

Exploring LGBTQ+ experiences of health and care services in Redbridge

August 2024

What does good health or care look like for you?

Do health or care services respect and support your LGBTQ+ identity?

How could health or care services improve?

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About Redbridge Rainbow Community

Since 2009, Redbridge Rainbow Community has offered support for LGBTQ+ people who live, work, visit or study in Redbridge. We support and celebrate the local LGBTQ+ community by:

- Running activities and events to support and connect local LGBTQ+ people and allies
- Helping local services to be LGBTQ-inclusive
- Raising issues affecting LGBTQ+ people with local services and decision-makers

LGBTQ+ people in Redbridge

There is a diverse community of lesbian, gay, bisexual, trans and queer/ questioning people in Redbridge. According to the 2021 census, there are at least 5,396 LGB+ and 2,440 trans+ people aged 16+ in Redbridge. It is important to note that this is an underestimate due to a gap in responses. This is because the census questions about sexual orientation and gender identity are optional, the census survey can be completed by someone on behalf of a household and the data only includes people aged 16+.

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Summary

Context

Lesbian, gay, bisexual, trans and queer/ questioning (LGBTQ+) people are at higher risk of having poorer outcomes across multiple health and care issues. The health and care needs of LGBTQ+ people are starting to receive welcome attention across the health and care system. However, little is known about LGBTQ+ experiences of health and care in Redbridge.

Redbridge Rainbow wanted to better understand LGBTQ+ people's experiences of local health and social care services, as well as the experiences of those working in health and care services. This research project included desk research, interviews with LGBTQ+ people and a survey of health and social care professionals.

LGBTQ+ people's experiences of health and care

LGBTQ+ specific issues highlighted by the research included challenges around sharing LGBTQ+ identities, mixed visibility and clarity around LGBTQ+ inclusion, assumptions and misconceptions, apparent variability in levels of training, awareness or comfort, as well as some specific gaps in services for LGBTQ+ people and concerns about whether care services are future-proofed for LGBTQ+ inclusion.

In terms of more general experiences, research participants shared positive experiences of health and care services. However, they also identified a range of issues including lack of information sharing across different services, getting appointments, failure to listen to women's health needs, delays and inefficiencies within local wheelchair services, inconsistency in providing prescriptions and delays in care in hospital including around eating and personal care.

Experiences of health and care workers

Our self-selecting survey indicated relatively high levels of confidence among health and care staff in working with LGBTQ+ people, but there were some specific areas where responses indicate the need for greater support, including working with asexual and trans, gender-fluid and non-binary people, as well as how to avoid and deal with any unintended mistakes or offence. Respondents supported a wide range of activities to support LGBTQ+ inclusion, as well as increased leadership or energy in some cases.

Taking action for LGBTQ+ equality

Ultimately LGBTQ+ people want the same from the health and care system as anyone else: for their needs to be clearly understood and responded to in a way that fosters good outcomes and maintains equity, dignity and respect. We hope our action planning questions, top tips, glossary and resources can help local services to celebrate action they are already taking and decide on further action to include, support and celebrate local LGBTQ+ people and ensure equity of access and good health and wellbeing outcomes for all.

1. Introduction

Context

LGBTQ+ people are at higher risk of having poorer outcomes across multiple health and care issues. For example, there are higher rates of sexual violence against LBT women, suicidal thoughts or actions. While there has undoubtedly been much progress made in recent years, HIV and sexual transmitted diseases such as Mpox also disproportionately affect some groups of LGBTQ+ people. Some groups of LGBTQ+ people can also face issues that can impact on their health such as higher rates of homelessness, lower physical inactivity or higher alcohol consumption.¹

Trans+ people can also face specific challenges to accessing healthcare, this can be in relation to barriers to accessing gender clinics and information, poor access to wider healthcare and being missed by 'gendered' tests such as cervical screenings or prostate examinations, healthcare professionals' lack of knowledge, higher risk of mental health needs and suicidal thoughts.²

Asexual people also face specific challenges in the healthcare system, with many reporting experiences of attempts to 'fix' their asexuality and well as profound misunderstandings of asexual people.³

LGBTQ+ people therefore have disproportionate need for health and care services. Unfortunately, LGBTQ+ people report negative experiences of health or care services. Almost 1 in 4 (23%) of LGBT people have at one time witnessed anti-LGBT remarks by healthcare staff. LGBTQ+ people can often feel unable to be open about their identity whether in one-off appointments or when receiving long-term health or care support, including in residential care settings.

Individual examples of people's experiences can receive higher levels of public attention, such as the awful experiences of Noel Glynn in residential care, which rightly prompted high levels of scrutiny.⁴ Others' experiences are often undocumented, especially at the local level. This report aims to bring some light on LGBTQ+ people's experiences of health and social care serviced in Redbridge as well as the experiences and development needs of staff.

Inequalities faced by LGBTQ+ people can drive this, as well as challenges to accessing services and support on an equal basis. The health and care needs of LGBTQ+ people are starting to receive welcome attention across the health and care system, there are multiple initiatives across health and care to increase inclusion and inspection of services is increasingly assessing practice in relation to LGBTQ+ people.

¹ LGBT Foundation (2023) [Hidden Figures: LGBT Health Inequalities in the UK](#)

² TRANSforming Futures partnership (2020) [Trans people's experiences of healthcare in England](#)

³ Benoit, Y. and De Santos R. (2023) [ACE in the UK report](#)

⁴ [Ted and Noel](#) (2023)

However, little is known about LGBTQ+ experiences of health and care in Redbridge. The most recent [Joint Strategic Needs Assessment \(JSNA\)](#) particularly highlights higher need for mental health support and actions that should be taken to ensure LGBTQ+ people access support. However, it is unclear which of the recommended actions have been taken by different services, LGBTQ+ people's experiences of this and the impact on health and wellbeing among the LGBTQ+ community.

Redbridge Rainbow Community supports and celebrates LGBTQ+ people who live, work, study or socialise in Redbridge. In 2023 we captured some topline information about people's experiences of a range of services within our community survey and two community workshops. Respondents' experiences were highly variable in terms of how much they can be themselves when presenting to services, how inclusive they think services are and how much services communicate about being inclusive. Respondents stated that a wide range of health and care services should be priority targets for further work to ensure that services are inclusive.⁵

Project aims

Redbridge Rainbow wanted to better understand LGBTQ+ people's experiences of local health and social care services, as well as the experiences of those working in health and care services. In 2023/24 Healthwatch Redbridge awarded Redbridge Rainbow a Community Cash Grant for this initial scoping research project into LGBTQ+ people's experiences of health and care services. The project aimed to explore local experiences and perspectives, alongside other evidence gathered at the London and national levels to build a local picture and develop relevant recommendations.

Methodology

This rapid research project ran from February to July 2024 included desk research, interviews with LGBTQ+ people and a survey of health and social care professionals.

Interviews: Redbridge Rainbow reviewed key literature about LGBTQ+ people's experiences of health and social care, pulling out key themes and issues. This provided context for the project and helped shape the interview and survey questions.

Redbridge Rainbow interviewed five people from the local LGBTQ+ community. Most people shared information about their own experiences, but some also shared their experiences as a carer or the experiences of a family member or friend which they had witnessed firsthand or heard about. The semi-structured interviews focused on the following themes:

- Expectations of health and care services
- Experiences of health and care services
- Experiences of providing feedback, raising concerns or making complaints

⁵ Redbridge Rainbow Community (2023) [What's life like for LGBTQ+ people in Redbridge?](#)

Surveys: 48 people who work in health and care responded to Redbridge Rainbow's anonymous survey, either online or at two meetings of the Care Providers Forum. Most respondents worked in healthcare, including inpatient, outpatient, general practice, sexual health and mental health services. A smaller number of respondents worked in residential or home care. The survey asked about:

- Confidence, skills and knowledge when working with LGBTQ+ people (the survey asked separately about working with people with diverse sexual orientations and people with diverse gender identities)
- What had helped in the past to increase confidence, knowledge and skills and what could help in the future
- Any specific questions about working with LGBTQ+ people
- If there were any other experiences they wanted to share.

Briefing event: 21 local stakeholders attended an online briefing event to hear about the findings, ask for clarifications and offer feedback on the recommendations before the report was finalised.

Research strengths and limitations

We were pleased to have been able to speak in depth to a group of local LGBTQ+ people and gained some really valuable insight. We set out to interview a larger number of people, but we did find it challenging to recruit research participants despite reaching out to people via our own and others' communication channels and at our Redbridge Rainbow events.

We were also pleased to have a good number of survey responses from people working in health and care, but it is important to recognise that this was a self-selecting cohort and not representative of the health and care workforce.

2. LGBTQ+ people's experiences of health and social care

Between March and June 2024 Redbridge Rainbow interviewed local LGBTQ+ people about their experiences of health and care services. Their insights were wide-ranging. Most people shared their own experiences of health or care services, but some also shared their perspectives as carers, or the experiences of a family member or friend which they had witnessed first-hand or heard about. Their lived experience is presented first under LGBTQ+-specific issues. The following section covers general issues that do not appear to be related to people's LGBTQ+ identities, though we cannot exclude the option that bias or discrimination may have been at play. We interviewed a small group of people, so this does not present a representative sample of local LGBTQ+ people's experiences of services. However, it was striking how people's experiences often overlapped and build on other relevant evidence.

LGBTQ+ specific issues

Interviewees had different views on both when they felt it was important to **share their LGBTQ+ identity** and when they felt able to do so. Several factors prompted this reluctance, including historic distrust, previous negative experience or being left uncertain by the lack of consistent communications that being open would not affect their care. People felt that there were some situations where being open might help the care they receive, for example from their GP or homecare, and other situations such as in inpatient care where being open would be less important or may have an adverse impact. There may also be situations where a health or care professional can play a really important role in reassuring an LGBTQ+ person about their identity or any confusion they are experiencing. It should be noted though that this is a very personal decision and in some cases being open about their LGBTQ+ identity may be a very important part of getting good health or social care. We also heard how self-testing kits, for example for sexually transmitted diseases, can provide a way for people to have more control, as well as mitigate barriers to people asking for such tests.

'There's probably been some situations where I haven't had to disclose and in an ideal world, I should obviously be just very comfortable to bring that up in any conversation. And you don't want to be mistreated in in any way or just not cared for...I think it's imprinted in our brain that this is how it is. So, we constantly need the visibility and the messaging and things to remind people that it's not OK to hold these views or neglect somebody because of that.'

'I think obviously the most awkward thing is sharing or being on a ward with other people... It's almost like you go back in the closet in certain situations because you're just around people that you don't feel comfortable with, or you are there on a ward you're going to go to sleep and you want to feel like it's a safe space. So, you have to judge the safe space situation.'

'I think when it's your personal GP that you regularly see, you want to be able to because this person knows about your life. They should even know about, you know, other aspects of your life. Because it's that kind of holistic care, isn't it?'

'Shouldn't the healthcare system be prompting me with questions or asking or making me think, you know, it's OK? Because even like they can help people who are struggling, with their sexual orientation by just asking the right questions and letting them know it's 'OK... actually you could be that one face that that person sees and you say something or you ask the right thing to make them just think oh OK, I'm OK. I'm normal. I'm fine. There's nothing wrong with me.'

'I don't want to say people don't care, but it just never seemed very important, if that makes sense, but I'm not saying it's not important.'

'I do like the self-testing kits which make it easier I think for us. I can't speak for everyone, but I think sometimes taking out that people element, it helps if you let me do it for myself. I know what I'm doing. I know what I'm looking for. Send it off, get my results. And that's that.'

In terms of reassuring people that spaces and services are LGBTQ+-inclusive, there is now some **confusion between the Pride and NHS rainbows**, with lots of people thinking that when they see a rainbow in an NHS setting that is about celebrating and thanking NHS staff (which everyone of course supported), rather than communicating LGBTQ+ inclusion. People also spoke about a lack of clarity of what a setting being a 'safe space' meant in practice.

'When you go to Queen's now the NHS Rainbows are everywhere but underneath it says COVID-19.'

'When it says this is a safe space, but a safe space for what? I'd be surprised if any of the staff actually knew what to do.'

People also shared examples of **assumptions made by staff**. This included assuming people were heterosexual, having a narrow view of what people's needs might be based on a partial understanding or assumptions about caring responsibilities.

'They just assume that you're straight, so that can be a bit frustrating. While you're having to basically say I'm not straight... So, there is still assumptions based on how people present and that's very frustrating.'

'If they're going through like a set of questions which they would ask every woman, them to start changing or for them to automatically start saying to themselves, not to you even, not applicable because you've been identified as gay or not. Even if you've not identified as gay, you might have just said you have a female partner. Now saying you have a female partner doesn't automatically mean you're lesbian. You might just be bisexual or pan, but they've taken that as therefore you can only be a lesbian and then straightaway, they go this next question doesn't apply to you. And then when you actually ask and say well actually no, that question does apply to me. And then having to either explain to them because they have no idea how it applies to you or them being so ignorant.'

When obviously you could have had sex with a man in the past, you could have multiple sex partners, or it could even be down to like rape or abuse... And then later when you the other side of it, they then used to ask at the end of every appointment, would you like some free condoms? What about things like, I don't know, like dental dams? Nothing. It's just here's your free condom.'

One cis male interviewee told us about being asked why he was the primary carer for a parent. While there may have been no intention to do so, this did make him feel uncomfortable, question how this was relevant to his parent's care and worried about assumptions that women should be primary carers. He didn't feel like coming out as part of this conversation to explain more about his personal circumstances. This was partly because he didn't want to draw any attention away from his parent as the patient, but, given the at best thoughtless nature of this question, also due to a concern about any negative reaction and if it would affect his parent's care.

These assumptions can have a profound impact and emerge at some of the most difficult times.

'I ended up having a hysterectomy, meaning you can't have children. And he made the comment like, oh well you're gay anyway, so you know you don't want kids sort of thing.'

Assumptions also had specific impact on services, for example women's health or people's next of kin.

'I guess they're looking at vaginas all day or they're looking at what the use of vagina is and I think they're so focused on how it must be used for a baby. So, I think they just forget that there are other issues.'

'They automatically go "Oh is this your sister? Is this your friend?"'

Interviews also highlighted **apparent variability in levels of training, awareness or comfort** among some staff. In terms of being better trained, more aware or more at ease with LGBTQ+ people, some interviewees noted a variability between different individuals and departments. While it might seem natural that sexual health services are better equipped, interviews also highlighted neurology and physiotherapy as two departments where people had had positive experiences.

'I feel like the sexual health side of the NHS is much more up with this. Their doctors are trained to be more open and more understanding. They're very much freer and they seem more comfortable talking to people. Their terminology is much better and if anything, they're more liberated and more open, I'd say, than a lot of the patients.'

Respondents highlighted age, gender and religion as factors that they felt affected some professionals' ability to work with them. It is important not to make any assumptions linked to this, but it is significant that multiple respondents raised these issues. As well as leading to poorer service, this can leave people feeling like they have done something wrong.

'I think the lady that had asked me these questions, obviously typical questions around the number of sexual partners. Except once she gathered that I wasn't

heteronormative, she didn't know how to handle the situation. I think she walked away from her table and said "oh, I just need to speak to somebody" and looked quite sort of confused by it. If I'm honest, then it left me feeling a bit, you know, uncomfortable, like I'd done something wrong.'

'And I don't know if that's always the case, especially when you've got an older generation of GPs who are still not really there with understanding it.'

'I think the age, the sex and the religion of a doctor can also make them feel uncomfortable asking questions about it.'

'I've also felt there are times when maybe it is an older female again who doesn't quite know. And they sort of start tripping over their words where they don't want to get things wrong.'

Interviews highlighted **some specific gaps in services for LGBTQ+ people**. For example, a lack of sexual health advice for LBT+ women and a lack of locally led communications or action on Mpox.

'I mean I've been to sexual health services and I've never once been told how to have safe sex. I've been told how to have safe gay sex, how to have safe straight sex, been told what to do if I went to an orgy, but I've never really been told what to do with a woman.'

'So obviously, you know, people within the community were very well informed and sort of said go get the vaccine and they give you locations. But I never got any kind of interaction from anywhere else. Like there's nothing in the GP, there was nothing from them and it felt like it was completely being dismissed and ignored. And I felt actually it was quite positive to see that people within the community were very responsible and actually got vaccinated. And the proof is that obviously they ran out of vaccine very quickly. But yeah, it felt obviously obvious that that there was a massive neglect on part of the healthcare system.'

Interviews also explored whether **care homes and other social care services are currently LGBTQ+ inclusive and whether they are prepared for next generation of LGBTQ+ people** who will be more comfortable with being out in such settings.

'I'm particularly thinking of like care homes and elderly care. So, you've got a generation that will be going through now that are much more accepting of who they are, but then it's like the staff on the other side may not be that understanding. So again, there's a lot of education that needs to be done within the social care sector, because they're finding people are going back into the closet when they're a lot older. So that's something that is starting to become a bit more visible and we need to think of who's safe in what home. And I feel like at the moment, there's no real understanding or planning around that. It's just something else that we're going to be hit with and face it when we get there. So, it'd be good to have somebody acknowledge that and understand it. And I'm sure there will be homes under the right kind of management that understands and they will work to make it a safe home in that way, but then there'll be a lot that don't and need the help to do that.'

General issues

Interviewees did share some **positive experiences of health and care services**. One interviewee shared how they were impressed with level of service and care that paramedics and other health care staff are now able to deliver at people's homes, rather than admit them to hospital. They thought this had particularly improved on previous past experiences when paramedics were more focused on getting people to hospital. Interviewees shared their examples of individual staff members who clearly demonstrated that they cared about patients and delivering a good service. This also included checking in with someone on a waiting list from time-to-time, which reassured someone that they were still on the waiting list and that there was someone acting as a champion for them.

'I think in terms of other care, you know, the other bits and pieces, they all care and they do.'

'So, I have a I have a little champion there - that's really good.'

However, we did also hear about a **wide range of experiences where people felt services had fallen short**. This appeared to reflect other recent evidence of the health and care system not currently working well.

'On the whole, it's been quite substandard, quite disappointing, very strenuous.'

Interviewees identified issues with communication and keeping patients informed, including of upcoming appointments.

'It's got a hell of a lot worse since Covid, obviously, but patient information, patients being kept up to date, I don't think that's something that happens anymore.'

'You'll call about something and they'll say, oh, you've got an appointment on this day. You're like, I didn't even know that. And they're like, oh, it's in the post and I'm like, but it's a day away and I've not got the letter.'

People also highlighted how a **lack of information sharing across different services** undermined patient care and, in some cases, increased waiting times.

'All the different trusts don't share records. And I found that a massive challenge, going from hospital to hospital, they don't share information. And if you want that information, you either have to request it or get it printed or have a copy yourself and take a copy of that letter yourself. Then the doctor still might say, well, you're only a patient giving us this, and that's a challenge in itself....I completely understand privacy, confidentiality and things like that, data breaches, but when you've got two trusts that won't share records even if you're a patient and you're requesting that, for them to say, well no, we're different trusts, so we can't share the record if you're a patient requesting it.'

'The system does still rely on letters quite a lot, doesn't it? But you kind of hope nowadays they'd be able to, if you opt in to be able to send you a text or an e-mail. I've never received a letter to say just acknowledge that I'm still on the

waiting list.... So, in 2022 I was referred for assessment and then the start of this year I found out that they didn't accept the referral. So, all this time I thought I was on the waiting list, I wasn't and I just wasn't told that they didn't accept my referral. So now I've just been re-referred for that same thing to a different place.'

People's comments also aligned with the widely documented challenge with **getting appointments**, in particular access to GPs and mental health support. People also shared their experiences of appointments which felt rushed and where they left feeling that they hadn't had enough time to explain their situation or to be genuinely listened to. The frustration and distress can be particularly acute when people have waited a long time for an appointment that then feels rushed. We also heard example of people being upset when they were 'told off' for being late for appointments, when they felt that they were often made to wait beyond their appointment times due to service pressures.

'GP at moment at crisis point. It's hard to get an appointment to get access to GP. Not sure if not that they're not interested, or short of time or whatever. To me it seems like half-listening.'

'It feels like they don't have a lot of time. Like, you can really tell. So, you just don't feel that important.'

'Yeah, even mental health services. You know when you have assessments or reviews, things like that. It just really feels like they're trying to speed through the questions as quickly as possible, instead of making you feel like you have a space to just say whatever you say... I don't feel like they're getting the full picture of yeah, we may potentially be struggling with. So therefore, they're maybe not giving you access to services that could help with those things because they don't really have an understanding that you need those services.'

'...when you've waited so long for an appointment and then the appointment's for like ten minutes. And I don't even feel I said everything I wanted to, not because I can't, but just because it didn't feel like there was enough time. And I've waited so many weeks and sometimes even months or years for this particular thing.'

Other individual issues identified included:

- **Failure to listen to women's health needs** particularly around pain.

'Pains, which obviously, cis men don't experience. But when a woman talks about her period pains, it's not taken seriously. I think there is evidence to show that that's not taken as seriously as an equivalent level of pain that man might... There was a question about like periods and he was like "Everything's fine". And I was like, no, actually everything is not fine because I have these two things that make my periods irregular. But yeah, he was kind of answering the questions for me.'

- **Long delays and inefficiencies with local wheelchair services**, including delays, mistakes with assessment, failure to provide information about personal wheelchair budgets, resistance to accepting an electric wheelchair as being the

only viable solution, people not being kept updated and the service not being proactive to move things forward.

'He never said to me, well, you could go for your own personal wheelchair budget...You know, and that's what I could have done from the beginning is look for a wheelchair. It was just a long and hard battle to get a wheelchair... I'd like them to have been efficient. I'd like to see who visits and did the assessment based on my needs to be efficient, because that took five months for a wheelchair to arrive that didn't fit in my house. You know it didn't fit through the front door.'

- **Inconsistency in providing prescriptions to complete treatment after operations.** We heard from a patient who as part of the follow-on from an operation was told that they would be able to collect the second half of their prescription from their local pharmacy. While this had worked on previous occasions, this time they had to go to the hospital emergency department to get their continuation prescription in time.
- **Delays in care in hospital including around eating and personal care**

'If someone wants food, commode or personal care. Tell them food there, but not encourage them to eat. Take a long time to get commode, left sitting there, waiting for them to clear up.'
- **Hours being added to someone's care package as an equivalent for providing respite,** which didn't necessarily provide genuine respite for their carer

Interviews also revealed **inadequate or slow handling of complaints.** For example, complaints taking a very long time to be processed or people being phoned in response to a written complaint, rather than writing back to respond to a complaint.

'Yeah, they said they received it. And because it was such a big complaint that it would take a while for them to get back to me, but I would have thought that they would have got back to me within a year.'

People's experiences sometimes left them with worries about their own care, the care of those they were carers for and others in system, particularly those who did not have someone advocating for them. While some people acknowledged that some of their issues had been relatively small in the scheme of things, they worried that this was a sign of much more important malfunctioning in the system.

3. Experiences of people working in health and care

48 people working in health and care responded to Redbridge Rainbow's anonymous survey either online or through hard copy surveys. Respondents were self-selecting so this is not a representative sample.

Self-assessing the skills and knowledge of people working in health and care

Almost all (94%) of survey respondents felt confident or very confident working with people with **diverse sexual orientations**. Most (81%) felt they usually or always had the right skills and knowledge to do so. Individual responses indicate that staff may lack skills and knowledge when working with asexual people.

'Less confident about asexual people'

'Confident about working with gay/lesbian and bi, but not confident working with asexual people as I have never done this before and unsure what this actually means.'

Compared to sexual orientation, more respondents (15%) said they felt unconfident to work with people with **diverse gender identities**. Almost two thirds (65%) felt they usually or always had the right skills and knowledge to do so, but over one third (35%) felt that they only sometimes had the right skills and knowledge or didn't know.

'Less confident with gender fluid people as I don't really understand this.'

'Confident with trans, but non-binary and gender fluid unsure about.'

'Not sure of those identities that are 'newer' if that makes sense.'

'Sometimes find it difficult how to address them.'

'Unclear the guidance on how gender identity impacts on the ward a person is to be admitted to.'

'I'm often scared to make a mistake and add to the feeling of not being understood that LGBTQ+ people might feel. Especially for trans folks.'

Responses also highlighted how systems sometimes do not help staff to **engage effectively and respectfully** with LGBTQ+ people, particularly in relationship to pronouns.

'It would be helpful if pronouns featured on the cover sheet when you open a patient's electronic record, so that you know from the start what pronouns they prefer. I've often made the assumption about pronouns in the past or about a person's sexuality only to realise they prefer they/them pronouns.'

'Simple things like pronouns on name badges are not allowed within some departments; job title but not pronouns are allowed.'

Responses to the survey highlighted how some staff approach **behaving in an inclusive way and managing any mistakes** they may make with confidence and respect.

'We are concerned about addressing someone correctly to prevent offending them, but I find if you demonstrate a non-judgemental approach to patients that nearly all will understand you mean well.'

'I understand that everyone's journey is different and whilst mistakes do happen and I may not always get something right, I can apologise, seek clarification and move on.'

'I can work with anyone as long as they respect me and I respect back.'

However, some staff would like to see **more advice and support** to ensure they are behaving inclusively and reassure people that they can be their authentic selves when accessing services. Some staff also wanted to see **increased leadership or energy** across their organisation to address this.

'Ideas of how to start the conversation of letting somebody open up and be comfortable in sharing valuable information vital for the process.'

'Especially in the elderly I feel there is still a big stigma that the patients themselves don't feel like wanting to open up about their identifications, it would be helpful to hear about ideas to overcome this.'

'I feel that there should be more training. How to approach certain topics or the correct language to use.'

'There are not enough if at all any of the above in this Trust to support the above. Bring on more surveys like this!'

'Open discussion within the Trust is paramount to success.'

Staff also expressed some difficulty around the tension between **harm reduction strategies** that meet people where they are and support them and clear messaging on risk, for example in relation to chemsex.

'I can't decide if this is just my own bias and I understand that as HCPs we do not want to not scare service users away. But equally, we should be able to say that chemsex is dangerous and carries significant risks to the physical and mental health of the patient.'

It is also important to acknowledge that **staff who are part of the LGBTQ+ community** themselves also need to learn about different identities with the LGBTQ+ umbrella and should not be seen as the 'font of all knowledge.'

'Because I am gay doesn't mean I know everything about the LGBTQ+ community.'

Supporting people working in health and care to develop skills, knowledge and confidence

Respondents to the survey supported **a wide range of initiatives to help them to support their confidence, skills or knowledge to work with LGBTQ+ people, as well as celebrating LGBTQ+ community**. Over three quarters (77%) thought training would be useful and almost half would like workplace talks (48%) and to hear feedback from LGBTQ+ people (46%). Significant proportions of respondents also wanted to see articles, blogs and other content on their workplace website or intranet, for their workplace to have LGBTQ+-inclusive policies and procedures and to be part of schemes such as Diversity Champions or Pride in Practice.

‘Everything always helps to gain knowledge to increase our awareness and understanding.’

‘Across both services we celebrate diversity, including Pride.’

4. Conclusion, recommendations and resources

Ultimately LGBTQ+ people want the same from the health and care system as anyone else: for their needs to be clearly understood and responded to in a way that fosters the best outcomes and maintains dignity and respect.

‘Good healthcare is always trying to get your opinion and your feelings heard.’

‘The whole thing is sensitivity. If they were on the other side, how would they like things to be for them, so automatically going to provide empathetic service. It’s health and social care, not a normal commercial transaction, already someone is ill or having a lot of anxiety, so why add to that. At the end of the day, the service is there to help and staff are employed to provide that service, if they’re not helping at all, it’s a waste of a resource and money.’

While it is encouraging to hear the health and care workers who responded to the survey felt relatively confident about working with LGBTQ+ people, it is likely that the self-selecting nature of the survey meant that respondents were more likely to feel confident and have a more positive attitude to working with LGBTQ+ people.

It is very positive that some local health and care services are already part of initiatives to action plan for LGBTQ+ inclusion. While capacity across health and care organisations varies widely, we recommend that all health and care services take a consistent and committed approach to LGBTQ+ inclusion by regularly reviewing actions to date and considering whether other action could be taken to better understand LGBTQ+ experiences and respond accordingly. Action can also include increasing LGBTQ+ visibility, future-proofing services and communications.

There are many expert organisations that have produced resources and training for health and care services in support of LGBTQ+ inclusion. The resources for action planning, top tips, glossary in the following sections aim to further support these recommendations foster action for LGBTQ+ patients and service users in Redbridge.

Action planning for LGBTQ+ inclusion

These questions aim to identify action you are already taking and to plan further action to include, support and celebrate LGBTQ+ people.

1. How do you know about the experiences of LGBTQ+ people?

- How can your organisation try to understand the specific experiences of LGBTQ+ people?
- Is there any data already available that you can look into?
- How could any feedback, surveys or other data collection capture LGBTQ+ people's experiences?

2. What are the specific issues you should address?

- How can you go beyond an oversimplistic 'treating everyone the same' as some people will need specific action to ensure equal access to services?
- How can you ensure there is widespread knowledge of support available to LGBTQ+ people, including a clear way to ensure people's pronouns are noted wherever possible within systems, trans+ people have access to 'gendered' tests where appropriate and asexual people are treated with respect?
- How are you preparing to support future generations of LGBTQ+ people who will be more comfortable being 'out' in health and care settings?
- How are you thinking intersectionally, for example about the specific needs of LGBTQ+ people who are disabled or from different global majority communities or ethnicities?

3. How can you increase staff knowledge, skills and confidence?

- How can you go beyond one-off training to include regular training, agenda items at team meetings, internal communications, hearing directly from LGBTQ+ people and signing up to LGBTQ+ specific newsletters or media?
- How can you share the Top tips for inclusive practice and Glossary and create safe spaces for people to discuss any questions?
- How can you increase people's knowledge and challenge assumptions, while also boosting levels of staff confidence and familiarity?

4. How can you ensure there is consistent and clear visibility?

- How could you use the colours from the Pride and Progress flags, display zero tolerance statements of homophobia, biphobia and transphobia and create 'safe spaces', share staff member, patient and service user stories, sharing pronouns, have staff champions, including senior staff, support and celebrate staff LGBTQ+ networks and specific days in the LGBTQ+ calendar?
- How could you communicate clear messages when an emerging health issue particularly affects the LGBTQ+ community or a sub-section of it, even where there may already be London-wide or LGBTQ+ sector action?

Find out more: redbridgerainbowcommunity.org.uk/rainbow-health-and-social-care.

Top tips for working with LGBTQ+ people

There is a diverse community of lesbian, gay, bisexual, trans and queer/ questioning people in Redbridge. These are just some of the ways you can support and celebrate them.

- Recognise that LGBTQ+ people are as diverse as any other group and do not make assumptions about who may or may not be LGBTQ+.
- If you make a mistake, such as making an assumption about someone or using an incorrect pronoun, make a genuine apology and if the person is happy to proceed, just carry on.
- Do not assume that a certain question is irrelevant to someone based on what information you have about them.
- Reflect on any bias or assumption on any question you want to ask. If needed, rephrase the question to be more open or not based on assumptions. Or in cases where you don't actually need to ask the question, just don't!
- Instead of jumping to conclusions about the relationship between someone and the person accompanying them, simply ask 'who is with you today?'
- Mention LGBTQ+ people and issues in a positive and non-judgemental way and ask open questions to proactively and consistently reassure people that they can be open with you, whether or not they are LGBTQ+.
- Acknowledge any lack of confidence or familiarity you feel in relation to LGBTQ+ people, but then welcome every interaction with LGBTQ+ people as an opportunity to learn rather than fear or avoid.
- Use interactions with LGBTQ+ people as an opportunity to reassure them that their identities are valid and you are there to listen and support them.

These tips were created as part of the 2024 Rainbow Health and Care rapid research project. Find out more: redbridgerainbowcommunity.org.uk/rainbow-health-and-social-care.

Glossary of common LGBTQ+ terms

These are some of the most common LGBTQ+ terms. [Stonewall](#) and [TransActual](#) also provide more extensive and regularly updated glossaries.

Asexual - a person who does not experience sexual attraction. Some asexual people experience romantic attraction, while others do not.

Bi – a person who has a romantic and/or sexual orientation towards more than one gender.

Chemsex - using drugs as part of your sex life. It is most common among men who have sex with men, but it is also becoming more common among people having heterosexual sex and other people identifying as LGBTQ+.

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

Gay - a man who has a romantic and/or sexual orientation towards men. Also, a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Gender - often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender dysphoria – experiencing discomfort or distress because there is a mismatch between someone’s sex assigned at birth and their gender identity.

Gender fluid – a person who does not identify as having a single unchanging gender.

Gender identity - a person’s innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth. This is separate to someone’s sexual orientation.

Gender neutral - language that avoids reference towards a particular sex or gender to maximise inclusion of everyone whatever their gender identity

Intersex - a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.

Lesbian - a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

LGBTQIA+ - The acronym for lesbian, gay, bi, trans, queer, questioning, intersex and asexual.

Non-binary - an umbrella term for people whose gender identity does not sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Pronouns - how we refer people's gender in conversation - for example, 'he/ him' or 'she/ her'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/ their and ze/ zir.

Queer - used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. Although some LGBT+ people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

Sexual or romantic orientation – an umbrella term describing a person's attraction to other people. This attraction may be sexual (sexual orientation) and/or romantic (romantic orientation). This is separate to gender identity.

Trans - an umbrella term to describe people whose gender is different from, or does not sit comfortably with, the sex they were assigned at birth. This umbrella term can be used by a wide range of people including transgender, genderfluid or non-binary people.

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

Undetectable – when HIV medication works by reducing the amount of the virus in the blood to undetectable levels. This means the levels of HIV are so low that the virus cannot be passed on to someone else.

Services and other resources

CliniQ provides holistic sexual health, mental health and wellbeing service for trans, non-binary and gender diverse people

Elop provides a range of social, emotional and support services to LGBT communities in East London, as well as CPD accredited training courses

Fumble provides inclusive information for young people to gain the skills and knowledge to successfully manage their sexual health, mental health and relationships

GIRES delivers training, e-learning and information to improve the lives of trans and gender diverse

NHS England LGBT Health provides leadership across NHS England

Outpatients provides peer support, information and resources for LGBTIQ+ cancer patients

Positive East offers a comprehensive and holistic range of HIV support and prevention services

Pride in Practice works to improve the experiences of LGBTQ+ people accessing primary care services, including GPs, dentists, pharmacists, or optometrists

Redbridge Rainbow Community supports and celebrates LGBTQ+ people who live, work, study and socialise in Redbridge, as well as providing a [directory](#) a wide range of local and national LGBTQ+ organisations, a [listings](#) of local events, a [monthly newsletter](#), workshops, partnership working and training

SCIE provides a range of 'Older people and adult social care' resources including outputs from the LGBTQ+ Older Adult Social Care Assessment (LOASCA) project

TransActual provides information and advice to ensure trans people can access healthcare

The Trans Gap Project conducts audits on trans health in local GP practices or hospitals and encourages greater understanding of the use of gender-based scores



'Celebrating the Rainbow in Redbridge' collage created with attendees at the Disability Festival in the Park 2024 © Redbridge Rainbow Community

Exploring LGBTQ+ experiences of health and care services in Redbridge

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Redbridge Rainbow
— Community —

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