

Title of Report	LGBTQIA+ healthcare challenges
For Consideration By	Health and Wellbeing Board
Meeting Date	Thu 21 Mar 2024
Classification	Public
<u>Ward(s) Affected</u>	All
Report Author	Sally Beaven Chief Executive, Healthwatch Hackney

Is this report for:

<input checked="" type="checkbox"/>	Information
<input checked="" type="checkbox"/>	Discussion
<input type="checkbox"/>	Decision

Why is the report being brought to the board?

The board is already aware of the Equality Plan Strategy Consultation, which this report fed into.

The purpose of bringing this work before the Board today is to give a deeper understanding of the individual experiences of members of the LGBTQIA+ community when accessing healthcare, to help understand how the relevant findings and recommendations included in the Equality Plan Strategy were arrived at.

We hope members of the board will raise awareness of these issues within their own organisations, and findings and recommendations will be disseminated and used to inform commissioning and policy approaches, particularly when considering approaches to staff training, tailored communication with the community and establishing continuous feedback loops to enable accountability of anchor institutions around the way they serve the LGBTQIA+ community.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

Presented at C&H ELFT LGBTQIA+ Access and Care Group
Shared with relevant stakeholders across C&H

1. Background

- 1.1. Following a public forum to gauge need and establish the correct focus for this work, Healthwatch Hackney conducted a focus group, engaging with 15 members of the LGBTQIA+ community. Focus group attendees were carefully selected based on their ability to not only draw on their own experiences, but to also speak on behalf of members of their community. The focus group was attended by a combination of LGBTQIA+ community leaders, VCS frontline staff working with the target groups, and statutory partners working to support members of the target community. This meant that the majority of focus group attendees were able to speak both of their own experience as members of the LGBTQIA+ community, living and working in Hackney, and present the views and experiences of the wider community.
- 1.2. The findings highlight the impact of a lack of sensitivity from healthcare professionals and staff attitudes that could be interpreted as discriminatory, although HWH feels this is likely the result of a lack of training or understanding. One example given was instances of trans women being referred to by their dead name when accessing GP services, caused by a refusal to acknowledge their trans status because the patient is listed in registration paperwork by their dead name. Another example was excessive and intrusive questioning of lesbian women about their personal life when attending routine appointments.
- 1.3. These experiences are sadly prevalent, and result in members of the community disengaging with or avoiding healthcare. HWH believes this is a key factor in members of the LGBTQIA+ community presenting at crisis point rather than seeking support earlier or engaging with preventative care. We noted a particular impact on LGBTQIA+ residents avoiding seeking support with mental health as a direct result of their lack of trust in health and care services. Improving and deepening the understanding of service providers of the needs of the community will increase trust and engagement.
- 1.4. *“The impact is the fear and avoidance of seeking health care. Also, there’s a huge impact on mental health. Because you start to be afraid of being yourself. All of us in the LGBTQ+ community, we know how big of an impact this can have on our mental health.”*
- 1.5. The report recommends:

- Training programs for healthcare staff, focusing on LGBTQIA+ awareness, sensitivity, and inclusion.
 - Include modules on the importance of respecting gender identities, understanding the concept of the 'chosen family', and avoiding invasive questioning.
 - Educate healthcare providers on the diversity and complexities within LGBTQIA+ community, including issues related to intersectionality, gender identity, and sexual orientation.
- 1.6. Healthwatch Hackney feels these recommendations should be built into contractual requirements with service providers, and considered as part of procurement exercises.
- 1.7. The focus group participants highlighted a need for safe spaces where members of the community could come together. They told us that the majority of safe social spaces are centred around alcohol and the night time economy.
- 1.8. *“A lot of LGBTQ+ social spaces, they're very alcohol oriented. They're very loud, there's not many places to sit down. And as you get a bit older, those kinds of things are more important. [There is a need for] a feeling, welcoming place; having special places that are designed for people like you...”*
- 1.9. The report recommends:
- Support for voluntary organisations to access funding to deliver safe, inclusive spaces for the LGBTQIA+ community not centred around nightlife or alcohol.
 - Support community-led initiatives and programs that foster a sense of belonging and resilience, especially for marginalised sub-groups within the LGBTQIA+ community
- 1.10. HWH suggests the organisations represented at the Health and Wellbeing Board could consider offering their available resources to the creation or support of LGBTQIA+ social/safe spaces. This could mean offering use of a suitable space to the community for free, or considering capacity building by offering support/training to members of the community to allow them to facilitate spaces themselves.
- 1.11. The report recommends:
- Revise and develop healthcare assessments and risk evaluations that are specifically tailored to the unique experiences of the LGBTQIA+ community
- 1.12. This approach could be extended across all areas of health and social care where health assessments take place, but could also be considered as a lens through which to consider policy making decisions.
- 1.13. Please see the main report for many more examples of the experience of this community. We ask the board to reflect on areas of the report that

could be applied within their own organisational practice, procurement and policy making.

2. **Policy Context:**

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

<input checked="" type="checkbox"/>	Improving mental health
<input checked="" type="checkbox"/>	Increasing social connection
<input type="checkbox"/>	Supporting greater financial security
<input type="checkbox"/>	All of the above

Please detail which, if any, of the Health & Wellbeing Strategy 'Ways of Working' this report relates to?

<input checked="" type="checkbox"/>	Strengthening our communities
<input checked="" type="checkbox"/>	Creating, supporting and working with volunteer and peer roles
<input checked="" type="checkbox"/>	Collaborations and partnerships: including at a neighbourhood level
<input checked="" type="checkbox"/>	Making the best of community resources
<input type="checkbox"/>	All of the above

3. **Equality Impact Assessment (EIA)**

Has an EIA been conducted for this work?

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

4. **Consultation**

Has public, service user, patient feedback/consultation informed the recommendations of this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

5. **Risk Assessment**

N/A

6. **Sustainability**

N/A

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Appendices	Community Voice LGBTQIA+ Focus Group Report - Jan 18 2024