

MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT

ADULTS AND OLDER PEOPLE

CHAPTER: Key Groups

TOPIC: LGBT Community

This [glossary](#) is helpful in describing some of the terminology used to describe members of the LGBT community.

In this document, the abbreviation LGB refers to lesbian, gay and bisexual individuals and the term LGBT refers to lesbian, gay, bisexual and trans people.

WHY IS THIS TOPIC IMPORTANT?

It is estimated that between 5% and 7% of the population identifies as lesbian, gay or bisexual but there is very little reliable data. This figure was generated in an impact assessment of the [Civil Partnership Act](#) based on several different studies, including McGarrigle et al and Plug E and Berkhout P.^{1,2}

In 2011, the [Gender Identity Research and Education Society](#) estimated that 1% of the population is gender variant based on data provided by HM Revenue and Customs about the number of patients presenting for treatment of gender dysmorphia.

As a result of the [2010 Equality Act](#), policy decisions makers must take account of LGBT people when designing and delivering publicly funded services.

Research shows that the LGBT community experience a disproportionate burden of ill-health. Areas of particular inequality are sexual health and HIV, mental health, social isolation and the use of alcohol, drugs and tobacco (Williams H et al).³

Another area of increased need does not relate to increased risk, but rather the requirement for 'specialised culturally competent approaches' by health and social care providers ([Public Health Devon](#)). Strategies need to acknowledge that the LGBT community is not a homogenous group; it remains diverse with distinct areas of need.

[LGBT Foundation](#)

[Public Health England](#) has stated that the annual cost of drug addiction is £15.4 billion and the annual cost of alcohol related harm is £21 billion, whilst a quarter of all deaths among 16-24 year old men are attributable to alcohol. Smoking is England's biggest killer ([Statistics on Smoking](#)), causing nearly 80,000 premature deaths a year. Of additional significance to public health commissioners is that both tackling harmful drinking and smoking were identified as two of the seven main aims of [Public Health England's priorities](#) for the next five years. According to a five year study ([LGBT Foundation - Part of](#)

¹ McGarrigle CA1, Mercer CH, Fenton KA, Copas AJ, Wellings K, Erens B, Johnson AM: 2000 Investigating the relationship between HIV testing and risk behaviour in Britain: NATSAL

² Plug E and Berhout P 2004: Effects of Sexual Preferences on Earnings in the Netherlands

³ Williams H, Varney J, Taylor J, Durr P, Elan-Cane C 2012: The Lesbian, Gay Bisexual and Trans Public Health Outcomes Framework Companion Document

[the Picture](#)), LGBT people were twice as likely as the general population to binge drink at least once a week and seven times more likely than to have taken at least one illicit drug in the last month.

Smoking is a significant risk factor for many different cancer types and two in three smokers will die from smoking related diseases. Whilst further research is needed around the smoking habits of the LGBT bisexual population, existing data suggests that these communities are also more likely to smoke. The latest data from the ONS Integrated Household Survey shows that 25.3% of people who describe themselves as either gay or lesbian are smokers, compared to 18.4% of individuals who describe themselves as heterosexual ([Office of National Statistics 2015](#)).

Smoking is common among the LGBT population, although data on cancer rates and engagement with smoking cessation services among the LGBT community are poor. The results of a survey of smoking and electronic cigarette use (vaping) among attendees of the annual Manchester LGBT Pride festival carried out by LGBT Cancer Support Alliance and reported in the journal *Cancer Nursing Practice* suggest that smoking triggers include social situations, partners/friends smoking, stress, drinking alcohol, needing to take a break/move away from difficult situations and relieving boredom. There was also reported use of vaping, combining smoking and vaping and slipping back to smoking in social situations. <https://journals.rcni.com/cancer-nursing-practice/smoking-and-vaping-among-lesbian-gay-bisexual-and-trans-people-results-of-a-proud2bsmokefree-survey-cnp.2017.e1435> (subscription required).

According to the [Mental Health Taskforce 2016](#), mental health represents the largest single cause of disability in the UK costing £105 billion a year. LGB people are at more at risk of suicidal behaviour and self-harm and one and a half times more likely to develop depression and anxiety compared to the rest of the population (Michael King et al).⁴ These issues may be compounded by high rates of social isolation and decreased access to social support ([I Exist Survey](#)). Domestic violence occurs at the same rates as heterosexual abuse against women but support is rarely tailored for this (Henderson L).⁵

A survey by the [Rethink Mental Illness Advice Service](#) found that of those gay and bisexual men who have accessed healthcare services in the last year, a third have had a negative experience related to their sexual orientation. Only a quarter felt that healthcare workers had given them information relevant to their sexual orientation. Only one in eleven found their GP surgery welcoming.¹⁹ Half of lesbian and bisexual women surveyed reported a negative experience of healthcare in the last year. Two in five found practitioners assumed they were heterosexual and were therefore not given appropriate advice, while one in five felt they had no opportunity to discuss their sexual orientation. 37% of LGB women surveyed had been told that LGB women did not require a cervical screening test (Light B and Ormandy P).⁶ Additionally, despite evidence (LGBT Foundation: Beyond Babies and Breast Cancer) suggesting lesbians are at a slightly increased risk of breast cancer there is very little information or support targeted at

⁴ Michael King, Joanna Semlyen, Sharon See Tai, Helen Killaspy, David Osborn, Dmitri Popelyuk, Irwin Nazareth, *BMC Psychiatry* 2008;8;70: A systematic review of mental disorder, suicide and deliberate self-harm in lesbian, gay and bisexual people

⁵ Henderson L. 2003: Prevalence of domestic violence among lesbian and gay men

⁶ Light B and Ormandy P 2011: Lesbian, gay and bisexual women in the North West: A multi-method study of cervical screening attitudes, experiences and uptake. University of Salford Report

lesbian or bisexual women with a cancer diagnosis.

[The Greater Manchester Building Health Partnerships Summary Report 2014](#) (GMBHPS) revealed that 54% of trans people said that their GP did not provide them with good information either generally or on transitioning. One in three trans people who accessed mental health services felt that their trans status was regarded as a symptom of mental illness. This suggests care pathways for trans people are not meeting the international standards as set out by the [World Professional Association for Transgender Health \(WPATH\)](#). Furthermore, as well as issues achieving appropriate, relevant care, discriminatory attitudes also persist. 24% of patient-facing staff have heard colleagues make negative remarks about lesbian, gay and bisexual people and one in five have heard negative comments made about trans people (Somerville C).⁷

THE MANCHESTER PICTURE

The UK population in mid-2015 was estimated to be 65,110,000 and Manchester population, 530,000. Using the 7% LGB population rate and 1% trans rate it can be estimated 37,121 people in Manchester identify as LGB and 5,000 identify as trans ([Manchester JSNA: Young LGBT People; Transpopulation of Manchester](#)). The true figure is likely to be higher as Manchester has a thriving LGBT community in the City Centre which is likely to attract LGBT people to live and work in the city and its surrounding areas. This may mean Manchester has greater health needs for LGBT people as it is likely to have a larger than expected population.

The 2016 GP survey found that the LGBT population in North Manchester CCG area was 7%; in Central CCG area, 9%; in South Central CCG area, 5%. This was higher than the 4% in England overall. This is for those choosing to identify as Gay/Lesbian, Bisexual or Other only.

It is estimated that there are approximately 7,650 people aged over 50 living in Manchester who identify themselves as lesbian, gay or bisexual (LGB). These communities experience specific health inequalities and have specific health and care needs. Older LGB people have grown up in a world hostile to their identities and the impact of discrimination, homophobia and biphobia is felt as they age. This can result in an increased reliance on services, isolation from family and community, and a need to renegotiate their identities within the wider LGBT community ([State of the City for Manchester's Older Lesbian, Gay and Bisexual Communities](#)).

The LGBT community is estimated to contribute £1.98 billion to Greater Manchester's public services via tax each year. (The Greater Manchester Building Health Partnerships [GMBHPS](#)).

The national picture of increased rates of alcohol and drug abuse is reflected in local figures. The [GMBHPS](#) shows 32% of LGBT people in Manchester show signs of substance dependency.

⁷ Somerville C: Unhealthy Attitudes. The treatment of LGBT people within health and social care services

Research shows that more than 40 percent of LGBT people will experience a significant mental health problem, compared to around 25 percent of the whole population, and are more than twice as likely to have attempted suicide. ([MIND](#))

Research also highlights the issue of social isolation. In Manchester, 1 in 5 older LGBT people have no one to contact in times of crisis, ten times the number in the general population. Furthermore 1 in 3 homeless youths are LGBT and 22% of LGBT people have been homeless at some point in their lives.

In Greater Manchester, discrimination and negative attitudes have been reported at all life stages and in domestic as well as healthcare settings. Over half of LGB secondary school pupils are victims of homophobic or biphobic bullying in school, while one in four trans students experienced physical abuse at school. In the workplace, 44% of LGB people in Greater Manchester surveyed had experienced verbal bullying and 15% physical bullying. 15% felt that negative treatment had detrimentally impacted their ability to perform at work. Over half of transgender people have struggled with employment due to their trans status. 80% of trans people have experienced emotional, physical or sexual abuse of their current or former partner based on a rejection of their trans identity. Two in five lesbian women, one in three gay men and one in four bisexual men have experienced negative or mixed reactions from mental health professionals ([GMBHPS](#))

Sexual Health

In 2015, 37.4% of cases of new sexually transmitted infections in Manchester where sexual orientation was known were among men who have sex with men (MSM). In the same year, 72% (1,600) of Manchester residents accessing HIV care and treatment were male. Around 52.2% of these probably acquired their infection through sex between men. <https://www.gov.uk/government/publications/sexually-transmitted-infections-north-west-2015-data>

WHAT WOULD WE LIKE TO ACHIEVE?

'[Breaking the Cycle](#)', produced as part of a collaboration between 270 charities, voluntary groups, public sector bodies, social enterprises and individuals, was a five year strategy underpinning the development of the LGBT sector in the North West. It identified certain priorities:

1. Increase **knowledge and understanding** of the needs of LGBT people by **monitoring** sexual orientation and trans status
2. Statutory services should ensure that their own materials are **inclusive** of LGBT people including diverse imagery of the communities they serve
3. A summary for JSNA concerning [LGBT communities](#) calling for more accessible mainstream and specialist healthcare services that are responsive to need. In particular, identification of the areas of high risk, i.e. sexual health and HIV, mental health, social isolation and alcohol, drugs and tobacco use. Mainstream services should be tested to ensure that they are reaching LGBT people and that outcomes do not differ from those amongst the general population. Prevention strategies

targeted specifically at LGBT people have been shown to be cost effective.
<http://www.fpa.org.uk/sites/default/files/economics-of-sexual-health-findings.pdf>

4. All organisations should fully implement the **LGBT legislation and provide training for staff**, with a zero tolerance policy in the workplace on discrimination of any kind
5. Zero tolerance on **hate crime** with biphobic and transphobic hate crime monitored separately to homophobic hate crime
6. Action against biphobic, transphobic and homophobic **bullying within schools** with curriculums representative of all orientations and gender identities
7. **Housing policies** that take account of LGBT people and provision of emergency accommodation

[The Adult Social Care Outcomes Framework](#) specifically considered social care for LGBT people and additionally recommended that local authorities should provide social care services with appropriate resources and **signposting information** to enable carers, as well as service users, to have knowledge and information about appropriate community resources which may better meet their specific needs.

Local authorities should establish appropriate **referral pathways** between carers and services provided by the local LGB&T voluntary and community sector.

WHAT DO WE NEED TO DO TO ACHIEVE THIS?

[Greater Manchester Building Health Partnerships \(GMPHP\)](#) was a national programme designed by NHS England. The work in Manchester sought to identify and overcome health inequalities and barriers to accessing healthcare services for LGBT people. Universal implementation of sexual orientation monitoring as a way of further identifying LGB need and helping to ensure both equality of access and outcomes was strongly advocated. The report includes a six step framework approach to achieving the recommendations:

- EDUCATE the workforce of all service providers to create and maintain a safe, inclusive and respectful environment for all lesbian, gay, bisexual and trans people
- MONITOR the sexual orientation of service users, patients and staff as part of a standard demographic dataset and use findings to inform future plans and services
- COMMUNICATE in a non-discriminatory way, without making assumptions about a person's sexual orientation or gender identity
- INCLUDE lesbian, gay, bisexual and trans people's needs within mainstream services, policies, strategies and commissioning plans
- TARGET, when necessary, lesbian, gay, bisexual and trans people with specific health information and campaigns
- DEVELOP, where appropriate, specialist health and support services for lesbian,

gay, bisexual and trans people, their partners and their families

This strategy was also supported by 'Beyond Babies and Breast Cancer', the first large-scale report bringing together evidence about the needs of lesbian and bisexual women.

WHAT ARE WE CURRENTLY DOING?

Increasing knowledge and understanding and trans status monitoring

In 2014, NHS England convened [a national task and finish group](#), chaired by the Chief Knowledge Officer at Public Health England and with representatives from the NHS, the Department of Health, Public Health England and the Health & Social Care Information Centre, to drive forward sexual orientation monitoring. The aim of this was to produce an Information Standard for recording the sexual orientation of all patients/service users aged 16 years and over across the whole of health and social care in England.

Locally, the requirement to record sexual orientation and other protected characteristics is included within all of our contracts as part of the Equality, Diversity and Human Rights (EDHR) schedule. The requirement has also been included within the contract with the new Local Care Organisation (LCO). There is also scope for exploring whether this requirement can be included within the local primary care standards.

[LGBT Question Time](#) is hosted annually by Manchester City Council in partnership with the LGBT Foundation. Councillor Bev Craig, Lead Member for LGBT Women's Issues, Manchester City Council said: "LGBT Question Time has become an important feature on the Council's equality calendar. It ensures that we listen to the diverse voices in the LGBT community to help understand all needs and priorities".

Promoting materials that are inclusive of LGBT people

The Council has also worked with partners to develop media based opportunities around the iconic features of Sackville Gardens including the Alan Turing statue and Beacon of Hope. [Manchester Libraries](#) have ensured that LGBT people and lifestyles are represented and reflected in displays, exhibitions and events. LGBT History Month (February) provides a focus for some of these events.

Supporting more accessible mainstream and specialist healthcare services

The new [Pride in Practice](#) scheme is due to a Greater Manchester Health & Social Care Partnership contract awarded to the LGBT Foundation. It is a quality assurance support service for GP surgeries that strengthens and develops clinicians' and practice staff's relationships with LGB patients in the local community. The Royal College of GPs in Northern Ireland (RCGPNI) have produced [guidelines for family doctors](#) to support them in delivering care to Lesbian, Gay, Bisexual and Transgender patients.

[The Proud Trust](#) runs several groups for young people including Lesbian and Gay Youth Manchester (LGYM) and Afternoon Tea (Trans Education and Action). [Specific LGBT sports clubs exist](#), some receiving discounted venue hire. The groups include Northern Wave (LGBT swimming club at two pools), Northern Aces (LGBT tennis club based at Manchester Tennis Centre) and Northern Rebound (LGBT squash club based at the National Squash Centre). For older people (those over 50), [Age UK](#) provide support

through their 'Out in the City' initiative, meeting weekly and Manchester Central Library and conducting weekly outings.

[The LGBT Foundation](#) provides safer sex packs for MSM and offer weekly community HIV testing. The [George House Trust](#) has over twenty years' experience providing advocacy, advice and support services for people affected by HIV.

The LGBT Cancer Support Alliance's Proud2BSmokefree project examined and explored the high rate of smoking within the LGBT community. Many of the reasons cited for the high rates included the stress or homophobia that many LGBT people experience, social context and the links between smoking and alcohol use. The [project report](#) highlighted a range of recommendations for Commissioners, LGBT organisations, Smoking Cessation services and health providers. These include the need to be sensitive to the needs of LGBT smokers, ensure effective gender identity, sexual orientation and trans status monitoring takes place and that there are links to all smoking cessation services in LGBT organisations. The Manchester Tobacco Alliance Group are currently working with the LGBT Foundation with the aim of starting smoking cessation support groups with the LGBT community.

Ensuring that all organisations are fully implementing the LGBT legislation and providing training for staff ([Equality Act 2010](#))

Supported by Manchester City Council, the [Proud Trust](#) (formally LGBTY NW) manages the LGBT centre for Manchester and delivers training specifically designed for teachers, young workers support staff, youth justice work, foster carers and employers.

Zero tolerance on hate crime

Manchester City Council holds annual [Hate Crime Awareness](#) weeks. Grants are available to hold an event which will raise awareness of hate crime, encourage reporting and seek to show how Manchester celebrates diversity and builds strong cohesive communities. Third party reporting centres have been established by the [Community Safety Partnership](#) with one based at the Proud Trust, to encourage people to report hate crimes.

Tackling bullying within schools

['Exceeding Expectations'](#) was an award winning initiative supporting schools in tackling homophobic bullying supported by Manchester City Council for six years until March 2013. Currently, the 'I Matter' safeguarding curriculum developed by the Healthy Schools Team includes a specific lesson on gender and sexuality. Gaydio, a Manchester based LGB&T radio station, aims to empower young LGB&T people and give them opportunities not available in a school environment.

[Manchester JSNA for Children and Young People](#)

Developing housing policies that take account of LGBT people

Manchester has agreed plans for the UK's first LGBT majority *Extra Care* scheme which will form part of the city's programme that provides high quality housing for older people. Manchester's older LGBT population is growing. There are more than 7,000 people in Manchester over the age of 50 that identify as LGBT and there is an expected increase of over-65s in the next two decades.

A recent LGBT Foundation report ([State of the City for Manchester's Older Lesbian, Gay and Bisexual Communities](#)), commissioned by Manchester City Council, indicated higher levels of loneliness and isolation amongst LGBT older people, who experience and fear discrimination in existing accommodation and a desire for affordable, accessible LGBT specific accommodation where they can be open about their identity in later life. Manchester City Council, with the support of the LGBT Foundation, Stonewall Housing and the Homes and Communities Agency are responding to this need, whilst learning from similar projects across the world. There will be minimum of 51% LGBT residents, heterosexual people will also be welcome. This affordable housing will have well-trained and experienced staff and carers. Pets will also be welcome, as they can be particularly significant in the lives of older people without children or families.

Northwards Housing is a not-for-profit, arm's length management organisation that manages over 13,000 Council homes. Their LGBT Residents' Forum, established in September 2008, is open to all Northwards LGBT tenants or people who have an interest in promoting LGBT equality. The forum developed training to surveying teams and contracting partners and helped to plan Northwards' participation on awareness campaigns and events, such as IDAHO (International Day Against Homophobia, Transphobia and Biphobia) and the Manchester Pride Parade.
[LGBT Foundation: Exceeding expectations in Manchester and Salford](#)

The [Albert Kennedy Trust](#) have been funded to provide support services for young people who are under 25 and at risk of homelessness or living in a hostile environment, who have often suffered intolerance or rejection as a result of coming out. They propose to do this by providing information advice and guidance, one-to-one mentoring, training and awareness raising workshops in addition to positive engagement activities.

OPPORTUNITIES FOR ACTION

The evidence indicates that opportunities to improve the health and wellbeing of Manchester's LGBT population include the following:

1. Ensure that 'due regard' to the needs of Manchester's LGBT population is considered in all key decision making processes and across all directorates within Manchester Health and Care Commissioning (MHCC), with targeted provision developed or procured where appropriate
2. Continue to ensure that the mandatory reporting and monitoring of sexual orientation and other protected characteristics by health, social and voluntary organisations is built into all standard contracts as part of the EDHR schedule and that these contracts are monitored to ensure compliance.
3. Extend the reporting and monitoring of sexual orientation and other protected characteristics within primary care by including this requirement within the contract with the new Local Care Organisation (LCO) and the local primary care standards.
4. Work with the Community Safety Partnership to consider how the monitoring of hate crime differentiates between transphobic, bi-phobic and homophobic incidents. This could also be monitored within schools to identify areas where additional training

would be of value.

5. Ensure that prevention strategies, such as the tobacco control strategy and domestic violence strategy, make specific reference to tailored provision for LGBT individuals within their work.
6. Build on work of LGBT Cancer Support Alliance to increase take up of NHS Screening Programmes, specifically, by ensuring that local services are inclusive of and positively aimed at transgender people and lesbian women in line with [PHE guidance](#).
7. Undertake further research into whether some LGBT people might wish to live in LGBT specific accommodation in later life (as suggested by the LGBT Foundation). Manchester should continue its strong tradition of celebrating the LGBT community's history and culture within the city.
8. Develop a tailored LGBT training and awareness programme to provide all commissioners and staff employed by Manchester Health and Care Commissioning with a detailed understanding of the health and social issues affecting LGBT communities and encourage local NHS organisations and initiatives/programmes who receive funding from MHCC to adopt a similar approach.

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OTHER RELATED JSNA TOPICS

- [Sexual Health](#)

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It is hoped that you have found this topic paper useful. If you have any comments, suggestions or have found the contents particularly helpful in your work, it would be great to hear from you.

Responses can be sent to jsna@manchester.gov.uk