



FROM QUESTION MARKS TO UNDERSTANDING:

UNCOVERING THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY

DIRECTOR OF PUBLIC HEALTH REPORT 2023 | RACHEL FLOWERS



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FOREWORD BY MAYOR JASON PERRY

I am pleased to introduce this year's Director of Public Health report. Every year, Rachel produces an independent report focusing on issues impacting the health and wellbeing of our residents.

This year, Rachel's report focuses on the health and wellbeing of our diverse LGBTQ+ community. This is a timely report celebrating the diversity of our LGBTQ+ community, while highlighting the needs of our LGBTQ+ population. It makes an important read, highlighting the many challenges our LGBTQ+ population face alongside the importance of working together to rise to these challenges.

Croydon is one of the most diverse boroughs in London. As the London Borough of Culture 2023, we held a range of events in the past year celebrating Croydon's unique identity, diverse communities and rich heritage.

As part of this, we held London's second largest Pride Festival, Croydon PrideFest, where our people came together to celebrate our LGBTQ+ community.

As an ally, I was proud to be walking in this parade alongside Rachel.

In Croydon, we know that tackling discrimination and inequalities is everybody's business and it requires a united stance. We have a zero-tolerance approach to all forms of discrimination, harassment and bullying. The Council's commitment to Equality and Diversity is enshrined in our Equalities Pledge launched in 2022.

Through this pledge, we invite Croydon's local organisations and businesses to stand united with Croydon against inequality. Together, we want to achieve a Croydon where everyone is treated with the respect they deserve and create a place all residents are proud to call home.



Jason Perry
Executive Mayor of Croydon





FOREWORD BY RACHEL FLOWERS

In my seventh annual report as Director of Public Health for Croydon, I am focusing on the health experiences and inequalities within our Lesbian, Gay, Bi, Trans and Queer, Questioning, Plus (LGBTQ+) community in Croydon.

My rationale for this focus is that when I started to develop a health needs assessment of our LGBTQ+ community in early 2023, there was a noticeable absence of local data, leading to me question how well we really understand the health and wellbeing needs and lived experiences of our LGBTQ+ community in Croydon.

My report comes in two parts. It takes the form of a video to embrace that Croydon is London's Borough of Culture, allowing me to capture some voices from our LGBTQ+ community and our allies, and a written document with the data that reflects the themes discussed in the video and more.

The LGBTQ+ population is a diverse group, comprising various subgroups, each with their unique needs. I want to promote a deeper understanding of the unique needs of subgroups within the LGBTQ+ community, taking into account the broad diversity of sexual orientations, gender identities, ethnicities, age groups, individuals with disabilities and chronic conditions, and all those from underrepresented backgrounds.

My report highlights a range of issues and inequalities facing our LGBTQ+ community, including poorer health outcomes and poorer access to and experiences of health and care services.

Nationally, one in three LGBTQ+ young people within the UK experience mental health difficulties, compared to one in eight young people within the general population, and one in seven LGBTQ+ people report avoiding treatment for fear of discrimination because they are LGBTQ+.

I hope that my report is a celebration of the wonderful community we have, a spotlight on the many challenges they face, and the importance of allies and allyship—people who do not identify as LGBTQ+ but who want to support their family, friends, colleagues and community.

In this report, there are many recommendations. However, I would like to highlight three key things we can all do to support our LGBTQ+ community:

1. We need to keep questioning our assumptions.
2. We all need to actively support the visibility of our LGBTQ+ community.
3. We need to actively promote the representation of our LGBTQ+ community.

Together, through our collective efforts, we can contribute to a more inclusive, equitable and supportive society for all, and achieve a Croydon where everybody can thrive.



Rachel Flowers
(She/her, They/them)
Director of Public Health

INTRODUCTION

This year, my report has two components: a video and this written report. The video introduces members of our local LGBTQ+ community and allies, offering poignant insights into their stories and experiences. This accompanying written report delves deeper into the themes highlighted in the video, supplementing with additional information and data where applicable, and presents my recommendations for achieving a more inclusive, equitable and healthier Croydon.

UNDERSTANDING THE TERM 'LGBTQ+'

The language we use to talk about the LGBTQ+ community has changed over time. Currently, 'LGBTQ+' is an inclusive, umbrella term covering various sexual orientations and gender identities. The letters in LGBTQ+ stand for Lesbian, Gay, Bisexual, Transgender and Queer (or sometimes Questioning). The plus sign (+) at the end represents all other gender identities and sexual orientations not specifically covered by the first five categories.

To understand the term LGBTQ+, it is essential to review two important concepts: **sexual orientation and gender identity**.

Sexual orientation and gender identity are two distinct aspects of an individual's identity. **Sexual orientation** is 'a person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.'¹

On the other hand, **gender identity** refers to 'a person's innate sense of their own gender, whether male, female or something else.' Our gender identity may or may not be the same as our sex assigned at birth.²

The words we use to describe people can have a significant impact, especially when it comes to discussing personal aspects such as sexual orientation and gender identity.

It is important to understand that language is always evolving, and different terms may mean different things to different people. It is important to remember that the most important labels or definitions are the ones people give to themselves. If you would like to find out more about the different LGBTQ+ terms, Stonewall has an excellent list at www.stonewall.org.uk/list-lgbtq-terms.



A NOTE ON LANGUAGE USE IN THIS REPORT

In this report, I have used 'LGBTQ+' as the primary term when referring to our LGBTQ+ community. However, when drawing from external resources, I followed their terminology, which is why you will find instances of other terms, such as LGBT or LGBT+.

When referring to LGBTQ+ individuals, I have used the terms they use to describe themselves, prioritising chosen language and ensuring respectful and inclusive representation throughout the report.

LGBTQ+ RIGHTS SINCE THE 20TH CENTURY

Today, we live in a society that for the most part embraces and accepts LGBTQ+ individuals. However, history reveals a harsh reality—LGBTQ+ people have endured exclusion, persecution, discrimination, imprisonment and even death due to their sexual orientation or gender identity. It is still illegal to be LGBTQ+ in 64 United Nation member States.³ In six countries worldwide, people who identify as LGBTQ+ can face the death penalty, and an additional five countries have unclear laws, putting them at risk.

In the UK, we have made significant progress in the past century in achieving equal rights for LGBTQ+ individuals. However, this journey has been challenging, meeting opposition at various points. Despite legal advancements, LGBTQ+ individuals still encounter discrimination in many areas of society.⁴



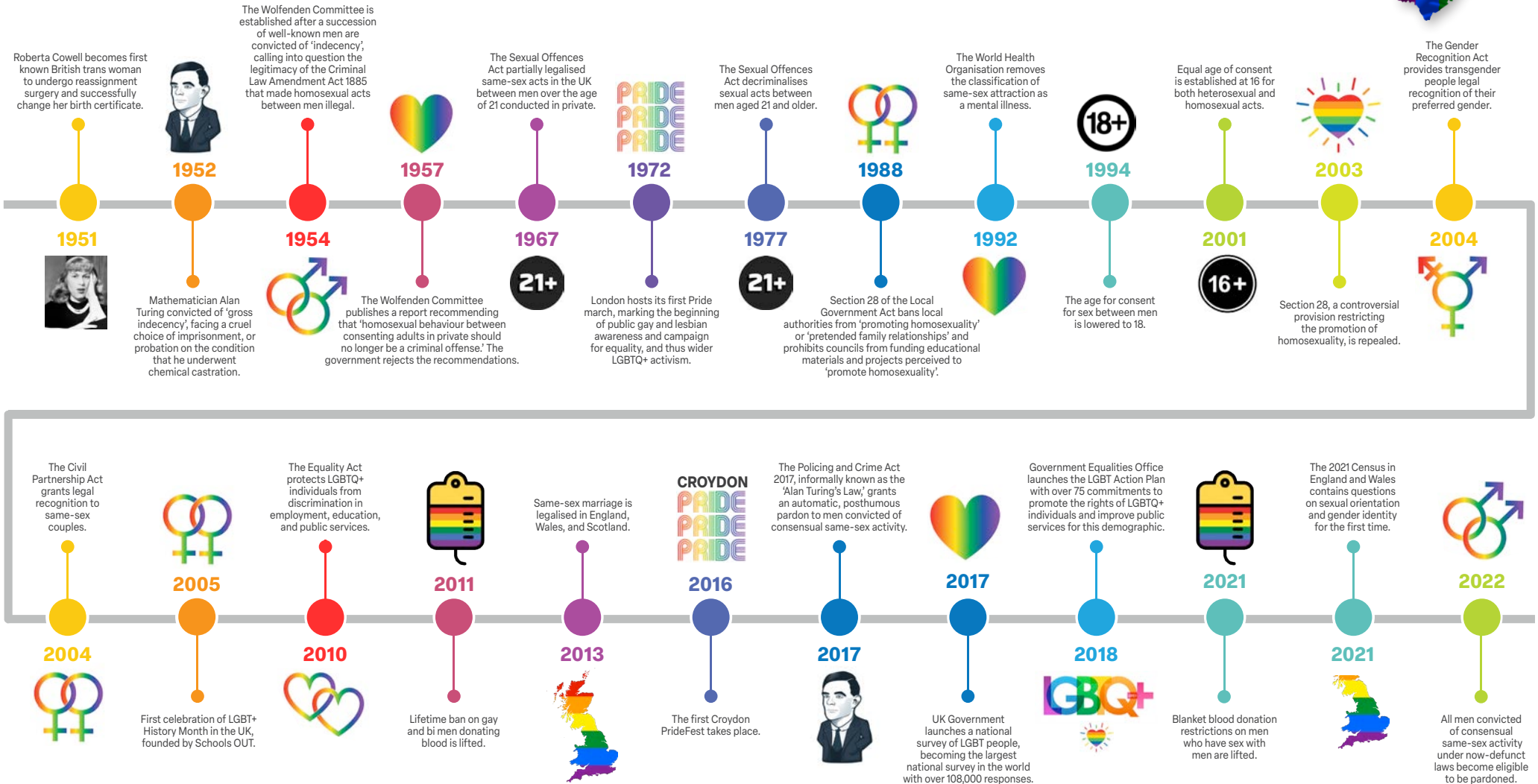
'I am a survivor of Section 28... law that forbade the promotion of homosexuality in schools. A whole generation grew up with shame around their sexuality and their gender identity. I feel like a lot of my life experiences were impacted by this notion of constantly being othered.'

CLAUDIA (SHE/HER)





PRIDE IN PROGRESS: A VISUAL JOURNEY OF LGBTQ+ RIGHTS IN THE UK



While we have made progress in the UK in terms of LGBTQ+ rights, there is still work to be done for achieving full inclusivity, acceptance and equal rights for everyone.

HOW BIG IS OUR LGBTQ+ COMMUNITY?

Historically, there has been limited data about people who are LGBTQ+ people in the UK. In 2021, the Office for National Statistics conducted a comprehensive census, offering a significant glimpse into the sexual orientation and gender identity of Croydon's population.

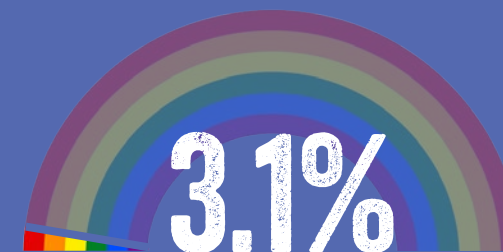
Historically, there has been limited data about people who are LGBTQ+ in the UK, and like in the UK, we do not know the exact number of individuals who identify as LGBTQ+ in Croydon.

Until recently, when estimating the size of the LGBTQ+ population, studies mainly relied on local and national surveys that used data on sexual orientation, such as the Annual Population Survey published by Office of National Statistics.⁵ However, the best quality population estimates of the LGBTQ+ population now come from the 2021 Census.

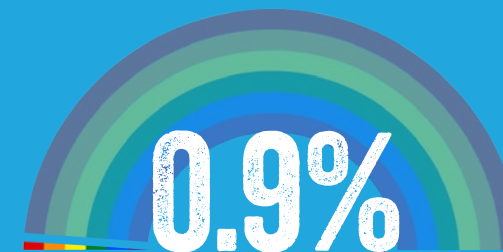
In 2021, the Office for National Statistics conducted a comprehensive census, offering a significant insight into the sexual orientation and gender identity of Croydon's population. This marked a historic moment, as it was the first time individuals over the age of 16 years were asked to voluntarily declare their sexual orientation and gender identity.



According to the Census 2021, in March 2021, 3.1% of Croydon's population, around 9,520 individuals, identified as lesbian, gay, bisexual and other non-straight identities including, pansexual, asexual, queer and other. This is compared with 4.3% in London and 3.2% in England. On the other hand, 0.9%, about 2,765 people identified as a gender different from their sex registered at birth.⁶



Around **9,520** people in Croydon identify as LGB and other non-straight identities. (Census 2021)



Around **2,765** people in Croydon identify as a gender different from their sex registered at birth. (Census 2021)



HOW BIG IS OUR LGBTQ+ COMMUNITY?

It is important to recognise the uncertainty surrounding these numbers, as they likely underestimate the true size of our local LGBTQ+ community for several reasons. Factors such as privacy concerns, social stigma, and cultural influences may lead individuals to withhold their responses.

In addition, uncertainties arise from the fact that parents or guardians are permitted to complete the census on behalf of their households, raising questions about their awareness of the sexual orientation and gender identity of individuals in their households.

Further, some individuals who reject specific labels of sexual orientation and gender identity may also choose not to answer these questions, even if they still identify as part of the LGBTQ+ population. Overall, Census 2021 results showed that about 9.1% of people aged 16 years and over in Croydon did not answer the sexual orientation question, and 7.5% skipped the gender identity question.

Early analysis suggests that older people and individuals from minority ethnic backgrounds were more likely to be non-responders, further adding complexity to our understanding.



SEXUAL ORIENTATION IN CROYDON, CENSUS 2021, OFFICE FOR NATIONAL STATISTICS

Sexual orientation	Percentage (%)	Number of people
Straight or Heterosexual	87.80	272,523
Gay or Lesbian	1.51	4,696
Bisexual	1.18	3,661
Pansexual	0.28	855
Asexual	0.04	123
Queer	0.03	97
All other sexual orientations	0.03	98
Not answered	9.13	28,344

GENDER IDENTITY IN CROYDON, CENSUS 2021, OFFICE FOR NATIONAL STATISTICS

Gender identity	Percentage (%)	Number of people
Gender identity the same as sex registered at birth	91.60	284,319
Gender identity different from sex registered at birth but no specific identity given	0.46	1,420
Trans woman	0.17	515
Trans man	0.18	558
Non-binary	0.05	165
All other gender identities	0.03	107
Not answered	7.51	23,314

WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

Our health and wellbeing is influenced by almost everything around us, ranging from the quality of our homes and access to education, to the quality of our jobs and working conditions, the strength of our social connections or whether we experience poverty and discrimination. Often referred to as the 'wider determinants of health', these building blocks collectively shape our overall health and wellbeing.

While healthcare itself contributes to between 15-25% of our health and wellbeing, existing research suggests that between 45-65% of our health and wellbeing is shaped by these wider determinants.⁷

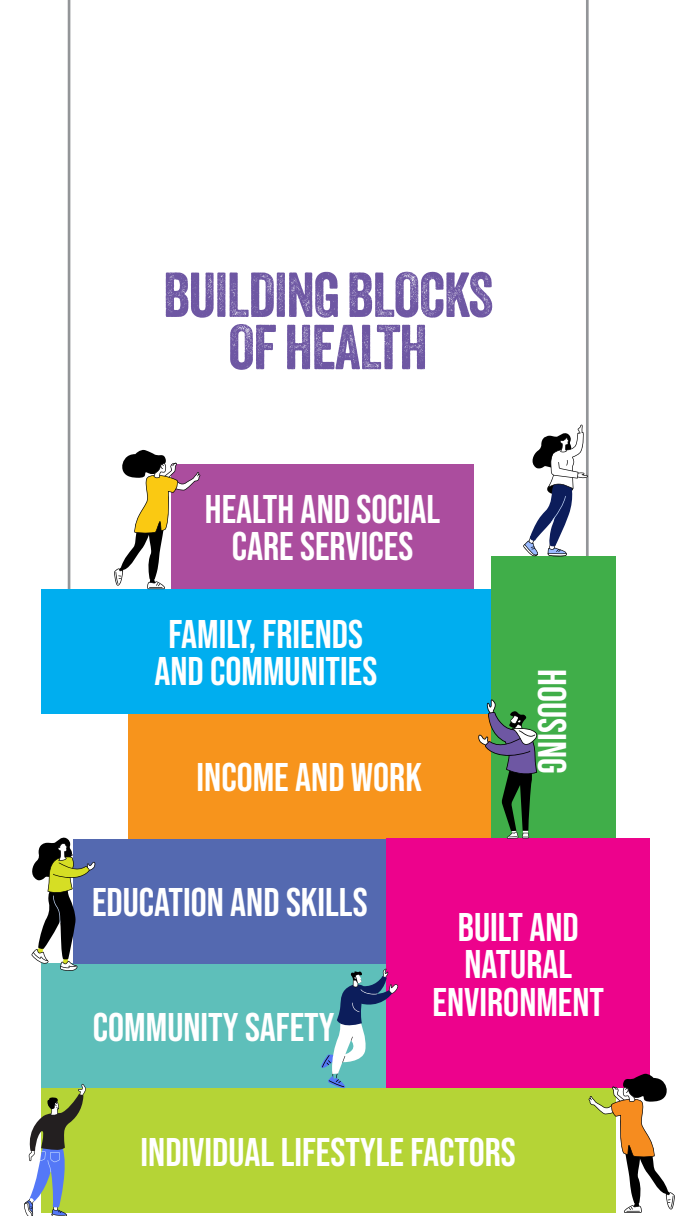
As I mentioned earlier in this report, data on the LGBTQ+ population is limited. While recent national studies and needs assessments indicate that LGBTQ+ people living in the UK face numerous barriers to leading happy, healthy and fulfilling lives in the UK and have disproportionately worse health and wellbeing outcomes than others, local data specific to Croydon's LGBTQ+ population is lacking.^{8,9}

To start understanding the state of health and wellbeing of our local LGBTQ+ community in Croydon, in this section, I will rely on personal stories shared by the LGBTQ+ interviewees featured in this year's video.

Where available, I will also incorporate insights from relevant local, national and international research to deepen our understanding.

It is important to note that the themes identified in this section serve as a starting point in our exploration rather than presenting an exhaustive overview of local LGBTQ+ needs in Croydon. Although this section identifies several health and wellbeing needs, we need to continue asking questions to better understand the health and wellbeing needs of our LGBTQ+ community.

When reading this section, it is important to bear in mind that our LGBTQ+ community is exceptionally diverse, representing various sexual orientations and gender identities across a wide range of sociodemographic groups. Each person has unique circumstances, leading to a wide range of experiences and needs. Additional individual and socioeconomic factors such as age, ethnicity and socioeconomic status play a crucial role in shaping health and wellbeing, adding additional layers of complexity to our understanding of the health and wellbeing of our local LGBTQ+ population.



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

MENTAL HEALTH AND WELLBEING

Mental health is a 'state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community.' Addressing mental health involves promoting awareness, reducing stigma, and ensuring access to effective interventions and support systems.

Existing evidence suggests that those who identify as Lesbian, Gay, Bisexual, and Transgender (LGBT) are likely to experience worse mental health compared to their cisgender and straight counterparts.¹¹

A recent study on LGBTQ+ young people estimated that one in three LGBTQ+ young people within the UK experience mental health difficulties, compared to one in eight young people within the general population.¹²

A survey of 7,126 young LGBTQ people in London showed that 44% of LGBTQ respondents reported going for medical help for depression or anxiety compared to 29% of heterosexual non-trans respondents. Similarly, over half of the LGBTQ respondents (52%) reported self-harming at least once in their lives compared with 35% of heterosexual non-trans people.

Further, 44% of the LGBT respondents reported to have thought of suicide compared with 26% of heterosexual non-trans respondents.¹³



“Yesterday, I was dealing with a young lady, and she was presented to Croydon hospital for mental health issues. she didn't feel like she had a voice ... and I had to be her voice for her. It would have been nice for someone to sit down with her and listen to why she was in crisis a little bit more at that initial stage and to understand that actually, the crisis was coming from the community not accepting her as LGBT.”

PC MAT SMITH (HE/HIM)
LGBTQ+ COMMUNITY LIAISON OFFICER FOR SN BCU



ONE IN THREE

LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ+) YOUNG PEOPLE WITHIN THE UK EXPERIENCE MENTAL HEALTH DIFFICULTIES.



ONE IN EIGHT

YOUNG PEOPLE WITHIN THE GENERAL POPULATION.

44%

OF LGBTQ RESPONDENTS REPORTED GOING FOR MEDICAL HELP FOR DEPRESSION OR ANXIETY.

29%

OF HETEROSEXUAL NON-TRANS RESPONDENTS REPORTED GOING FOR MEDICAL HELP FOR DEPRESSION OR ANXIETY.

FIGURES BASED ON A SURVEY OF 7,126 YOUNG LGBTQ PEOPLE IN LONDON



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

MENTAL HEALTH AND WELLBEING

Other studies on LBT women showed that 28% of bisexual women and 14% of lesbians deliberately harmed themselves in the last year compared to 6% of adults in the general population.¹⁴

Although limited, available evidence suggests that trans people have higher rates of mental ill-health than their LGBT counterparts.¹⁵ Trans people may face day-to-day discrimination at work, in education and when accessing healthcare services. The stress of transitioning may impact relationships with family and friends, and other areas of life such as work and community life. Those with mental health issues may feel like they are unable to seek help for mental health issues in case it could impact decisions around their transition, preventing them from transitioning.¹⁶

Experiences of mental health and wellbeing is not uniform across the LGBTQ+ community, and individuals with different experiences and characteristics experience different levels of mental ill health. For example, research shows that neurodiverse LGBTQ+ individuals are at a greater risk of mental ill health compared with their counterparts.¹⁷

Overall, research indicates that inequalities in mental health outcomes follow a social pattern, where people who face more challenges in terms of power and access to resources tend to experience worse mental health outcomes. This pattern is connected to various challenges, such as experiences with racism, ableism, sexism, homophobia and transphobia. These challenges may lead to discrimination, both at a system and an individual level, increasing the likelihood of mental health issues.¹⁸



“I suffered childhood trauma, cultural abuse, and as a result today, I have fibromyalgia. I suffer with tremors. I have complex PTSD. And they are all things that if I had been given the support when I was younger, if I have been listened to if I have been understood, I probably wouldn’t suffer with today.”

SABA (SHE/HER)

IMPACT OF COVID ON MENTAL HEALTH

During the COVID-19 pandemic, LGBTQ+ people have faced a unique set of health challenges, including increased isolation, prolonged exposure to hostile environments, and increased mental ill health.¹⁹ This suggests a heightened likelihood of exacerbated mental health issues among the LGBTQ+ community.

ACCESS TO MENTAL HEALTH SERVICES

The National LGBT 2018 survey asked questions about people’s experiences of public healthcare, and 51% of survey respondents who accessed or tried to access mental health services said they had to wait too long, 27% were worried, anxious or embarrassed about going and 16% said their GP was not supportive.²⁰

51%

OF RESPONDENTS WHO ACCESSED OR TRIED TO ACCESS MENTAL HEALTH SERVICES SAID THEY WAITED TOO LONG.

27%

OF RESPONDENTS WERE WORRIED, ANXIOUS OR EMBARRASSED ABOUT ACCESS MENTAL HEALTH SERVICES.

FIGURES BASED ON LGBT 2018 SURVEY

WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

SOCIAL CONNECTIONS AND SENSE OF BELONGING

Establishing meaningful social connections and a sense of belonging is vital for mental health and wellbeing, as these connections provide a support network, foster a sense of purpose, and contribute to a positive and fulfilling life. In addition, visibility and representation of individuals in diverse social circles and positions play a crucial role in fostering a sense of belonging, promoting acceptance, and positively impacting mental health and wellbeing by validating and normalising the experiences of the LGBTQ+ community.

LGBTQ+ people are much more likely than others to feel isolated and/or lonely. Many LGBTQ+ people are often excluded from community spaces, such as sports groups, community groups, and faith groups.²¹ Reports suggest that particularly among older LGBTQ+ individuals, some may revert to concealing their gender identity or sexual orientation, for fear of worse treatment based on their gender identity or sexual orientation.²²



“Being able to attend LGBT events here in Croydon, in my local area, is really nice. It’s not something that I would have imagined I would have, you know, growing up, coming out... Croydon Pride, things like that, that’s really helped shape my identity and give me a sense of belonging and acceptance here.”

DAN (HE/HIM)



“I do LGBT+ talks with scouts, different troops... I am remaining ‘out’ in the Croydon districts, just so scouts can see me. If I had a scout leader that was like, ‘Hey, I’m trans. This is what this is, and these are the services you can use to help.’ things would have been a lot different for me.”

MERLIN (HE/HIM)

“Every year, in particular Pridefest, you know, we get a bigger and bigger kind of crowd. There’s more support, that creates a sort of better sense of safety and inclusion. And I think, ultimately, you just end up getting the best out of people when everybody feels that shared sense of acceptance.”

DAN (HE/HIM)



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

RECOMMENDATIONS:

1. The NHS organisations based within Croydon, working with Croydon Council (including public health), the LGBTQ+ community and the voluntary and community sector, should conduct a needs assessment to better understand issues related to mental wellbeing and mental ill health and neurodiversity within the LGBTQ+ community in Croydon.
2. NHS and Local Authorities must ensure mainstream mental wellbeing information and advice is appropriately tailored and accessible to LGBTQ+ communities. They should also consider developing specialised mental health programmes and services for the LGBTQ+ population. All these should be co-produced with the local LGBTQ+ community.
3. All work around mental ill-health and wellbeing should adopt a life-course approach when developing strategies* for promoting mental health and wider understanding of neurodiversity within the local LGBTQ+ community.
**This includes tailoring interventions and programmes to address the evolving mental health needs of LGBTQ+ individuals at different stages of life, fostering healthier behaviours from youth to older adulthood. These interventions and programmes should be culturally appropriate, inclusive and LGBTQ+ affirmative.*
4. All local mainstream adult mental health programmes and services (for example, stress management programmes) should consider LGBTQ+ communities in their planning and provision. The development of these programmes should involve the local LGBTQ+ community to allow for co-production.



“I love Croydon. There’s so much culture diversity. There’s so much going on here. When you get to know the people and the community, you can’t not love it!”

MICHAEL (HE/HIM)

“The events that we do have are always quality. They always feel very involved. They always feel like they are aimed at us. My first ever Pride was Croydon. It always feels the same, it always feels like my first Pride when I go to Croydon Pride.”

HARLOW (SHE/HER)

WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

NEGATIVE ATTITUDES, DISCRIMINATION AND SAFETY CONCERNS

Discrimination is the unfair or prejudicial treatment of people and groups based on their characteristics such as their sexual orientation or gender identity.

Discrimination can come in various forms. In extreme forms, discrimination can manifest itself as a hate incident, such as social media bullying or unwanted verbal comments, or a hate crime such as physical assault.

Improving safety and inclusion for LGBTQ+ people requires an inclusive approach to all aspects of life, from childhood through to older age.

SAFETY CONCERNS AND HATE CRIMES

Many LGBTQ+ people experience discrimination or feel unsafe during the course of their lives.^{23,24} While many LGBTQ+ people agree that society has generally become more accepting of same sex couples and LGB identities, there is a growing acknowledgment that attitudes towards some trans and non-binary people may be becoming more negative, particularly on social media.²⁵

The UK National LGBT survey showed that around 7 in 10 respondents avoided even harmless behaviour such as hand holding in public with a same-sex partner or being open about their sexual orientation or gender identity due to fear of negative responses from others.



TWO IN FIVE

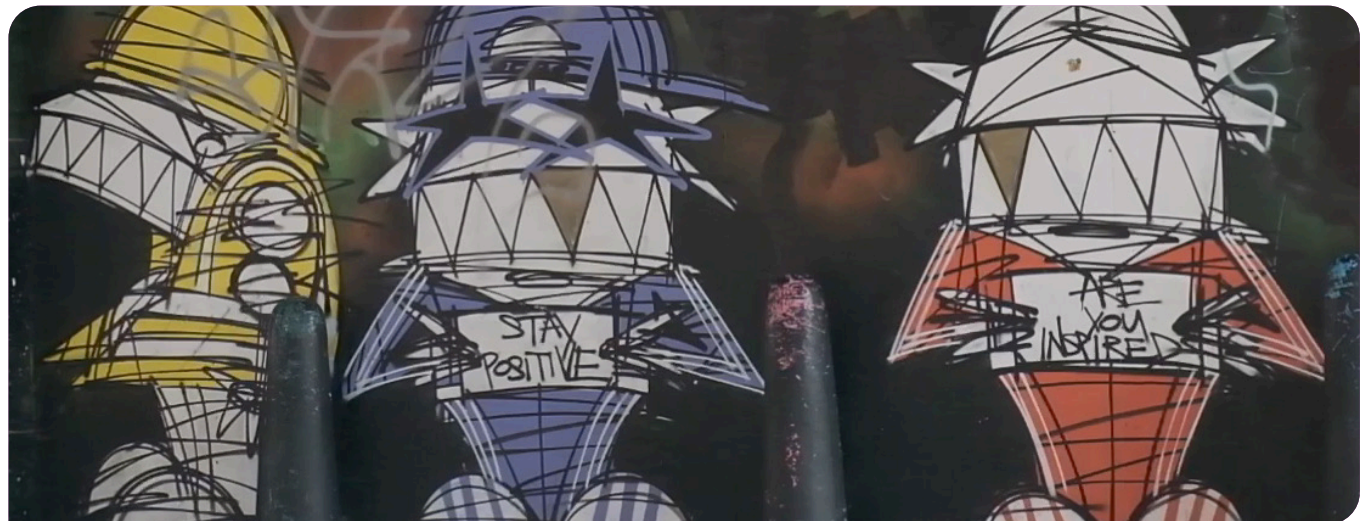
RESPONDENTS HAD EXPERIENCED A NEGATIVE INCIDENT IN THE PRECEDING 12 MONTHS INVOLVING SOMEONE THEY DID NOT LIVE WITH, DUE TO BEING LGBT OR BEING THOUGHT TO BE LGBT

The same survey showed that 2 in 5 respondents had experienced a negative incident in the preceding 12 months involving someone they did not live with, due to being LGBT or being thought to be LGBT.²⁶ Verbal harassment, insults or hurtful comments were the most frequently reported incidents.

A hate crime is defined as ‘any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic.’²⁷ Hate crimes can include violence or threats of violence, and they are a subset of notifiable offences recorded by the police.

“Being transgender was just not spoken about. And my first connection with the term was transphobic slurs that were held against me growing up. I had physical violence, verbal abuse at schools, out in the streets. Didn’t know what was going on.”

MERLIN (HE/HIM)



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

SAFETY CONCERNS AND HATE CRIMES

Hate crime statistics from the Office for National Statistics show that England continues to be a less safe place for LGBTQ+ people, with significant rise in hate crimes towards trans people.²⁸ In the year ending March 2023, a total of 4,732 hate crimes were reported against trans people in England, up 11% from the year before.

During the same year, hate crimes where sexual orientation was the motivating factor totalled 24,102, showing a 6% decrease from the previous year.²⁹ This was the first recorded decline in crimes against sexual orientation since data collection began in the year ending March 2012, and hate crimes on the basis of sexual orientation are still up by 112% in the last five years.

In Croydon, rates of homophobic, transphobic and biphobic crimes reported to the Metropolitan Police Service are relatively low with only a small handful reported each quarter.

There is likely to be underreporting of hate crimes so the true figure may be much higher than what is reported to the Office of National Statistics. The National LGBT survey suggests that fewer than 1 in 10 LGBT respondents report the most serious incidents including physical and sexual harassment and violence.³⁰

RECOMMENDATIONS:

5. All services within Croydon should adopt a life-course approach when developing strategies to address discrimination, enhance safety and reduce isolation within the LGBTQ+ community. This approach should recognise that experiences during childhood, adolescence, adulthood, and older ages significantly impact the wellbeing of individuals. Interventions and programmes should be tailored to address the evolving needs of LGBTQ+ individuals at different life stages, particularly during transition points, fostering a safer and more inclusive environment from youth to older adulthood.
6. All statutory agencies in Croydon should collaborate with the local LGBTQ+ community when developing community safety programmes and services to enhance safety and reduce isolation.
7. All organisations in Croydon should review current provision around addressing discrimination, improving safety and reducing isolation for the LGBTQ+ population. They should ensure that any programmes developed are co-produced with the local LGBTQ+ community and the LGBTQ+ community is actively involved in efforts to improve safety and reduce isolation.

“Last year [year ending March 2022] transphobic hate crime was the most [increased] at 56%. This year [year ending March 2023], it has gone up by a further 11%. So if you think about the trans community on its own, the added abuse, trauma and suffering that they are facing...”

**SABA (SHE/HER),
REFERRING TO HATE CRIME FIGURES IN THE UK**

“Reporting LGBT hate crime is really intimidating sometimes and can be quite daunting. And having that familiar face, someone that understands the community, I found, and we’ve all found has made a massive difference in detection rates.”

PC MAT SMITH (HE/HIM)



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

HEALTHY BEHAVIOURS

Healthy behaviours include behaviours that have a positive impact on an individual's health and wellbeing. Behaviours such as stopping smoking, drinking less alcohol, moving more and eating more healthily can help reduce the risk of many long-term health conditions.

An individual's health behaviours are influenced by their biological and genetic risk factors as well as their personal and socioeconomic circumstances. There is evidence linking stressful situations and discriminatory experiences with health behaviours such as substance misuse and smoking.³¹ These behaviours can be contributing factors to long-term health conditions.

Existing evidence suggests that LGBT individuals may experience worse health outcomes than their counterparts.³² For example, while there are gaps in existing data for LGBTQ+ communities and specific long-term conditions, international research suggests that LGB women may be more likely to develop type 2 diabetes. In addition, bisexual men may be more likely than heterosexual men to have diabetes. Compared with cisgender adults, transgender women may be more likely to develop cardiovascular disease.

While emerging evidence suggests an increased risk of several long-term health conditions among LGBTQ+ individuals, there is limited evidence regarding healthy behaviours in this population. Indeed, this absence of data on health, wellbeing and associated risk factors among the LGBTQ+ population was a significant impetus for writing this report.



ALCOHOL CONSUMPTION

A recent survey by NHS Digital identified that a higher proportion of LGB adults drank alcohol to a level of increased risk or higher risk compared with their heterosexual counterparts.³³ Among adults, LGB individuals were more likely than heterosexual adults to have exceeded the daily recommended amount of alcohol consumption on any given day within the previous week.³⁴

Contributing factors included 'self-medication' used as a coping mechanism for stress, anxiety and sadness. The greater rates of frequent and risky drinking among LGBTQ+ people may also be attributed to the culture within the commercial gay scene, as a lot of LGBTQ+ venues and spaces are often centred around places that serve alcohol.³⁵

SMOKING

One in three LGB adults currently smoke, compared with one in five heterosexual adults. The highest proportion of adult smokers is LGB women, while the lowest is heterosexual women. Similarly, amongst current smokers, more LGB adults smoked heavily than heterosexual adults.³⁶ Although there is currently little evidence available, what is known about smoking prevalence in the trans and non-binary community indicates a higher prevalence of smoking in these communities than their counterparts.³⁷

1 IN 3

LGB ADULTS CURRENTLY SMOKE,
COMPARED WITH ONE IN FIVE
HETEROSEXUAL ADULTS.



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

SMOKING

Smoking and mental health are often associated (for example, smoking is sometimes seen as a stress reliever, which has been disproven). There is strong evidence around the addictive nature of tobacco, particularly if smoking starts prior to aged 16.

This adds to the complexity of quitting and so people with existing mental health issues such as depression find it difficult to either prioritise or successfully quit smoking.

There is inadequate data available to provide conclusive evidence for why LGBTQ+ people smoke more, and more often than the heterosexual population. However, we may be able to draw inferences that it is likely connected with the isolation, prejudice and discrimination LGBTQ+ people experience due to their sexual orientation or gender identity.



“One of the biggest problems at the moment around the (LGBTQ+) community that isn’t really talked about in terms of health is chemsex (sexualised drug use), yet the number of deaths is increasing.”

SABA (SHE/HER)

BEHAVIOURS AND ATTITUDE TOWARDS SEX AND SAFE SEX

The lack of information on sex and relationships for people in the LGBTQ+ community through Sexual Health and Relationship Education in schools and other settings has meant that individuals feel unprepared and ill equipped to make good and informed decisions regarding their sexual health or relationships.

Across generations, people of different ages will have had varying experiences during their school years, impacting their understanding and ability of parents and carers to engage in open communication with their children to support and educate on sexual health and safe sex.

Similarly, there is a perceived lack of information, guidance, or health promotion messaging on sexual health for LBT individuals within the NHS and other services, in contrast to a large amount of material regarding men who have sex with men (MSM).

WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

BEHAVIOURS AND ATTITUDE TOWARDS SEX AND SAFE SEX

Frequent, casual and/or risky sex can be influenced by a number of factors, including:

- Drug and alcohol use: the use of alcohol and drugs can lead to risky sexual behaviour, (including sexualised drug use, which is often known as 'chemsex').
- Poor mental health/low self-esteem can lead to risky sexual behaviour due to feelings of worthlessness, not wanting to ask partner to use protection.
- Coping mechanism/release or self-harm.
- Risky sex and frequent casual sex following coming out.
- Risky sex/frequent casual sex following an abusive relationship.
- Pre-Exposure Prophylaxis (PrEP), medicine that reduces chances of getting HIV from sex or injection drug use, may lead to complacency with protection against other sexually transmitted infections.³⁸

Men who have sex with men are disproportionately impacted by sexually transmitted infections (STIs). MSM have higher rates of first HIV diagnosis in England, although this is declining (down 8% from 2021 to 2022). Notable, STI diagnosis for gonorrhoea, chlamydia and syphilis increased between 2021 and 2022.^{39, 40}

Chemsex is prevalent among a subgroup of London's LGBTQ+ community, where participants use drugs to prolong sexual encounters.

London Hospital Service has now partnered with LGBTQ+ voluntary sector agency Gay Men's Health Collective to roll out non-judgmental harm-reduction measures.

As part of this campaign, SAFER 23-24 is a health and well-being pack for gay men and the wider LGBT+ community with a focus on chemsex. 20,000 packs are being distributed to sexual health and drug services, accident and emergency departments, HIV and LGBT+ organisations, and LGBT+ venues from June 2023.

For more information, please see menrus.co.uk/about/about-us/#placeholder-ABOUT-about-the-safer-campaign



HEALTHY WEIGHT

The dietary requirements of the LGBTQ+ community are no different from the general population and so the Eatwell Guide recommendations are applicable.⁴¹

International research has shown that women identifying as a member of the LGBTQ+ community are more likely to be overweight or obese than their counterparts, with women identifying as lesbians to be linked with the greatest levels of obesity.⁴² There is conflicting data in relation to healthy weight and LGBTQ+ males, and so a definitive conclusion cannot be drawn.

Overall, there is very little data on LGBTQ+ groups and healthy weight, particularly in the UK. This limited evidence base has made it difficult to analyse the inequalities affecting LGBTQ+ populations with a lens on weight.



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

PHYSICAL ACTIVITY

There is an association between physical activity and mental health. Mental health issues like depression can result in a disinterest in physical activity, and conversely being active is associated with good mental wellbeing.

Similar to healthy eating, evidence on the LGBTQ+ community's physical activity levels and the sports they participate in are less well-established than those of other groups.⁴³

What we do know is that there are additional barriers placed on the LGBTQ+ community to be physically active, such as homophobia and transphobia in sporting environments, availability of appropriate changing facilities, lack of LGBTQ+ friendly facilities or clubs, gender segregation, gender rules, concerns around clothing for trans people and costs.



CHILDHOOD AND ADOLESCENCE



- LGB+ young people are more likely to smoke than young heterosexual people.
- Problematic alcohol usage is more common among sexual minorities than among heterosexuals.
- Transgender youth encounter additional obstacles when it comes to engaging in sports, such as gendered facilities, body dissatisfaction, and anxiety over social acceptance.
- Poor access to Sexual Health and Relationship Education for LGBTQ+ people.

WORKING AGE ADULTS



- Smoking is still more prevalent for LGB people when compared to heterosexual people.
- Alcohol use is higher in LGBT communities in this age bracket compared to heterosexual people.
- LGBTQ+ individuals participate in sports and physical activity at a lower rate than heterosexual, cis people.

OLDER ADULTS



- Higher rates of poor mental health compared to the general population.
- Higher rates of smoking compared to the general population.
- Limitation of activities of daily living.⁴⁴

WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?



RECOMMENDATIONS:

8. All services should adopt a life-course approach when developing strategies for promoting healthy behaviours within the LGBTQ+ community. Health and wellbeing of individuals are shaped by a variety of factors over their lifetimes, including experiences during their childhood, adolescence, adulthood and older ages. Interventions and programmes should be tailored to address the evolving health needs of LGBTQ+ individuals at different stages of life, particularly at transition points, fostering healthier behaviours from youth to older adulthood.
9. All organisations in Croydon should ensure mainstream adult healthy behaviours programmes and services (for example, smoking cessation, alcohol harm reduction, substance misuse) consider LGBTQ+ communities in their planning and provision. These programmes and services should be co-produced with the local LGBTQ+ community.
10. Consideration should be made about developing specialist adult healthy behaviours programmes and services for the LGBTQ+ population. These services should be co-produced with the local LGBTQ+ community.
11. All organisations commissioning and providing mainstream sexual and reproductive health information and advice should ensure that these are appropriately tailored to and are accessible by LGBTQ+ communities.
12. Consideration should be made about developing specialised sexual and relationship health information and advice for LGBTQ+ communities. These programmes should be delivered in collaboration with key LGBTQ+ partner organisations and the LGBTQ+ community.



SIMILAR TO HEALTHY EATING, EVIDENCE ON THE LGBTQ+ COMMUNITY'S PHYSICAL ACTIVITY LEVELS AND THE SPORTS THEY PARTICIPATE IN ARE LESS WELL-ESTABLISHED THAN THOSE OF OTHER GROUPS.



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

EXPERIENCES OF HEALTH AND SOCIAL CARE SERVICES

Equitable access to high-quality health and social care services influences our health and wellbeing.

The prejudice that members of the LGBT community face due to their gender identity or sexual orientation is linked with a number of health inequalities,⁴⁵ with one in seven LGBT people reporting avoiding treatment for fear of discrimination because they're LGBT.⁴⁶

"Having access to healthcare, like good quality healthcare, non-judgmental healthcare, availability of things like condoms or sexual health advice ... making self-test kits and home test kits more available ... is very important."

DAN (HE/HIM)

"I think, personally, we need to bring more LGBT support within the borough and, you know, stop people having to go to up in London or in Surrey, where there are better services and more charities and organisations."

PC MAT SMITH (HE/HIM)

ACCESSING GENDER IDENTITY CLINICS

Transgender individuals face delays in accessing vital gender-affirming treatments, including surgery and hormone therapy, complicating their healthcare needs. For individuals who have made the decision to transition medically, this delay can lead to feelings of frustration, leaving people to seek private treatment or buying hormones from the internet.⁴⁷



"When I moved to Croydon, I couldn't find a GP that was willing to accept my hormones and my trans journey. So, I kept my GP in Lambeth. In terms of gender clinics, they are all in central London."

ASIFA (SHE/HER)



"It shouldn't be a case of trans people referring trans people to services or having to commute into central London for a blood test."

MERLIN (HE/HIM)



"I had to turn to the internet. But what really helped me was what I like to call the trans underground railway network, where we support each other..."

CLAUDIA (SHE/HER)



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

CONFIDENTIALITY

One in ten of LGBT individuals, and more than one in four trans people have experienced 'involuntary outing' (having their sexual orientation and/or gender identity disclosed to others without their consent) by healthcare staff, leading to distress and potential discrimination.⁴⁸

It is thought that one in two lesbian and gay people disclose their sexual orientation to their GP, and this is higher than the disclosure rates of bisexual people.

It is unclear for people how information about their sexual orientation and gender identity is shared with staff within services and other healthcare providers, and this impacts what is shared with practitioners.⁴⁹

LANGUAGE USE (INCLUDING MISGENDERING PEOPLE)

The use of the correct pronouns and gender identity are important to a person's mental wellbeing. When these are used incorrectly, it can have a negative impact on the experience of care people receive and the care offered to them. People can feel misunderstood, invalidated and unaccepted.⁵⁰

Misgendering individuals not only causes distress but also creates barriers in accessing health and care services. For instance, there is evidence of trans individuals eligible for screening being automatically excluded from the screening invitation list by computer systems when registered with their GP under a different gender.⁵¹ Such occurrences can lead to delays in diagnosis and treatment.

STAFF ATTITUDES

There is evidence indicating that some health and care staff may inaccurately perceive a person's gender identity or sexual orientation as insignificant in influencing their care, leading to the application of heteronormative assumptions.⁵² This can result in health and care appointments being missed or distressing for individuals.

In the case of cervical screening appointments, reports highlight instances where eligible lesbian and bisexual women did not attend because health professionals informed them that the screening was not applicable to them.⁵³ Many also felt the screening protocols were not relevant, as it was assumed they were heterosexual.⁵⁴

STAFF TRAINING

One in four LGBT persons reported that they have encountered healthcare staff who were unaware of the particular health requirements of LGBT people, and one in ten people had faced this in the past 12 months.

Three in five trans people reported a poor awareness by healthcare staff of health needs particular to trans people. Rather than purposefully discriminating, health and social care providers feel ill-equipped to meet the needs of LGBT people and lack confidence in specialist needs such as gender identity pathways.⁵⁵



1 IN 10 LGBT INDIVIDUALS AND MORE THAN 1 IN 4 TRANS EXPERIENCED INVOLUNTARY OUTING BY HEALTHCARE STAFF.



WHAT DO WE KNOW ABOUT THE HEALTH AND WELLBEING OF OUR LGBTQ+ COMMUNITY?

MISGENDERING INDIVIDUALS NOT ONLY CAUSES DISTRESS BUT ALSO CREATES BARRIERS IN ACCESSING HEALTH AND CARE SERVICES. FOR INSTANCE, THERE IS EVIDENCE OF TRANS INDIVIDUALS ELIGIBLE FOR SCREENING BEING AUTOMATICALLY EXCLUDED FROM THE SCREENING INVITATION LIST BY COMPUTER SYSTEMS WHEN REGISTERED WITH THEIR GP UNDER A DIFFERENT GENDER.

RECOMMENDATIONS:

- 13.** All NHS health care, including Primary Care, Local Authority social care and frontline staff should undergo mandatory LGBTQ+ sensitivity training to improve cultural competence. This training should cover the unique needs and challenges of LGBTQ+ individuals, along with recognising how access and service utilisation may differ among these individuals compared with non-LGBTQ+ individuals.
- 14.** Organisations should establish, if they haven't already, organisations should establish and implement policies that affirm LGBTQ+ identities and create safe, inclusive environments for both employees and service users.
- 15.** All organisations should promote leadership that champions LGBTQ+ inclusion. Leaders should set an example and foster an affirmative culture that celebrates diversity.
- 16.** Commissioners and providers of services should actively monitor levels of service engagement with LGBTQ+ populations and use this data to assess the accessibility and appropriateness of mainstream services. This information can be used to inform better care and service design.



DATA AND MONITORING

As you may have seen throughout this report, there is a lack of data on the LGBTQ community, which makes it difficult to understand their health and wellbeing needs and the inequalities they face.

It is important that both sexual orientation and gender identity are routinely collected and monitored to help identify risks to health and wellbeing, support the development of tailored programmes, and identify where improvements need to be made.



RECOMMENDATIONS:

17. Encourage the collection of sexual orientation and gender identity data especially in health and social care settings. We should strive to collect sexual orientation and gender identity data as routinely as other information such as age and ethnicity. Commissioners could include the collection of this data in service contracts.
18. Standardise the collection of sexual orientation and gender identity data: encourage the adoption of standard guidelines across social and health care such as the Sexual Orientation Monitoring Information Standard.
19. Raise awareness and offer training to staff regarding the importance of sexual orientation and gender identity monitoring and how to ask monitoring questions. This will help ensure that service providers understand the significance of collecting this data and increase their confidence in collecting this information.
20. Undertake a borough-wide, detailed Health Needs Assessment: undertake a detailed Health Needs Assessment as part of Croydon's Joint Strategic Needs Assessment to identify the unique health and wellbeing needs of this population and ensure links with the Joint Local Health and Wellbeing Strategy as well as Croydon's Equality Strategy Implementation Plan. Note that it was the lack of this data that was the origins of this report.
21. Health and Local Authority services should routinely monitor LGBTQ+ experiences. All services should be encouraged to evaluate the access and delivery of the services with respect to the LGBTQ+ population. Findings from these evaluations should be used to improve the service, with respect to access and inclusion, addressing any inequalities faced by the LGBTQ+ population.



CREATING AN INCLUSIVE SOCIETY

Inclusion is ensuring communities and individuals with different backgrounds are welcomed, irrespective of sexual orientation, gender identity, age, ethnicity or any other characteristic. It is about ensuring cultural and social acceptance and equal treatment.⁵⁶

Promoting inclusion involves ensuring that everyone, irrespective of sexual orientation or gender identity, has access to equal opportunities. It means that people are willing to take action, rather than being passively accepting.

An ally is a person who stands up for marginalised communities to strengthen their voices, promote respect, knowledge, and awareness while also fighting oppression. The term 'ally' is also used to describe someone who is actively supportive of LGBTQ+ people. It encompasses straight and cisgender allies, as well as those within the LGBTQ+ community who support each other (for example, a lesbian who is an ally to the bisexual+ community).

I have already discussed a lot of the great work that has been done in the UK to achieve equality for our LGBTQ+ community. However, there is much more that we can do to help improve the lives of LGBTQ+ people everywhere.⁵⁷



“WHEN WE ARE BORN, WE JUST COME TO THIS WORLD. WE DON'T GET TO CHOOSE OUR NAME, COLOUR OF SKIN, GENDER AND RELIGION. ALL THAT HAPPENS IS WE JUST GET BORN. BUT WE DO HAVE A CHOICE IN WHAT WE DO WITH OUR LIVES AND HOW WE RELATE TO EACH OTHER. AND THAT'S WHETHER WE CHOOSE TO ACCEPT EACH OTHER, VALUE EACH OTHER AND LOVE EACH OTHER FOR THE PEOPLE THAT WE ARE.”

HELEN (SHE/HER)





CREATING AN INCLUSIVE SOCIETY

RECOMMENDATIONS:

WHAT CAN I OR MY ORGANISATION DO TO CONTRIBUTE TO A MORE INCLUSIVE SOCIETY?

22. Familiarise yourself with the language around LGBTQ+. There are a number of terms used to describe people in the LGBTQ+ community, and it is a language that is continually evolving. You could browse a glossary of terms and teach yourself the right language to use when talking with LGBT+ people.

This is a small but important step you can take to educate yourself and make sure you are using the terminology to be respectful to everyone around you and help yourself to feel more confident when discussing LGBT+ issues.

23. Ask people about their pronouns. At work, you could include your pronouns in email signatures. Including pronouns in email signatures not only shows support and solidarity for our transgender and non-binary friends in our acceptance of all genders, but to also hopefully eases the burden on our trans and non-binary colleagues and acquaintances from having to repeat their story over and over again.

24. Educate yourself on the history of LGBTQ+ activism. Understanding the history of LGBTQ+ activism will help you understand how far we have come and how much more we have to achieve.

25. Explore the challenges facing the LGBTQ+ community today. Look for specific campaigns that resonate with you so you can get active and focus your support to help really make a difference.

26. Get involved in the community and show your support. There are a number of ways you can get involved in the community. Look for LGBTQ+ events happening locally that welcome allies; www.stonewall.org.uk are a good place to start. Having a presence at events is a show of solidarity and support. Hearing the lived experience of people will help broaden understanding of what it means to be an ally and how to support with equality for all.

27. Become a Stonewall Diversity Champion. Becoming a Stonewall Diversity Champion can make real and lasting change to create environments where all employees can flourish.



CONCLUDING REMARKS

As part of my statutory duties, every year I produce an independent report to raise awareness on local health issues and health inequalities in Croydon and support evidence-based decision making.

As London Borough of Culture, Croydon held a year-long celebration in 2023, celebrating Croydon's unique identity, diverse communities and rich heritage. Embracing this theme, my report for this year focussed on our LGBTQ+ community.

I set out to write this report knowing that we did not know enough about the health and wellbeing of our LGBTQ+ people not just in Croydon but also in the UK. I anticipated that it would be laden with questions—questions about what we know and what we don't know.

Yes, this report does not make for easy reading. While we have a lot to celebrate in Croydon, we have a long way to go to achieve full LGBTQ inclusion and equality. Although our local data is limited, there is compelling evidence on disproportionate health outcomes in our LGBTQ+ community, particularly around mental health and wellbeing. Discrimination and safety concerns persist, casting a shadow over our community.

However, there is optimism for the future. By working collaboratively, we can collectively enhance the health and wellbeing of our LGBTQ+ community, striving towards complete inclusion and equality.

As I started, I want to end this report with three things we can all do to support our LGBTQ+ community:

- 1. We need to keep questioning our assumptions.**
- 2. We all need to actively support the visibility of our LGBTQ+ community.**
- 3. We need to actively promote the representation of our LGBTQ+ community.**

Together, through our collective efforts, we can contribute to a more inclusive, equitable, and supportive society for all, and achieve a Croydon where everybody can thrive.

1

WE NEED TO KEEP
QUESTIONING OUR
ASSUMPTIONS.

2

WE ALL NEED TO
ACTIVELY SUPPORT THE
VISIBILITY OUR LGBTQ+
COMMUNITY.

3

WE NEED TO ACTIVELY
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ACKNOWLEDGEMENTS

This report would not have been possible without the contributions of the LGBTQ+ volunteers who generously shared their personal experiences on being LGBTQ+ in Croydon. Thank you for being your authentic selves. My deepest thanks go to each interviewee for their remarkable courage in opening up and contributing to this report.



I would also like to express my gratitude to ASBO for producing the video, engaging with our LGBTQ+ community and skilfully capturing and preserving the authentic stories shared by the interviewees. A special thanks to Andy Martin for designing the graphics for the report and to Croydon London Borough of Culture Team for sharing their expertise and material from Croydon Pridefest 2023.

A great big thank you to the fantastic members of my project team: Shifa Sarica, Damian Brewer, Una O'Brien, Isabella Watson, Andrea Fallon, and Denise Malcolm. They have turned my concept and desire to highlight the challenges of our LGBTQ+ local data into the independent report that I wanted, not an easy thing to do. Their commitment, expertise, and enthusiasm and lived experience as part of the LGBTQ+ community and allies have played a crucial role in shaping the quality and depth of my report.

Lastly, I would like to thank the many individuals who contributed to this report along the way. Your input, insights and feedback have been instrumental in shaping this report.

GIVE US YOUR FEEDBACK

Do let me know your comments on the report, either by emailing me at rachel.flowers@croydon.gov.uk

or by post to:
Croydon Council, Public Health,
Assistant Chief Executive Directorate,
Bernard Weatherill House,
Floor 3, Zone E, 8 Mint Walk,
Croydon, CR0 1EA.



SUMMARY OF RECOMMENDATIONS

You can find a summary of recommendations made throughout the report below.

1. The NHS organisations based within Croydon, working with Croydon Council (including public health), the LGBTQ+ community and the voluntary and community sector, should conduct a needs assessment to better understand issues related to mental wellbeing and mental ill health and neurodiversity within the LGBTQ+ community in Croydon.
2. NHS and Local Authorities must ensure mainstream mental wellbeing information and advice is appropriately tailored and accessible to LGBTQ+ communities. They should also consider developing specialised mental health programmes and services for the LGBTQ+ population. All these should be co-produced with the local LGBTQ+ community.
3. All work around mental ill-health and wellbeing should adopt a life-course approach when developing strategies* for promoting mental health and wider understanding of neurodiversity within the local LGBTQ+ community.

*This includes tailoring interventions and programmes to address the evolving mental health needs of LGBTQ+ individuals at different stages of life, fostering healthier behaviours from youth to older adulthood. These interventions and programmes should be culturally appropriate, inclusive and LGBTQ+ affirmative.
4. All local mainstream adult mental health programmes and services (for example, stress management programmes) should consider LGBTQ+ communities in their planning and provision. The development of these programmes should involve the local LGBTQ+ community to allow for co-production.
5. All services within Croydon should adopt a life-course approach when developing strategies to address discrimination, enhance safety and reduce isolation within the LGBTQ+ community. This approach should recognise that experiences during childhood, adolescence, adulthood, and older ages significantly impact the wellbeing of individuals. Interventions and programmes should be tailored to address the evolving needs of LGBTQ+ individuals at different life stages, particularly during transition points, fostering a safer and more inclusive environment from youth to older adulthood.
6. All statutory agencies in Croydon should collaborate with the local LGBTQ+ community when developing community safety programmes and services to enhance safety and reduce isolation.
7. All organisations in Croydon should review current provision around addressing discrimination, improving safety and reducing isolation for the LGBTQ+ population. They should ensure that any programmes developed are co-produced with the local LGBTQ+ community and the LGBTQ+ community is actively involved in efforts to improve safety and reduce isolation.
8. All services should adopt a life-course approach when developing strategies for promoting healthy behaviours within the LGBTQ+ community. Health and wellbeing of individuals are shaped by a variety of factors over their lifetimes, including experiences during their childhood, adolescence, adulthood and older ages. Interventions and programmes should be tailored to address the evolving health needs of LGBTQ+ individuals at different stages of life, particularly at transition points, fostering healthier behaviours from youth to older adulthood.
9. All organisations in Croydon should ensure mainstream adult healthy behaviours programmes and services (for example, smoking cessation, alcohol harm reduction, substance misuse) consider LGBTQ+ communities in their planning and provision. These programmes and services should be co-produced with the local LGBTQ+ community.
10. Consideration should be made about developing specialist adult healthy behaviours programmes and services for the LGBTQ+ population. These services should be co-produced with the local LGBTQ+ community.
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12. Consideration should be made about developing specialised sexual and relationship health information and advice for LGBTQ+ communities. These programmes should be delivered in collaboration with key LGBTQ+ partner organisations and the LGBTQ+ community.
13. All NHS health care, including Primary Care, Local Authority social care and frontline staff should undergo mandatory LGBTQ+ sensitivity training to improve cultural competence. This training should cover the unique needs and challenges of LGBTQ+ individuals, along with recognising how access and service utilisation may differ among these individuals compared with non-LGBTQ+ individuals.



SUMMARY OF RECOMMENDATIONS

14. Organisations should establish, if they haven't already, organisations should establish and implement policies that affirm LGBTQ+ identities and create safe, inclusive environments for both employees and service users.
15. All organisations should promote leadership that champions LGBTQ+ inclusion. Leaders should set an example and foster an affirmative culture that celebrates diversity.
16. Commissioners and providers of services should actively monitor levels of service engagement with LGBTQ+ populations and use this data to assess the accessibility and appropriateness of mainstream services. This information can be used to inform better care and service design.
17. Encourage the collection of sexual orientation and gender identity data especially in health and social care settings. We should strive to collect sexual orientation and gender identity data as routinely as other information such as age and ethnicity. Commissioners could include the collection of this data in service contracts.
18. Standardise the collection of sexual orientation and gender identity data: encourage the adoption of standard guidelines across social and health care such as the Sexual Orientation Monitoring Information Standard.
19. Raise awareness and offer training to staff regarding the importance of sexual orientation and gender identity monitoring and how to ask monitoring questions. This will help ensure that service providers understand the significance of collecting this data and increase their confidence in collecting this information.
20. Undertake a borough-wide, detailed Health Needs

Assessment: undertake a detailed Health Needs Assessment as part of Croydon's Joint Strategic Needs Assessment to identify the unique health and wellbeing needs of this population and ensure links with the Joint Local Health and Wellbeing Strategy as well as Croydon's Equality Strategy Implementation Plan. Note that it was the lack of this data that was the origins of this report.

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FROM QUESTION MARKS TO UNDERSTANDING:

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DIRECTOR OF PUBLIC HEALTH REPORT 2023 | RACHEL FLOWERS

GIVE US YOUR FEEDBACK

Do let me know your comments on the report, either by
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