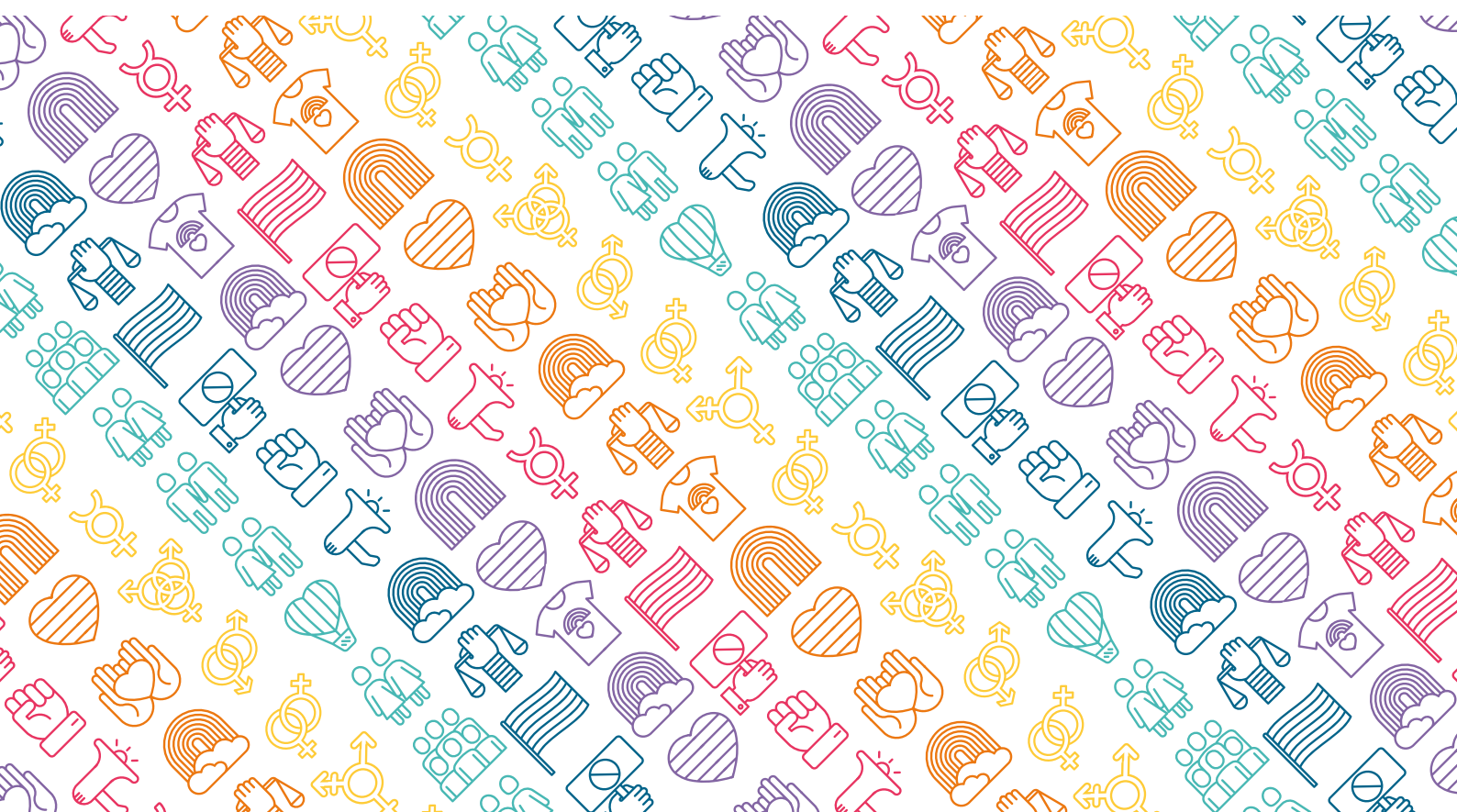




East Sussex

Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment 2021 Infographic Summary Report



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List of abbreviations

Abbreviation	Meaning
GI	Gender identity
GIC	Gender identity clinic
HIV	Human immunodeficiency virus
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer, and any other sexual or gender minority or person who is intersex. At times just aspects of this acronym are referred to (for example LGB women or lesbian / gay / bisexual women)
LTC	Long term condition
PrEP	Pre-exposure prophylaxis
SO	Sexual orientation
TGD	Trans and gender diverse
TNBI	Trans, non-binary and intersex

Glossary

Term	Meaning
Binary or trans binary	This refers to the gender binary of men and women. Trans binary refers to someone who identifies with a binary gender that differs or does not align to their sex assigned at birth.
Cisgender/cis	A person whose gender identity matches their sex assigned at birth, someone who is not transgender.
Cisnormative assumption	The assumption that all individuals are cisgender (such as a person whose gender identity matches their sex assigned at birth).
Gender identity	A person's innate sense of their own gender, whether that be man, woman, non-binary or another gender identity. This may or may not align with the sex a person was assigned at birth. This is different to biological sex and different to sexual orientation.
Gender variant	A term to describe where a person's gender identity or expression does not align to societal binary gender roles (i.e., outside the binary of man and woman).
Heteronormative assumption	The assumption that an individual is heterosexual or straight.
Homophobia	The dislike or fear of a person because they are, or are perceived to be, gay or lesbian.

Intersex	People with intersex characteristics are born with physical sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and / or chromosomal patterns) that do not fit typical definitions for male or female bodies. Intersex is not a gender identity or sexual orientation.
Misgendering	Misgendering occurs when you intentionally or unintentionally refer to a person, relate to a person, or use language to describe a person that doesn't align with their gender identity.
Non-binary	An umbrella term used to describe gender identities that fall outside the binary of man or woman. Often but not always included under the trans umbrella, people may or may not transition or consider themselves transgender.
Sexual orientation	Sexual orientation is an umbrella term that encompasses sexual identity, attraction and behaviour. Examples of sexual orientations are lesbian, gay, bi, pansexual or asexual. This is different to gender identity.
Transgender or trans	An umbrella term for people whose gender differs and or does not fully align with the sex assigned at birth.
Transition	The steps that a trans person may take to live in the gender with which they identify. The steps taken will vary by individual but may include hormone medication, surgery, dressing differently and telling family or friends.

Introduction

This report summarises the key findings from the East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment 2021.

This has been written to inform and guide future commissioning and service provision across the county. It provides a summary of the health needs and experiences of LGBTQ+ people and includes the full recommendations from the needs assessment.

The full needs assessment report can be found on the East Sussex Joint Strategic Needs Assessment (JSNA) [East Sussex Lesbian-Gay-Bisexual-Trans-Queer-Plus Needs Assessment Dec 2021](#)

Method

This comprehensive needs assessment was launched in July and concluded in December 2021. This was supported by a variety of stakeholders, including Sussex NHS Commissioners, East Sussex NHS Healthcare Trust, Sussex Partnership NHS Foundation Trust, Brighton and Hove LGBT Switchboard, The Clare Project, Hastings and Rother Rainbow Alliance, community members and organisations.

A range of data sources were analysed including published literature, local services data, 5 focus groups and an online anonymous survey. Over 400 local LGBTQ+ people completed the online survey.

Findings

Consistent and robust data on the LGBTQ+ population in East Sussex is lacking.

This needs assessment estimates there may be between 17,273 and 39,004 LGB+ people living in East Sussex (between 3.1% and 7% of the population) and 5,572 Trans and Gender Diverse (TGD) people (1% of the population). Although, there will be some overlap between these groups.

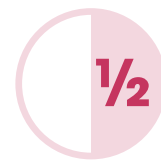
There is an even bigger data gap regarding estimating the number of people who have an intersex variation, with studies suggesting a range of between 0.05%-1.7% of the global population.

Young LGBTQ+ people findings:

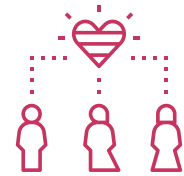
Wider determinants of health and wellbeing

46% of LGB and 61% of TGD

pupils have been bullied in the past year. This is significantly higher than for non-LGBTQ+ pupils



LGBTQ+ YOUNG PEOPLE



had experienced homo / bi / transphobic abuse in the past 18 months

Only 3%

of young LGBTQ+ people reported hate crime



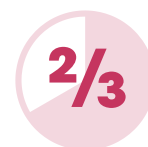
Young LGBTQ+ people often lack social support
the majority don't have an adult at home they can talk to about their identity



Over 25% of LGBTQ+ young people experienced bi / homo / trans-phobia at home. However, during the COVID-19 pandemic, **37%** of TGD young people were found to have experienced bi / homo / trans-phobia at home



Loneliness is extremely high in LGBTQ+ young people



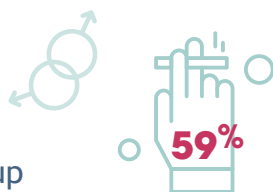
had felt lonely or isolated during the pandemic



Health behaviour

Young gay men

had the highest rate of occasional or regular smoking across any group



Problematic alcohol use

use also appears to be high in young LGBTQ+ people



Young LGBTQ+ people

especially those who are TGD, often feel excluded from organised physical activity and team sports



Lower levels of physical activity

in LGBTQ+ pupils compared to non-LGBTQ+ pupils



Health status and disability

LGBTQ+ young people

may be more likely to report a disability



LGBTQ+ young people

have a higher risk of self-harm



48% of LGBTQ+ young people reported an anxiety disorder, increasing to **70%** of gay women, lesbians and **75%** of non-binary, gender variant people.



One in four young LGBTQ+ people reported having depression, increasing to **52%** in people from other sexual minorities and **67%** in non-binary / gender variant people

55% reported that they had thought about suicide during the pandemic



increasing to **67%** for Non-binary / gender variant young people



Experience and use of services

Experiencing heteronormative assumptions from staff was common for young LGB+ people, especially in GP practices, mental health services and in hospital settings. This was most common for LGB women

HETERONORMATIVE



ASSUMPTIONS

CISGENDER



ASSUMPTIONS

Cisgender assumptions were also commonly experienced by young people, with **57%** of young trans binary people reporting this in GP settings. This was also commonly reported in mental health and hospital settings

One in five young LGBTQ+ respondents



reported that they access health and care services outside of East Sussex, with this increasing to **57%** of trans binary people, especially in relation to trans health services

COVID-19

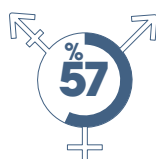


During COVID-19

three quarters of the total young LGBTQ+ respondents reported that a previous mental health condition had worsened during COVID-19



Increasing to **83%** in non-binary / gender variant groups and **86%** in gay women increasing to



of **trans binary** young people reported a delay in transitioning during the pandemic, as did



of non-binary / gender variant respondents



Of those who stated they required support for their mental health during this time



were unable to access appropriate support



Working age LGBTQ+ findings:

Wider determinants of health and wellbeing

The limited data available suggests there may be a **disproportionately high rate of unemployment** in some LGBTQ+ groups



Rate of permanent sickness and disability

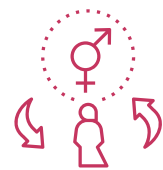
LGB+ people had almost double the rate of permanent sickness or disability compared to heterosexual people

X2



Higher rates of being unable to work

The LGBTQ+ needs assessment community survey found a much higher rate of being unable to work due to sickness or disability in trans binary people, bi and pansexual people



LGBTQ+ people report high levels of discrimination, bullying and sexual harassment in the workplace especially for TGD people and people from diverse ethnic groups



One in ten, **12%** of respondents of the LGBTQ+ needs assessment community survey reported experiencing bi, homo, transphobic abuse in the workplace increasing to over one in four, **44%** trans binary people



Homelessness disproportionately impacts LGBTQ+ people

18% of LGBTQ+ and TGD people surveyed had experienced homelessness at some point in their lives



In the last 18 months

53% of trans binary people surveyed reported experiencing an anti-LGBTQ+ hate crime, compared to **29%** of cis LGB+ people



most anti-LGBTQ+ hate crime goes unreported

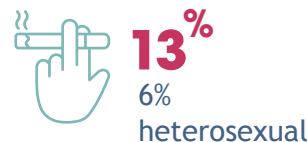
Health behaviours

Drug use appears to be substantially higher in **LGBTQ+** people compared to non-LGBTQ+ people

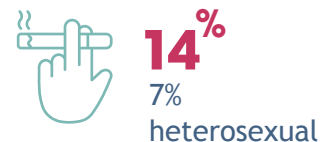


LGBTQ+ people were more likely to be **smokers** compared to heterosexual people

occasional



regular



One quarter of LGBTQ+

People drank alcohol every day or most days increasing to **31%** in gay men



LGBTQ+ people

especially **TDG** people, are less likely to be physically active compared to non-LGBTQ+ people



Knowledge of PrEP to prevent HIV

86% Highest in gay men

67% Lower in bi men

67% Lower Trans binary people



Health status and disability

Mental health condition

prevalence from the mental health GP Survey

41% LGB+ people

11% Heterosexual people

56% Bi people



GICs have long waiting times



waiting time for a first appointment. This negatively impacts the mental health of TGD people, with increased risk of suicide and self-medication



13% of LGBTQ+ people surveyed **self harmed** during the pandemic.

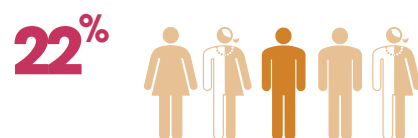
The highest self harm rates were:

20% in trans binary people

35% in non-binary / gender variant people



Over one in five



reported thinking about suicide during the pandemic increasing to over **40%** in TGD groups

Long-term health condition / disability



Over two thirds, **68%** of LGB+ respondents to the GP Patient survey had a long-standing health condition or disability

compared to **58%** of heterosexual people. LGBTQ+ people also appeared to have greater mobility issues than cis, heterosexual people



Experience and use of services

Heteronormative assumptions

Gay women, lesbians were most likely to report experiencing heteronormative assumptions in their GP practice in the last **18 months** (58%)

HETERONORMATIVE



ASSUMPTIONS



CISGENDER



ASSUMPTIONS



Cisnormative assumptions

were common in a range of settings, including in primary care, hospital, perinatal and mental health settings, especially for non-binary / gender variant people

Trans binary working age people

were more likely to report experiencing unfair treatment and inappropriate questions than cis and non-binary / gender variant people in health and care services



Accessing health and care



reported accessing health and care services outside of East Sussex.

Increasing to

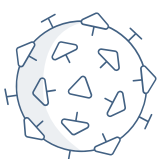
23% non-binary / gender variant people

24% gay men

33% trans binary people

Services accessed: Trans healthcare or HIV care

COVID-19



Due to a lack of routine monitoring of sexual orientation and gender identity in health services we will never know whether LGBTQ+ groups acquired the COVID-19 virus disproportionately compared to non LGBTQ+ groups

Older age LGBTQ+ findings:

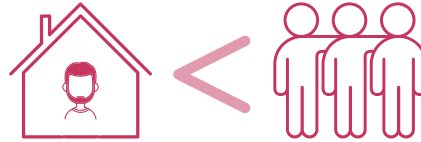
Wider determinants of health and wellbeing

TGD respondents were more likely to be renting their home



cisgender respondents were more likely to own their home outright or be buying their home with a mortgage

LGBTQ+ people



may be more likely to be single, live alone and may be less likely to have traditional family structures to rely on support than non-LGBTQ+ people

34% of older people reported feeling isolated or lonely during the pandemic, increasing to **64%** of **TGD** people



Poor treatment or discrimination

due to age within LGBTQ+ communities is commonly reported by older LGBTQ+ people



Conversion Therapy

The literature review highlighted that **one in ten** older cis LGB people reported being offered or having been subjected to conversion therapy and **one in five** older trans people reported this



Health status and disability

Long-term health condition / disability

79% of older respondents reported at least one LTC or disability, increasing to **82%** in trans binary people and **83%** in gay women / lesbians



Lifetime suicide attempts



appear to be higher in GB+ men compared to heterosexual men

Older LGBTQ+ people

were more likely to report arthritis or other issues with



19% respiratory condition



32% back and joints issues



24% of older gay men had HIV

31% high blood pressure



Experience and use of services

The literature review highlighted that many LGBTQ+ people anticipated discrimination, cis and heteronormative assumptions in care settings and also had heightened concerns that the quality of care they received would be poor if they were to disclose their LGBTQ+ identity or identities to care workers



The literature review outlines how **anxieties** may be heightened in **TGD** people in relation to personal care for tasks with potential exposure to gendered body parts



Older LGBTQ+ people fear discrimination from palliative and End of Life Care



Heteronormative assumptions

occurred most in GP practices, hospital and pharmacy, dentist and optician settings for **older LGBTQ+** people, especially for gay women, lesbians. In both hospital and GP settings, **27%** of TGD older people

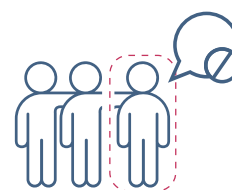
HETERONORMATIVE



ASSUMPTIONS

COVID-19

During the pandemic, older LGBTQ+ people may have been cut off from less traditional networks such as their chosen family, and the practical and emotional support that these provide



The community survey found that **among respondents identifying as LGBTQ+:**

51% reported feeling stressed and anxious

29% reported that a previous mental health condition had worsened.

18% reported using substances to support their mental health

24% of gay men reported experiencing cisnormative assumptions



Recommendations

The response to the challenges outlined in this report requires a multi-agency and multi-faceted response, alongside working much more closely with members of our LGBTQ+ communities, especially in service design and delivery.

The recommendations alongside a summary of the evidence base are shown in full in appendix one in the full published report on the East Sussex Joint Strategic Needs Assessment (JSNA) [East Sussex Lesbian-Gay-Bisexual-Trans-Queer-Plus Needs Assessment Dec 2021](#)

Recommendations from this needs assessment are:

Strategic

- 1.1 The response to the challenges and recommendations set out in this report require a whole system approach. A multi-agency group to be convened to implement the recommendations. The group should be embedded within the Integrated Care Partnership (ICP) and should include schools and colleges.

Communication and engagement

- 2.1 Increase awareness of the benefits of PrEP for the prevention of HIV for LGBTQ+ groups and how to access this.
- 2.2 Work with trusted LGBTQ+ organisations to promote the benefits of screening to LGBTQ+ people, including clear risk communication.
- 2.3 Given that Improving Access to Psychological Therapies (IAPT) services were one of the few local services with excellent Sexual Orientation (SO) data, we were able to note a pattern whereby outcomes appear poorer for bi people, which aligns with national research on this. We recommend that engagement is undertaken with LGBTQ+ IAPT service users to understand their experiences of using the service.
- 2.4 Actively seek out insight as to the experiences of LGBTQ+ people accessing a wide range of health and care services, ideally led by LGBTQ+ organisations.

Inclusion and awareness in mainstream settings

- 3.01 Health and care settings should conduct reviews, with full engagement of staff and users, to consider providing gender-neutral and accessible toilet facilities for staff and service users.
- 3.02 Health and Care services should ensure their public facing materials (for example leaflets, webpages) include representation of LGBTQ+ people (including those with intersectional identities, such as a disability) and use inclusive language, such as encouraging staff to identify their pronouns.
- 3.03 Swimming pools, leisure centres and sporting facilities should consider how they could become more LGBTQ+ friendly and inclusive, including the introduction of LGBTQ+ sessions.

- 3.04 Health and Care settings should display LGBTQ+ signifiers and visible policies which communicate a zero-tolerance approach to homo, bi and transphobic discrimination within services, alongside LGBTQ+ champions in services.
- 3.05 Support visible, positive LGBTQ+ role models within public sector organisations through forming and developing LGBTQ+ staff networks, LGBTQ+ champions, taking part in Pride events and LGBT History Month, Black LGBT history month, International Day Against Homophobia, Biphobia and Transphobia, Trans Day of Remembrance.
- 3.06 Develop an anti-LGBTQ+ bullying strategy across East Sussex, working closely with schools, colleges and specialised local organisations already supporting LGBTQ+ young people.
- 3.07 Provide schools, colleges and youth-focused services and organisations with the guidance needed to promote inclusion of LGBTQ+ young people and to support those who are victims of hate crime or online harassment, linking in with local LGBTQ+ organisations.
- 3.08-3.13 Work with local LGBTQ+ organisations to provide LGBTQ+ awareness and inclusion training for staff and volunteers in:
 - End of life care services;
 - Care Homes;
 - Perinatal services;
 - Specialist community public health nurses;
 - Primary Care.
 - Mental health services (Adult and Children and Young People).
- 3.14 Awareness sessions to be delivered to health and wellbeing decision makers, leaders and elected members on health inequalities amongst LGBTQ+ groups.
- 3.15 Explicit consideration should be given to the needs of LGBTQ+ people in the delivery of health behaviour initiatives (for example smoking cessation, alcohol harm reduction, substance misuse).
- 3.16 Ensure specific and inclusive support is in place from a range of partners to ensure young people feel supported to manage their sexual health and safety.
- 3.17 Develop a scheme to identify and promote LGBTQ+ friendly businesses and wellbeing spaces.
- 3.18 Health and Care organisations (including LGBTQ+ Community and Voluntary Sector (CVS) organisations) need to have an understanding of the impact of intersectionality in the planning, delivery and evaluation of services.
- 3.19 Homelessness commissioners and service providers should explicitly consider the needs of LGBTQ+ people accessing support.
- 3.20 Implement any learning from Sussex Partnership NHS Foundation Trust (SPFT) as a pilot site of the NHS Confederation LGBTQ+ recommendations across other Health and Care settings.
- 3.21 Consider specific needs of LGBTQ+ young people Not in Education, Employment or

Training (NEET) and provide relevant support.

- 3.22 Consider specific needs of LGBTQ+ people accessing domestic abuse services and support.

LGBTQ+ specific services and support

- 4.1 Support the development of LGBTQ+ (and especially Trans, Non Binary, Intersex (TNBI) specific) organisations in East Sussex to provide services and groups to support wellbeing (for example peer-led support groups, opportunities for socialising, exercise and sports sessions).
- 4.2 Consider commissioning specific suicide prevention for LGBTQ+ people, especially for TGD people, as part of a suicide prevention programme.
- 4.3 Support the development of the provision of LGBTQ+ inclusive and specialist spaces / organisations in the county, ensuring inclusive provision for TGD youth.
- 4.4 Consider commissioning specific mental health support for LGBTQ+ people, especially ensuring adequate and appropriate provision for young people that addresses their specific needs and experiences.
- 4.5 Work with community safety partners to establish liaison person for LGBTQ+ hate crime to encourage reporting, closely linked to local LGBTQ+ support groups. LGBTQ+ specific services are encouraged to be community led with staff and volunteers who are LGBTQ+, as far as possible.

Trans healthcare

- 5.1 Ensure that the TGD community are proactively involved and consulted in the development of trans healthcare services in Sussex (including the services outlined below), from the planning, monitoring and evaluation of them. This should harness the expertise that this community has regarding their own health needs.
- 5.2 Promote and ensure the success and quality of the planned trans healthcare Locally Commissioned Service (LCS) in general practice (to be commissioned by the CCG in 2022) to ensure equal access to TGD people across East Sussex. This includes training on trans health needs and an annual health check, which will include hormone blood test monitoring and check screening status.
- 5.3 Support the ongoing development of the local Gender Identity Clinic model at the Sussex level.
- 5.4 As per recommendation 5.3 (development of a Sussex GIC), the excessive waits for a first appointment at a GIC must be addressed as a priority. As this will not be an immediate solution, a range of options to support TGD people awaiting a GIC appointment should be available. This may include access to a specialist gender therapist or peer support via local TNBI organisations, and this menu of options should be co-designed with TGD community members.

Data and information

- 6.1 Health and Care services should collect SO and Gender Identity (GI) data. Ideally, this should be using the question-and-answer categories outlined in LGBT foundation and NHSE ‘if we’re not counted...’ guidance to enable consistent monitoring to understand access to services and outcomes, but it is recognised that not all digital systems facilitate this currently.
- 6.2 Raise awareness and offer training to health and care services regarding the importance of SO / GI monitoring and how to ask monitoring questions.
- 6.3 Future population wide JSNAs, Health and Wellbeing Strategies and Department of Public Health reports should explicitly consider the needs of LGBTQ+ people.
- 6.4 Analyse local Census data when available in Spring 2022 to supplement the findings of this Needs Assessment. This will give better insight regarding inequalities in the wider determinants of health especially and a robust estimate of the number of LGBTQ+ people locally. An almost complete population sample will also enable intersectional analysis to understand inequalities within groups within groups.
- 6.5 Actively promote regular national LGBT+ surveys (for example LGBT foundation primary care survey) to residents. Sufficient sample sizes locally will enable analysis at a local level and provide useful insight into the experiences of LGBTQ+ people in East Sussex.

Other

- 7.1 Conduct specific research on the experiences of people with intersex variation locally to inform appropriate service provision.
- 7.2 Ensure sexual health provision is accessible for LGBTQ+ people locally, including specialist HIV support.
- 7.3 Improve access to GPs and mental health services (generally).
- 7.4 Improve cycling infrastructure locally to enable active travel.