocial effects of the COVID-19 pandemic and mental health among LGBTQ+ young adults: a cross-cultural comparison across six nations. *J Homosex* 2021; 68(4): 612–630.
(29) Phillips C. How Covid-19 has exacerbated LGBTQ+ health inequalities. *BMJ (Clin Res)* 2021; 372: m4828.
(30) Kneale D et al. Discrimination as a predictor of poor mental health among LGBTQ+ people during the COVID-19 pandemic: cross-sectional analysis of the online Queerantine study. *BMJ Open* 2021; 11: e049405.
(31) Kneale D et al. The influence of a hostile environment on a syndemic of depression, stress and chronic limiting illness among LGBTQ+ people during the COVID-19 pandemic. *Sociol Health Illn* 2024; 46: 114–36.
(32) Southwark Council. Reports and strategies. Joint Health and Wellbeing Strategy 2022-27. London: Southwark Council; 2021.
(33) Southwark Council. JSNA annual report. Southwark's JSNA. London: Southwark Council; 2023.
(34) Southwark Council. Mental health of children & young people in Southwark. Southwark's JSNA. London: Southwark Council; 2023.
(35) Southwark Council. Suicide prevention strategy 2023-28. London: Southwark Council; 2023.
(36) Southwark Council. Fairer, greener, safer. Southwark Council delivery plan 2022-2026. London: Southwark Council; 2021.
(37) Southwark Council. Council Assembly (ordinary meeting; theme: Giving our children and young people the best start in life). 22 Nov 2023. Southwark Council: London; 2023.
(38) Southwark LGBT Network and Healthwatch Southwark. Southwark LGBTQ+ community consultation 2018-9. London: Southwark LGBT Network; 2019.
(39) ONS. Sexual orientation and gender identity data combining multiple variables, England and Wales: Census 2021. Data for 16+ yr usual residents. London: ONS; 2023.
(40) NHS England. GP Patient Survey 2023 results. England: NHS England; 2023.
(41) Impact on Urban Health. Health and wellbeing in Lambeth and Southwark: insights from local communities. London: Clearview Research, Opinium and Impact on Urban Health; 2024.
(42) Public Health England. Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women. London: PHE; 2018.
(43) Kneale D et al. Inequalities in older LGBT people's health and care needs in the United Kingdom: a systematic scoping review. *Ageing Soc* 2021; 41(3): 493–515.
(44) Zeeman L et al. A systematic review of the health and healthcare inequalities for people with intersex variance. *Int J Environ Res Public Health* 2020; 17(18): 6533.
(45) Rosenwohl-Mack A et al. A national study on the physical and mental health of intersex adults in the U.S. *PloS One* 2020; 15(10): e0240088.
(46) Saunders CL et al. Demographic characteristics, long-term health conditions and healthcare experiences of 6333 trans and non-binary adults in England: nationally representative evidence from the 2021 GP Patient Survey. *BMJ Open* 2023; 13: e068099.
(47) Van Zijverden LM et al. Cardiovascular disease in transgender people: a systematic review and meta-analysis. *Eur J Endocrinol* 2024; 190(2): S13–S24.
(48) Caceres BA et al. Assessing and addressing cardiovascular health in LGBTQ adults: a scientific statement from the American Heart Association. *Circulation* 2020; 142(19): e321-332.
(49) Saunders CL et al. Long-term conditions among sexual minority adults in England: evidence from a cross-sectional analysis of responses to the English GP Patient Survey. *BJGP Open* 2021; 5(5): BJGPO.2021.0067.
(50) Bachmann C & Gooch B. LGBT in Britain. Health Report. London: Stonewall and YouGov; 2018.
(51) Woodhead C et al. Mental health among UK inner city non-heterosexuals: the role of risk factors, protective factors and place. *Epidemiol Psychiatr Sci* 2016; 25(5): 450–461.
(52) Wittgens C et al. Mental health in people with minority sexual orientations: a meta-analysis of population-based studies. *Acta Psychiatr Scand* 2022; 145(4): 357-372.
(53) Pitman A et al. The mental health of lesbian, gay, and bisexual adults compared with heterosexual adults: results of two nationally representative English household probability samples. *Psychol Med* 2021: 1-10.

References

(54) Public Health England. Promoting the health and wellbeing of gay, bisexual and other men who have sex with men. London: PHE; 2014.
(55) Ross LE et al. Prevalence of depression and anxiety among bisexual people compared to gay, lesbian, and heterosexual individuals: a systematic review and meta-analysis. *J Sex Res* 2018; 55(4-5): 435–456.
(56) Semlyen J et al. Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. *BMC Psych* 2016; 16: 67.
(57) Colledge L et al, Poorer mental health in UK bisexual women than lesbians: evidence from the UK 2007 Stonewall Women's Health Survey. *J Public Health* 2015; 37(3): 427–37.
(58) Watkinson RE et al. Gender-related self-reported mental health inequalities in primary care in England: a cross-sectional analysis using the GP Patient Survey. *Lancet* 2024; 9(2): e100-108.
(59) TransActual. Trans Lives Survey 2021: Enduring the UK's hostile environment. London: TransActual, 2021.
(60) Witcomb GL et al. Levels of depression in transgender people and its predictors: results of a large, matched control study with transgender people accessing clinical services. *J Affect Disord* 2018; 235: 308-315.
(61) Hunter J et al. Gender minority stress in trans and gender diverse adolescents and young people. *Clin Child Psychol Psych* 2021; 26(4): 1182-1195.
(62) Rimes KA et al. Non-binary and binary transgender youth: comparison of mental health, self-harm, suicidality, substance use and victimization experiences. *Int J Transgend*. 2019; 20(2-3): 230–240.
(63) Ploderl M & Tremblay P. Mental health of sexual minorities. A systematic review. *Int Rev Psych* 2015; 27(5): 367-85.
(64) Gnan GH et al. General and LGBTQ-specific factors associated with mental health and suicide risk among LGBTQ students. *J Youth Stud* 2019; 22(10): 1393-1408.
(65) Arcyriou et al. Mediators of the disparities in depression between sexual minority and heterosexual individuals: a systematic review. *Arch Sex Behav* 2021; 50(3): 925-959.
(66) Hatzenbuehler M et al. How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychol Bull* 2009; 135(5): 707–730.
(67) Saunders CL et al. Associations between sexual orientation and overall and site-specific diagnosis of cancer: evidence from two national patient surveys in England. *J Clin Oncol* 2017; 35(32): 3654-3661.
(68) NHS England. National Cancer Patient Experience Survey. London: NHSE; 2016.
(69) Meads C & Moore D. Breast cancer in lesbians and bisexual women: systematic review of incidence, prevalence and risk studies. *BMC Public Health* 2013; 13: 1127.
(70) Kamen C et al. "Sex can be a great medicine": sexual health in oncology care for sexual and gender minority cancer patients. *Curr Sex Health Rep* 2020; 12(4): 320-328.
(71) Dibble SL et al. Comparing breast cancer risk between lesbians and their heterosexual sisters. *Women Health Iss* 2004; 14: 60–68.
(72) Jackson SS et al. Cancer stage, treatment, and survival among transgender patients in the United States. *J Natl Cancer Inst* 2021; 113(9): 1221-1227.
(73) Nash R et al. Frequency and distribution of primary site among gender minority cancer patients: an analysis of U.S. national surveillance data. *Cancer Epidemiol* 2018; 54: 1-6.
(74) de Nie I et al. Prostate cancer incidence under androgen deprivation: nationwide cohort study in trans women receiving hormone treatment. *J Clin Endocrinol Metab* 2020; 105(9): e3293-e3299.
(75) de Blok CJM et al. Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands. *BMJ* 2019; 365: l1652
(76) Brown J et al. Prevalence of cancer risk factors among transgender and gender diverse individuals: a cross-sectional analysis using UK primary care data. *Br J Gen Pract*. 2023; 73(732): e486-e492.
(77) Light B & Ormandy P. Lesbian, gay and bisexual women in the north west: a multi-method study of cervical screening attitudes, experiences and uptake. Salford UK: University of Salford; 2011.
(78) Public Health England. Cervical screening for lesbian and bisexual women. London: PHE; updated 2021.
(79) NHS England. NHS population screening: information for trans and non-binary people. London: NHSE; Updated 2023.
(80) Berner AM et al. Attitudes of transgender men and non-binary people to cervical screening: a cross-sectional mixed-methods study in the UK. *Br J Gen Pract* 2021; 71(708): 302.
(81) Bailey D et al. Equal but different! Improving care for older LGBT+ adults. *Age Ageing* 2022; 51(6): afac142.
(82) Almack K & King A. Lesbian, gay, bisexual, and trans aging in a U.K. context: critical observations of recent research literature. *Int J Aging Hum Dev* 2019; 89(1):93-107.
(83) Kneale D et al. Connected communities? LGB older people and their risk of exclusion from decent housing. *Qual Ageing Older Adults* 2016; 17(2): 107-118.

References

(84) Kneale D et al. Inequalities in older LGBT people's health and social care needs in the UK: a systematic scoping review. *Ageing Society* 2021; 41(3): 493-515.
(85) Catlett L. Healthcare needs and assets of gender diverse older adults: a systematic integrative review. *J Nursing Schol* 2022; 56(1): 119-141.
(86) Almack K & King A. Lesbian, gay, bisexual, and trans aging in a U.K. context: critical observations of recent research literature. *Int J Aging Hum Devel* 2019;89(1):93-107.
(87) Grabovac I et al. Well-being among older gay and bisexual men and women in England: a cross-sectional population study. *J Am Med Dir Assoc* 2019 20(9): 1080-5.e1.
(88) Di Lorito C et al. Are dementia services and support organisations meeting the needs of lesbian, gay, bisexual and transgender (LGBT) caregivers of LGBT people living with dementia? A scoping review of the literature. *Aging Ment Health* 2022;26(10):1912-21.
(89) National Care Forum. Dementia care and LGBT communities: a good practice paper. Coventry UK: National Care Forum; 2016.
(90) McParland J & Camic PM. How do lesbian and gay people experience dementia? *Dementia* 2018;17(4):452-77.
(91) Department for Education. Children looked after in England including adoptions. London: Department for Education; 2023.
(92) Tasker F et al. Adoption by same-sex couples – reaffirming evidence: could more children be placed? *Family Law* 2019; ISSN 0014-7281.
(93) Goldberg AE & Allen KR, editors. LGBT-parent families: innovations in research and implications for practice. New York: Springer; 2013.
(94) Hodson K et al. Lesbian and bisexual women's likelihood of becoming pregnant: a systematic review and meta-analysis. *BJOG* 2017; 124(3): 393-402.
(95) Light AD et al. Transgender men who experienced pregnancy after female-to-male gender transitioning. *Obstet Gynecol* 2014; 124(6): 1120-1127.
(96) Wierckx K et al. Reproductive wish in transsexual men. *Hum Reprod* 2012; 27(2): 483-487.
(97) Hoffkling A et al. From erasure to opportunity: a qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. *BMC Pregnancy Childbirth* 2017; 17(Suppl 2): 332.
(98) Lalwani D. The hidden costs facing potential LGBTQ+ parents. London: Stonewall; 2023.
(99) Department of Health and Social Care. NHS-funded in vitro fertilisation (IVF) in England. London: DHSC; 2024.
(100) Surrogacy UK. Surrogacy in the UK: myth busting and reform. London: Surrogacy UK; 2015.
(101) Royal College of Obstetrics and Gynaecology. Care of trans and gender diverse people within obstetrics and gynaecology. London: RCOG; 2022.
(102) Human Fertilisation and Embryology Authority. Information for trans and non-binary people seeking fertility treatment. London: HFEA; 2024.
(103) Botelle R et al. Contemporary and future transmasculine pregnancy and postnatal care in the UK. *Practis Midwife* 2021; 24(5): 8-13.
(104) LGBT Foundation. Trans and non-binary experiences of maternity services. Manchester UK: LGBT Foundation; 2022.
(105) UK Health Security Agency. HIV & Sexual Health Data Exchange. London: UKHSA; 2024.
(106) UK Health Security Agency. Sexually transmitted infections and screening for chlamydia in England: 2023 report. London: UKHSA; 2024.
(107) UK Health Security Agency. Summary profile of local authority sexual health Southwark. London: UKHSA; 2024.
(108) Rushmore J et al. Expanding the evidence base for improving sexual health among transgender communities: the importance of rigorous epidemiologic studies. *J Infect Dis* 2024; 229(6): 1603–1605.
(109) UK Health Security Agency. HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2023 report. London: UKHSA; 2023.
(110) Ogaz D et al. Mpox diagnosis, behavioral risk modification, and vaccination uptake among gay, bisexual, and other men who have sex with men, United Kingdom, 2022. *Emerg Infect Dis* 2024; 30(5): 916-925.
(111) UK Health Security Agency. Positive Voices 2022: survey report. London: UKHSA; 2024.

References

(112) Kirwan PD et al. HIV prevalence and HIV clinical outcomes of transgender and gender-diverse people in England. *HIV Med* 2021; 22(2): 131-139.
(113) Semlyen J et al. Sexual orientation identity in relation to unhealthy body mass index: individual participant data meta-analysis of 93 429 individuals from 12 UK health surveys. *J Public Health (Oxf)* 2020; 42(1): 98-106.
(114) Parker LL & Harriger JA. Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature. *J Eat Disord* 2020; 8:51.
(115) Witcomb GL et al. Body image dissatisfaction and eating-related psychopathology in trans individuals: a matched control study. *Eur Eat Disord Rev* 2015; 23(4): 287-293.
(116) *Stonewall.* Prescription for change – landmark report on lesbian and bi women's health. London, UK: Stonewall; 2008.
(117) Stonewall. Gay and bisexual men's health survey. London: Stonewall; 2013.
(118) Sport England. Active Lives Survey 2022/23. Loughborough UK: Sport England; 2024.
(119) Sport England. Active People Survey 2014/15. Loughborough UK: Sport England; 2015.
(120) NHS Digital. Health Survey for England 2017. Leeds UK: NHS Digital; 2018.
(121) Jones BA et al. The levels and predictors of physical activity engagement within the treatment-seeking transgender population: a matched control study. *J Phys Act Health* 2018; 15(2): 99-107.
(122) Regan H et al. Exploring the experiences of gay men with regards to eating, exercise, and mindfulness-based concepts. *Am J Mens Health* 2021; 15(3).
(123) Ferrero EM et al. Nutrition and health in the lesbian, gay, bisexual, transgender, queer/questioning community: a narrative review. *Adv Nutr* 2023; 14(6): 1297-1306.
(124) Gilani M et al. Levels of physical activity and barriers to sport participation in young people with gender dysphoria. *J Pediatr Endocrinol Metab* 2021; 34(6): 747-753
(125) Hargie OD et al. 'People have a knack of making you feel excluded if they catch on to your difference': transgender experiences of exclusion in sport. *Int Rev Sociol Sport* 2017; 52(2): 223-39.
(126) Barras A et al. Timelines and transitions: understanding transgender and non-binary people's participation in everyday sport and physical exercise through a temporal lens. In: Clift B et al, eds. Temporality in qualitative inquiry: theories, methods and practices. 1st ed. Oxon: Routledge; 2021; 57-71.
(127) Office of National Statistics. Annual population survey 2014-2018. London: ONS; 2018.
(128) Office of National Statistics. The odds of smoking by sexual orientation in England, 2016. London: ONS; 2018.
(129) Shahab L et al. Sexual orientation identity and tobacco and hazardous alcohol use: findings from a cross-sectional English population survey. *BMJ Open* 2017; 7(10): e015058.
(130) Jackson SE et al. Smoking and quitting behavior by sexual orientation: a cross-sectional survey of adults in England. *Nicotine Tob Res* 2021; 23(1): 124-134.
(131) NHS Digital. Health Survey England additional analyses – health and health-related behaviours of lesbian, gay and bisexual adults. London: NHS Digital; 2021.
(132) Home Office. Drug misuse: findings from the 2013/14 Crime Survey for England and Wales. London: Home Office; 2014.
(133) Caterrall E & Goodier E. Out in the open: alcohol use and harm in LGBTQ+ communities. London: Drinkaware; 2024.
(134) Zeeman L et al. LGBT+ Drinkaware. A systematic scoping review of alcohol use amongst gender and sexual minorities. Final report to Drinkaware. Brighton UK: University of Brighton; 2022.
(135) McNeil J et al. Trans mental health study 2012. Edinburgh: Scottish Transgender Alliance; 2012.
(136) Shokoochi M et al. Disparities in alcohol use and heavy episodic drinking among bisexual people: a systematic review, meta-analysis, and meta-regression. *Drug Alcohol Depend* 2022; 235: 109433.
(137) Demant D et al. Differences in substance use between sexual orientations in a multi-country sample: findings from the Global Drug Survey 2015. *J Public Health* 2017; (39(3): 532–541.
(138) Connolly D, Gilchrist G. Prevalence and correlates of substance use among transgender adults: a systematic review. *Addict Behav* 2020; 111: 106544.
(139) Connolly DJ et al. Transgender and non-binary people's experiences with alcohol reduction in the UK: a cross-sectional study. *J Subst Use Addict Treat* 2024: 158: 209246.

References

(140) Connolly D et al. Comparing intentions to reduce substance use and willingness to seek help among transgender and cisgender participants from the Global Drug Survey. *J Subst Abuse Treat* 2020; 112: 86-91.
(141) Davies EL et al. Discrimination, gender dysphoria, drinking to cope, and alcohol harms in the UK trans and non-binary community. *Alcohol Alcohol* 2023; 59 (1): agad060.
(142) Scottish Trans. Transgender inclusion in drug and alcohol services. Edinburgh: Scottish Trans; 2017.
(143) Lawn W et al. Substance-linked sex in heterosexual, homosexual, and bisexual men and women: an online, cross-Sectional "global drug survey" report. *J Sex Med* 2019; 16(5): 721-732.
(144) Public Health England. Substance misuse services for men who have sex with men involved in chemsex. London: PHE; 2015.
(145) Maxwell S et al. Chemsex behaviours among men who have sex with men: a systematic review of the literature. *Int J Drug Policy* 2019; 63: 74-89
(146) Íncera-Fernández D at al. Mental health symptoms associated with sexualized drug use (chemsex) among men who have sex with men: a systematic review. *Int J Environ Res Public Health* 2021; 18(24): 13299.
(147) Tomkins A et al. Sexualised drug taking among men who have sex with men: a systematic review. *Perspect Public Health* 2019; 139(1): 23-33.
(148) Tan RKJ et al. Social capital and chemsex initiation in young gay, bisexual, and other men who have sex with men: the pink carpet Y cohort study. *Subst Abuse Treat Prev Policy* 2021; 16(1): 18.
(149) Brunt TM et al. Mental health among men who have sex with men under the influence of psychoactive substances: a systematic review. *Int J Mental Health Addiction* 2024; s11469-023-01230-8.
(150) Edmundson C et al. Sexualised drug use in the United Kingdom (UK): a review of the literature. *Int J Drug Policy* 2018; 55: 131-148.
(151) Hibbert MP et al. A narrative systematic review of sexualised drug use and sexual health outcomes among LGBT people. *Int J Drug Policy* 2021; 93: 103187.
(152) Office for National Statistics. Personal well-being and sexual identity in the UK: 2013 to 2015. London: ONS; 2017.
(153) Office for National Statistics. Lesbian, gay, and bisexual people say they experience a lower quality of life. London: ONS; 2017.
(154) Bartram D. Sexual orientation and life satisfaction. *J Sociol* 2023; 59(1), 20-35.
(155) Greater London Authority. Survey for Londoners 2018/19 and 2021/22. London: GLA; 2023.
(156) UCL Urban Laboratory. LGBTQ+ nightlife spaces in London. London: UCL; 2017
(157) UCL Urban Laboratory. LGBTQ+ nightlife spaces: past, present + future. London: UCL; 2018
(158) LinkedIn. The UK has an LGBTQ pay gap. Sunnyvale USA: LinkedIn; 2019.
(159) Equalities and Human Rights Commission. Sexual harassment and harassment at work: technical guidance. London: EHRC; 2020.
(160) Trade Union Congress. Sexual harassment of LGBT people in the workplace. London: TUC; 2019.
(161) Bachmann CL and Gooch B. LGBT in Britain – trans report. Stonewall, 2018
(162) Matthews P et al. Lesbians, gays, and bisexuals asset-based welfare and housing in Great Britain. *Social Policy Soc* 2024; 1–15.
(163) UK Collaborative Centre for Housing Evidence. What don't we know about LGBTQ+ homelessness (and how you can help us address that). Glasgow UK: UKCCHE; 2023.
(164) Department for Levelling Up, Housing and Communities. Statutory homelessness in England. London: DLUHC; 2024.
(165) LGBT Foundation. Hidden figures: LGBT health inequalities in the UK. Manchester UK: LGBT Foundation; 2020.
(166) Akt. The LGBTQ+ youth homelessness report 2021. London: Akt; 2021.
(167) London Datastore. Metropolitan Police Service (MPS) monthly crime dashboard data. London: MPS; updated 2024.
(168) Home Office. Hate crime, England and Wales, 2022 to 2023 2nd ed. London: Home Office; 2023.
(169) Galop. Hate crime report 2021. London: Galop; 2021.
(170) Paterson JL et al. The short and longer term impacts of hate crimes experienced directly, indirectly, and through the media. *Pers Soc Psychol Bull* 2019; 45(7): 994-1010.

References

(171) Bachmann CL & Gooch B. LGBT in Britain – home and communities. London: Stonewall and YouGov; 2018.
(172) Stonewall. Supporting trans women in domestic and sexual violence services. London: Stonewall; 2018.
(173) SafeLives. Free to be safe: LGBT+ people experiencing domestic abuse. Bristol UK: Safe Lives; 2018.
(174) Office for National Statistics. Women most at risk of experiencing partner abuse in England and Wales: years ending March 2015 to 2017. London: ONS; 2018.
(175) Galop. LGBT+ domestic abuse service provision mapping study. London: Galop; 2022.
(176) Harvey S et al. Barriers faced by lesbian, gay, bisexual and transgender people in accessing domestic abuse, stalking, harassment and sexual violence services. Cardiff: Welsh Government; 2014.
(177) Trust for London, LGBT Domestic Abuse Forum, Stonewall Housing. ROAR because silence is deadly. A report on the experiences of lesbian, gay, bisexual and trans survivors of domestic violence and abuse. London: Stonewall Housing; 2014.
(178) Hudson N et al. The experiences of UK LGBT+ communities during the COVID-19 pandemic. London: NatCen; 2021.
(179) Pyper D & Tyler-Todd J. Prohibiting conversion therapy. London: House of Commons Library; 2024.
(180) Government Equalities Office. Conversion therapy: an evidence assessment and qualitative study. London: GEO; 2021.
(181) Stonewall. 2020 conversion therapy and gender identity survey. London, UK: Stonewall; 2020.
(182) Keogh B et al. Memorandum of understanding on conversion therapy in the UK (version 2, 2021). London: BACP; updated 2024.
(183) The Bridge Clinic. Commissioning data (Dec 2022 to Aug 2023). Private correspondence. London; 2023.
(184) British Medical Association. Inclusive care of trans and non-binary patients. London: BMA; 2024.
(185) Torjeson I et al. Trans health needs more and better services: increasing capacity, expertise, and integration. *BMJ* 2018; 362:k3371.
(186) NHS. Gender identity clinic waiting times. London: NHS; 2024.
(187) Almazan AN & Keuroghlian AS. Association between gender-affirming surgeries and mental health outcomes. *JAMA Surg* 2021; 156(7), 611–618.
(188) South London and Maudsley NHS Foundation Trust. Meeting the public sector equality duty. London: SLaM; 2023.
(189) South London and Maudsley NHS Foundation Trust. 2022-23 workforce equality and diversity report. London: SLaM; 2023.
(190) NHS England. NHS talking therapies for anxiety and depression annual reports 2022-23. London: NHSE; 2023.
(191) NHS England. NHS talking therapies monthly statistics including employment advisors. London: NHSE; 2024. (2022/23 quarter 4 data onwards)
(192) Rimes KA et al. Sexual orientation differences in psychological treatment outcomes for depression and anxiety: national cohort study. *J Consult Clin Psychol* 2019; 87(7): 577-589.
(193) Hambrook DG et al. Group intervention for sexual minority adults with common mental health problems: preliminary evaluation. *Behaviour Cognit Psychother* 2022; 50(6), 575–589.
(194) Hambrook D. Evaluating a LGBTQ+ wellbeing group: impact of Covid19 and who benefits most. Private communication, BABCP conference presentation. London: Talking Therapies Southwark, South London and Maudsley NHS Foundation Trust; 2023.
(195) Lloyd CEM et al. LGBQ adults' experiences of a CBT wellbeing group for anxiety and depression in an improving access to psychological therapies service: a qualitative service evaluation. *Cognit Behav Therap* 2021; 13, e58.
(196) Plöderl M & Tremblay P. Mental health of sexual minorities. A systematic review. *Int Rev Psych* 2015; 27(5), 367–385.
(197) Allen Carr's Easyway. Service quarterly report - internal commissioning data. Private correspondence. London: Allen Carr's Easyway; 2024.
(198) Guy's and St Thomas' NHS Foundation Trust. New 8-week course can help LGBTQ+ smokers quit for good. London: GSTT; 2023.
(199) Change Grow Live. Local service use data FY 2019/20 to 2023/24 up to 31st January 2024. Private correspondence. London: CGL; 2024.
(200) London Friend. Antidote local service use data commissioning report 2023/24. London: London Friend; 2024.

References

(201) Day S et al. Beyond the binary: sexual health outcomes of transgender and non-binary service users of an online sexual health service. *Int J STD AIDS* 2021; 32(10): 896-902.
(202) Hibbert MP et al. Psychosocial and sexual factors associated with recent sexual health clinic attendance and HIV testing among trans people in the UK. *BMJ Sex Reprod Health* 2020; 46(2): 116-125.
(203) LGBT Foundation. Findings from the Trans Sexual Health Survey 2017, 3rd edn. Manchester, UK: LGBT Foundation; 2020.
(204) PreventX. Southwark local SHL e-service activity data 2023. Private correspondence. Sheffield UK: PreventX; 2024.
(205) CliniQ. CliniQ activity data 2022-2023. Private correspondence. London: CliniQ, King's College Hospital; 2024.
(206) MOSAIC. Southwark adult social care sexuality data. Private correspondence. London: MOSAIC; 2024.
(207) Social Care Institute for Excellence. Webinar: Understanding how social care assesses older LGBTQ+ people for support: findings from the LOASCA study. 24 Jan 2024. Available at: https://www.scie.org.uk/older-lgbtq-people-and-social-care/loasca/loasca-study-webinar/
(208) Erdley SD et al. Breaking barriers and building bridges: understanding the pervasive needs of older LGBT adults and the value of social work in health care. *J Gerontol Soc Work* 2014; 57(2-4): 362-85.
(209) Arthur DP. Social work practice with LGBT elders at end of life: developing practice evaluation and clinical skills through a cultural perspective. *J Soc Work End Life Palliat Care* 2015;11(2):178-201.
(210) Gratwick S et al. Social work practice with LGBT seniors. *J Gerontol Soc Work* 2014; 57(8): 889-907.
(211) Almack K. 'I didn't come out to go back in the closet': ageing and end-of-life care for older LGBT people. In: Older lesbian, gay, bisexual and trans people. Oxford UK: Routledge; 2018, 158-71.
(212) Marie Curie. "Hiding who I am": The reality of end of life care for LGBT people. London: Marie Curie; 2016.
(213) Rosa WE et al. Palliative and end-of-life care needs, experiences, and preferences of LGBTQ+ individuals with serious illness: a systematic mixed-methods review. *Palliat Med* 2023; 37(4): 460–474.
(214) Simpson et al. 'We treat them all the same': the attitudes, knowledge and practices of staff concerning old/er lesbian, gay, bisexual and trans residents in care homes. *Ageing Soc* 2018; 38(5): 869-899.
(215) Skeldon L & Jenkins S. Experiences and attitudes of the LGBTQ+ community on care/nursing homes. *J Homosexuality* 2022; 70(13): 3075–3107.
(216) Tonic, Stonewall Housing and Opening Doors London. Building safer choices. London: Tonic; 2020.
(217) Clark et al. Transitioning into care: moving into a care home. *Age Ageing* 2021; 50(3): 684-686.
(218) Consortium. The National LGBT Partnership. About the partnership. Reducing health inequalities and improving access to health and social care for LGB&T people. Available at: www.consortium.lgbt/nationallgbtpartnership.
(219) The Outside Project. London's LGBTIQ+ community shelter, centre and domestic abuse refuge. Available at: lgbtiqoutside.org
(220) London LGBTQ+ Community Centre. Available at: londonlgbtqcentre.org
(221) Metropolitan Police Service. About the Met. LGBT+ community liaison officers. London: MPS. Available at: https://www.met.police.uk/police-forces/metropolitan-police/areas/about-us/about-the-met/lgbt-community-liaison-officers/#:~:text=Their%20role%20is%20to%3A,support%20LGBT%2B%20victims%20of%20crime
(222) Metropolitan Police Service. Quarter 4 2019-20 business plan progress report. London: MPS; 2020.
(223) Hillier B et al. Developing a coordinated response to chemsex across health, justice and social care settings: expert consensus statement. *BJPsych Bulletin* 2024 June: 1-8.
(224) Stakeholder interviews with LGBTQIA+-led VCSE organisations and healthcare professionals locally. Unpublished data. London: Southwark Council; 2023.
(225) Mabadiliko. Proof of concept – LGBTQIA+ communities. London: Mabadiliko CIC; 2024.
(226) Truscott C. Health and care LGBTQ+ inclusion framework. London: NHS Confederation; 2022.
(227) Williams H et al. The lesbian, gay, bisexual & trans public health outcomes framework companion document. London: Public Health England; 2013.
(228) LGBT Foundation. If we're not counted, we don't count. Good practice guide to monitoring sexual orientation and trans status. Manchester: LGBT Foundation; 2021.
(229) London Assembly Health Committee. Trans health matters: improving access to healthcare for trans and gender diverse Londoners. London: London Assembly; 2022.
(230) British Medical Association. Inclusive care of trans and non-binary patients. London: BMA; 2024.

References

(231) Coleman E et al. Standards of care for the health of transgender and gender diverse people, version 8. *Int J Transgend Health* 2022; 23(Suppl 1): S1-S259.
(232) Mental Welfare Commission for Scotland. LGBT inclusive mental health services. Good practice guide. Edinburgh: Mental Welfare Commission for Scotland; 2022.
(233) LGBT Foundation. NHS talking therapies for anxiety and depression: LGBT+ positive practice guide (2024). Manchester UK: LGBT Foundation; 2024.
(234) British Association for Sexual Health and HIV. Recommendations for integrated sexual health services for trans, including non-binary people. London: BASHH; 2019.
(235) Hafford-Letchfield T & Roberts L. (LGBTQ+) care in later life: a learning framework for knowledge, skills, values for working affirmatively with LGBTQ+ people in later life. Manchester UK: Skills for Care, LGBT Foundation; 2023.
(236) Moncrieff M. Out of your mind. Improving provision of drug and alcohol treatment for lesbian, gay, bisexual and trans people. London: London Friend; 2014.
(237) Bachmann C & Gooch B. LGBT in Britain. Work Report. London: Stonewall, YouGov; 2018.
(238) The London Queer Housing Coalition. A manifesto for London queer community housing mayoral election campaign 2024. London: LGHC; 2024.
(239) Galop. Working with victims of anti-LGBT hate crimes. A practical handbook. London: Galop; 2021.
(240) Galop. Commissioning for inclusion: delivering services for LGBT+ survivors of domestic abuse. London: Galop; 2021.

Find out more at:
www.southwark.gov.uk/publichealth

Southwark Council