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South Gloucestershire
Council

THE DIVERSITY TRUST
INFLUENCING SOCIAL CHANGE

LIVING PROUD
IN SOUTH GLOUCESTERSHIRE

Understanding and Improving the Lives of LGBTQ+ Communities

SG REN
South Gloucestershire Race Equality Network

South Gloucestershire **age**UK

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SARI
STAND AGAINST RACISM & INEQUALITY

Foreword

South Gloucestershire is proud to be a place that values diversity, equality and inclusion. Our communities are stronger, fairer and more vibrant when everyone can live openly, feel respected, and be supported to thrive. This report marks an important step in understanding the experiences of our LGBTQ+ residents, colleagues, friends and family members — and in identifying how we can work together to make South Gloucestershire a safer, more inclusive place for all.

The findings highlight both the progress made and the challenges that remain. While many LGBTQ+ people in South Gloucestershire feel supported and connected, too many still face barriers to good health, fair treatment and belonging — at school, at work, in housing, and in public life. The recommendations in this report provide a practical roadmap for change, not only for the council but for all our local partners across health, education, policing, and community sectors and beyond.

This work has been shaped by the voices and lived experiences of local LGBTQ+ people themselves. Their courage and honesty in sharing experiences — sometimes of discrimination, but also of resilience and hope — have given this report both its strength and its purpose. We are deeply grateful to everyone who has contributed their time, expertise and perspectives — from members of the South Gloucestershire LGBTQ+ Equality Network and council colleagues, to our partner organisations and community representatives. Your contributions have been invaluable in ensuring this work truly reflects the realities and aspirations of our communities.

Our ambition is clear: to ensure that South Gloucestershire is a place where everyone can live with dignity, safety and pride. We are committed to acting on the recommendations in this report and to working with our partners and communities to turn its findings into meaningful, lasting change. Together, we can build a future in which everyone feels seen, valued and celebrated for who they are.

Councillor Maggie Tyrell
Leader of the Council and Cabinet Member for Council Governance

Councillor Ian Boulton
Co-leader and Cabinet Member for Education, Skills, Employment and Business

Councillor Alison Evans
Cabinet Member for Cost of Living, Equalities and Public Health

Contents

Executive summary

This report brings together the findings of an analysis of published research from across the UK, including in South Gloucestershire, and the voices and lived experience of a wide number of LGBTQ+ people, expert organisations and allies living and working in South Gloucestershire and beyond.

Research has long indicated the LGBTQ+ population faces substantial discrimination, harassment, disadvantage and inequality in major aspects of life, such as in education, health and care services, and employment. These patterns not only affect individual wellbeing and life chances but also highlight systemic barriers to the achievement of critical life outcomes.

It is abundantly clear that there is much to be done to improve life experiences and outcomes of LGBTQ+ communities and this report identifies recommendations for action. These recommendations are wide-ranging and relevant across sectors – that is why the council will be proactively raising them with a range of organisations and partners on local, regional and national levels.

The following points provide an overview of some of the key findings of this research, with common themes found, including persistent experiences of discrimination and harassment, barriers in accessing inclusive services, gaps in data collection, and the need for stronger training and awareness across health, education, housing, employment, social care and policing.

Health and wellbeing

- Several research papers have pointed to increased rates of health-risk behaviours among the LGBTQ+ population, particularly around smoking, drinking alcohol and drug use.

- Research has also found LGBTQ+ people are, on-average, less satisfied with life than the general UK population, with trans and non-binary people reporting the lowest level of life satisfaction.

- LGBTQ+ people also report poorer mental health and anticipate or experience homophobia, biphobia, transphobia and heterosexism with particularly strong links to feelings of stress, isolation, anxiety and depression at the person-level. There is evidence of an increased rate of self-harm, suicide and suicidal thoughts.

- Barriers to accessing inclusive and affirming healthcare remain a recurring theme in existing research and analyses into the community.

Education

- LGBTQ+ young people often face bullying and discrimination and report feeling underrepresented in school environments, often feeling isolated and without anybody to seek support from.

- Inconsistency in staff training and inclusive policies within schools and a lack of institutional support and visible LGBTQ+ role models often contribute to a sense of invisibility and exclusion.

- Young LGBTQ+ people have often faced specific challenges that have meant many feel shut out of education, training and work.

SOUTH GLOUCESTERSHIRE'S ONLINE PUPIL SURVEY (2023)[1]:

- Survey data from schools in South Gloucestershire shows LGBTQ+ pupils in year groups 8 to 13 report higher rates of bullying, feeling unsafe at school, and poorer mental wellbeing compared to heterosexual and cisgender peers.

- LGBTQ+ pupils are more likely to worry about discrimination linked to their ethnicity, sexuality, gender, or disability.

- They are also more likely to report feeling pressured into sexual activity before they are ready.

- Disparities are also evident in health risk behaviours, such as higher rates of regular drinking and smoking among the LGBTQ+ group.

1   South Gloucestershire's Online Pupil Survey (2023)

SURVEY DEMOGRAPHICS:

- A higher proportion of survey respondents identifying as LGBTQ+ reported having a disability, special educational needs, and being in receipt of free school meals compared with heterosexual and cisgender pupils.

- The LGBTQ+ group also included a greater proportion who noted their sex as female, and a smaller proportion from an ethnic minority background.

- These figures are descriptive only and unlike the aforementioned outcome measures, should be interpreted as patterns observed in the dataset as opposed to showing a statistically significant difference.

Employment

- Some progress has been made in recent years within workplace policy, yet many LGBTQ+ employees still feel unable to be open about their identity at work due to fear of discrimination or exclusion. Many report that they feel a need to hide their identity or gender expression when at work, which can impact on mental health and wellbeing. There are several noted barriers to reporting incidents of discrimination, bullying or harassment in the workplace, including fear of reprisal, a lack of trust in employer support, or unresolved complaints.

Housing

- Homelessness, particularly hidden forms, such as sofa-surfing and unstable short-term accommodation, is a prevalent issue among LGBTQ+ individuals, with evidence suggesting as many as one in five experiencing it at some point in their lives. Vulnerability is notably higher among those who are disabled, from minority ethnic backgrounds, or identify as trans.

- Research also suggests LGBTQ+ young people are more likely to experience homelessness (particularly hidden homelessness) than their heterosexual and cisgender peers.

- LGBTQ+ people are at least as likely—and in some cases more likely—to experience intimate partner violence or domestic abuse as the heterosexual and cisgender population, and may face additional barriers in accessing support services due to anticipated or experienced discrimination, or services not being viewed as inclusive.

- Younger LGBTQ+ people may be particularly vulnerable to domestic abuse within a familial or relationship setting, including emotional or psychological abuse linked to their sexual orientation or gender identity.

Social care

- Data suggests older LGBTQ+ adults are more likely to live alone and lack traditional family support, increasing reliance on formal care services. Barriers to accessing social care include anticipated stigma, past discrimination faced by healthcare professionals, and a lack of LGBTQ+ inclusive environments or communities, particularly in supported housing options.

- Children and young people identifying as LGBTQ+ face unique challenges that put them at a greater risk of needing children's social care, such as homelessness, family rejection, bullying and hate crime. Research suggests that LGBTQ+ young people are more likely to enter care, experience frequent placement moves, and remain in care longer than their heterosexual and cisgender peers. They also report poorer health outcomes and greater dissatisfaction with care systems, often stemming from identity-based rejection and discrimination by families, peers, professionals, and society.

Hate crime

- Hate crimes against LGBTQ+ individuals, which are rooted in homophobia, biphobia, and transphobia, cause lasting psychological harm and often contribute to social withdrawal at various points throughout a victim's life. These crimes undermine inclusion, safety and trust in public institutions (particularly in ones where visible allyship is lacking) at both the person and community level.

- Despite their prevalence, many incidents go unreported due to fear of discrimination, lack of trust in police, and limited access to support, which leave patterns of hate and abuse unchallenged. Intersecting identities, such as race, disability and religion, face compounded risks and isolation.

- Local level data on this topic remains limited, leading to a potential gap in our understanding of the prevalence and impacts of hate crimes against LGBTQ+ people and as a result a reduced ability to identify and implement the most impactful actions.

Recommendations

The overarching purpose of this report is to influence action – action that will improve the life experiences of, and outcomes for, LGBTQ+ people and communities.

The wide-ranging **recommendations** developed as a result of this research appear at the end of each section of this report and are fully listed in Appendix 1. The key themes covered by the recommendations are shown below.

HEALTH AND WELLBEING	EMPLOYMENT
Targeted Mental Health Support	Leadership Accountability
Substance Misuse Services	Inclusive Workplace Standards
Older LGBTQ+ Wellbeing	Reporting Mechanisms
Improved Data Collection	Awareness Campaigns
Inclusive Healthcare Training	Support Networks
	Staff Training

SOCIAL CARE	EDUCATION
Inclusive Residential Care	Anti-Bullying Policies
Older Adult Provision	Curriculum Inclusion
Children in Care	Training and Safe School Champions
Care Leavers	Peer and Family Support
Family of Choice	Post-16 Support
Data Improvement	Understanding Experiences
Safeguarding LGBTQ+ Youth	Inspection
Best Practice in Social Care	National Teacher Training

HATE CRIME	HOUSING
Reporting and Community Confidence	Youth Homelessness Prevention
Awareness and Prevention	Priority Needs Recognition
Transport	Inclusive Domestic Abuse Services
Victim Support Services	Safe Accommodation
Intersectionality Focus	Data and Monitoring
Local Data Collection	
Training	

OTHER AREAS	
Inclusive Consultation	Inclusive Green Spaces
Targeted Poverty Alleviation	

CROSS-CUTTING RECOMMENDATIONS	
Leadership and Accountability	Strategic Data Strategy
Lived Experience Involvement	Creation of Visible LGBTQ+ Safe Spaces/Venues
Visibility and Representation	Continuous Training

Introduction

National research has long indicated the LGBTQ+ population faces discrimination, harassment, victimisation, disadvantage and inequality in major aspects of life, such as in education, health and care services and employment[2]. These patterns not only affect individual wellbeing and life chances but also highlight systemic barriers to equality. Understanding how these inequalities manifest locally is essential for shaping more inclusive policies, services, and community support.

"What needs to happen is LGBT people to be listened to, and for change to be made for them, with them"

– A member of South Gloucestershire's LGBTQ+ Equality Network at the kick-off engagement event for this project.

The ILGA-Europe's Rainbow Map[3] annually ranks 49 European countries on a scale between 0% (gross violations of human rights, discrimination) and 100% (respect of human rights, full equality) on the basis of laws and policies that have a direct impact on LGBTI people's human rights.

Over the past ten years, the UK has fallen from first place in 2015 to 22nd place in 2025, demonstrating that there is still much more work to be done to improve outcomes for LGBTQ+ communities and achieve equality.

Project Purpose

An evidence review, commissioned by the Equality and Human Rights Commission, emphasised a lack of representative quantitative and qualitative data on the extent of disadvantage for LGBTQ+ people, and highlighted the differential impacts for people with different and intersecting characteristics within this group[4].

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2   NIESR – Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence (2016)
      (160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf)

3   https://rainbowmap.ilga-europe.org

4   NatCen - Sexual orientation research review (2009)
      Microsoft Word - Final Sexual Orientation Research Review 2008 - edited October 8th.doc

This report aims to build upon our understanding of the experiences of South Gloucestershire's lesbian, gay, bisexual, trans, queer/questioning, intersex, asexual and other diverse sexual orientations and gender identities (LGBTQ+) population. This work combines national, regional and local insights and data sources, as well as lived experience, to establish a better understanding of the experiences of the LGBTQ+ community, including areas of disparity or barriers preventing people from living secure, healthy and happy lives.

The report examines life for the LGBTQ+ community across the following six thematic areas:

1. Health and wellbeing
2. Educational attainment and experience
3. Employment
4. Housing
5. Social care (adult's and children's)
6. Hate crime

These are six of ten areas evidenced to impact most on peoples' quality of life, as set out by South Gloucestershire Council's Tackling Inequalities Plan 2024/28[5]. A limited amount of research has been conducted in other areas cited by the Tackling Inequalities Plan to be of importance for understanding inequality, particularly around accessibility, the climate and nature emergencies and poverty. Further work would improve our understanding of the LGBTQ+ community's needs across these topics.

This project is framed by the national context of organisational and public sector responsibilities set out in the Equality Act 2010 in Great Britain. This Act provides the legal framework and duties for protecting individuals from discrimination, harassment and victimisation based on nine 'Protected Characteristics'; among these, 'sexual orientation' and 'gender reassignment' are of particular relevance, as both are recognised Protected Characteristics that shape patterns of inequality[6].

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5   Tackling Inequalities Plan 2025/28
6   Discrimination: your rights: Types of discrimination ('protected characteristics') - GOV.UK

Project Objectives

- The overarching aim of the project is to help improve the quality of life of the LGBTQ+ community in South Gloucestershire. In order to do this, the report will:

- Synthesise and assess existing evidence on the barriers and inequalities faced by the LGBTQ+ community that may prevent people from living healthy, safe and fulfilling lives, as well as areas where positive outcomes are evident.

- Identify evidence gaps in knowledge on the barriers faced by LGBTQ+ people both nationally and locally and the implications of these gaps on policy and community outcomes.

- Develop an understanding of how sexual orientation and gender identity intersect with other characteristics, such as race, age, disability, etc. and compound inequality.

- Develop actionable recommendations that can inform future policy, service delivery and strategic planning within South Gloucestershire across the topic areas of this work.

- Serve as a 'call to action' to partner organisations, other local authorities and the wider public sector to be sensitive to and take seriously the often-unique needs of the LGBTQ+ population.

- Provide a framework for other organisations and local authorities to follow and use as a benchmark or starting point.

Context

Creating a fairer, safer, accessible and inclusive future is at the heart of our organisational values and a fundamental vision outlined by South Gloucestershire Council's Council Plan 2024-2028[7]. The council has also pledged through its Tackling Inequalities Plan 2024-2028[8] to stand as a leading local authority in reducing inequality of all descriptions for our communities and our workforce.

"...the current climate makes the work you do to keep us engaged and help us fight and feel safe, so important"

– A member of South Gloucestershire Council's LGBTQ+ Staff Network

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7   Council Plan 2024-2028
8   Tackling Inequalities Plan 2024-2028

This research also ties in with national equality law, namely the Equality Act 2010. In 2018, the government also launched the National LGBT Action Plan[9], with aims of advancing the rights of, and improving the way that public services work for, LGBT people. This work, alongside many others, highlighted the persistent inequalities faced by LGBTQ+ people in the UK across many different areas of society and wellbeing. More recently, the inclusion of the sexual orientation and gender identity questions in the 2021 Census10[10] marks a significant step toward understanding and recognising the experiences of the LGBTQ+ community, both nationally and at the local level (see Appendix 2 for an overview of the Census 2021 findings for South Gloucestershire).

Together, these local and national developments reinforce the need for evidence-based work to identify and address the barriers and disparities LGBTQ+ people face, and to ensure that people's needs are reflected in public services.

Census

Whilst the 2021 Census provides a broad overview of the number of people in South Gloucestershire according to sexual orientation and gender identity, these figures should be interpreted with caution. The true number of LGBTQ+ people is likely higher, as some may choose not to disclose this information due to privacy concerns, stigma, or fear of discrimination.

The 2021 Census found the overall number of people in South Gloucestershire who identified with an LGB+ orientation (lesbian, gay, bisexual and other minority sexual orientations) was 6,699 (2.8% of the population aged 16 years and over). This is slightly lower than the proportion of the population identifying with an LGB+ orientation across England and Wales (3.1%). In South Gloucestershire:

- 3,064 people (1.3%) identified as gay or lesbian;
- 2,944 (1.2%) as bisexual;
- 691 selected "Other sexual orientation";
- 15,510 people (6.5%) did not answer the question[11].

Following the first release of 2021 Census statistics on gender identity in England and Wales in January 2023, patterns emerged suggesting some respondents may not have interpreted the gender identity question as intended. The gender identity estimates should be interpreted with caution due to the aforementioned points around non-disclosure, and the high levels of non-response and the misinterpretations, meaning the data should not be used to provide estimates at sub-national levels. Other sources of statistics have therefore also been used.

Note on Census data: As detailed in Appendix 2, there have been several concerns raised over the accuracy and reliability of LGBTQ+ statistics from the 2021 Census, and so please note that alternative statistics from Global and National surveys have also been used.

9   LGBT Action Plan, 2018

10   Sexual Orientation, England and Wales: Census 2021

11   Census 2021 Briefing note on sexual orientation and gender identity

Definitions

Sex, gender and sexual orientation are multidimensional characteristics that influence people's identities and experiences. They are, however, often misunderstood and conflated, and in recent years have become increasingly politicised.

Whilst distinct, these characteristics intersect in lived experience and policy, and they are central to understanding the diverse population grouped under the LGBTQ+ umbrella. Recognising the differences and similarities is therefore an essential component to this research.

"As a trans non-binary person, it's really nice to be included in this conversation. My lived experience being valued, and the insights I've got forming a part of the report is a refreshing thing and gives me hope for the future"

- A member of South Gloucestershire Council's LGBTQ+ Staff Network at the Away Day in July 2025

Note: Language in this area is continually evolving, reflecting changes in understanding, visibility and social attitudes. The terms used in this report, such as LGBTQ+, are those currently most widely recognised and may shift over time. We aim to use respectful and inclusive language, acknowledging that individuals may define themselves in ways not captured by existing terms.

We have also inserted a glossary at Appendix 5 as readers may find this to be a helpful addition to this report.

Inequality

At a basic level, inequalities are unfair and avoidable differences in opportunities and outcomes across populations, and between different groups in society. Inequalities are often complex, interconnected and manifest in many ways.

Inequality can arise from a range of factors, including sex, gender identity, sexual orientation, and other aspects of identity, such as ethnicity, age and socioeconomic status. These inequalities often affect individuals across all stages of life — from access to education and employment opportunities, to experiences of discrimination, as well as disparities in health outcomes and access to healthcare.

For some communities, these are not isolated challenges but systemic issues that persist over time, shaping life chances and wellbeing, and in many cases, impacting future generations.

Evidence has long indicated that inequality is detrimental to wellbeing and opportunity at an individual level, and at a societal level is detrimental to social stability, economic growth and prosperity[12].

Inequality may present in a range of forms — from overt discrimination and exclusion to more subtle structural barriers rooted in policy, practices and societal and organisational 'norms'.

Sex

Sex refers to the anatomical and physiological aspects of an individual, including genitalia, gonads (ovaries or testes), chromosomes and hormones[13]. An individual's sex is assigned and registered at birth, and in the UK sex is predominantly understood and defined in binary terms, i.e. you can either be born a male, or a female. However, in recent years, science and medicine have showed that sex is more complex.

Intersex is the umbrella term given to the many people whose sex doesn't meet current scientific criteria for 'biological' male or female, and is the 'I' in longer versions of the LGBTQ+ acronym (e.g. LGBTQI+ where the letter 'I' stands for intersex). Intersex people may have a chromosomal pattern other than XY or XX (there are over ten different chromosomal profiles), or hormones that do not correspond with their sexual anatomy[14]. They may also have a combination of male or female gonads and genitalia, or have different genitalia and gonads to the sex aligned with their chromosomes[15].

The number of people born Intersex is estimated to be between 0.05% and 2% of the population[16,17]. According to these estimates, a considerable number of people in South Gloucestershire are likely to be intersex – between 1 in 2,000 or 1 in 50. The lower figure represents people visually not born either male or female at birth, with the higher figure representing the full range of conditions that can be considered intersex – many of which may not develop until later in life and after puberty.

Gender identity

Gender itself is a social construct. However, it encompasses an array of cultural norms, expectations and expressions associated with sex, and many societal norms and expectations have historically been based on sex, with some arguing these have served to limit expression and ostracise those who do not fit into these expectations.

Government and sub-national institutions are beginning to recognise a broader range of gender identities, such as non-binary, gender fluid, transgender, and more[18], and there is wider recognition that gender identity may not match or correspond with sex. Research showing physiological differences in the brains of transgender people that underpin and explain gender dysphoria, (e.g. see footnotes [19] and [20]), and the likely important role of subtle hormonal variations in people's internal felt gender, rather than crude differences in anatomical structures, are contributing to this new appreciation of gender.

13   Changing language, changes lives: Learning the Lexicon of LGBTQ+ health equity - PMC

14   Sex Redefined: The idea of 2 sexes is overly simplistic, Scientific American

15   Differences in sex development - NHS

16   Blackless, M., Charuvastra, A., Derryck, A., Fausto-Sterling, A., Lauzanne, K. and Lee, E. (2000) American Journal of Human Biology 12, pages 151–166

17   Intersex people | OHCHR

18   Changing language, changes lives: Learning the Lexicon of LGBTQ+ health equity - PMC

19   https://www.nature.com/articles/s41386-020-0666-3

20   https://www.nature.com/articles/s41598-019-53500-y

Many argue that examining people and their experiences through the binary lens of sex, based on genitalia observed at birth, is too simplistic and does not reflect the actual complex reality of physiological sex differences, reducing people to their reproductive capabilities alone, over their own reported felt experience, and ignoring the nuances of brain anatomy and hormone science.

Gender identity is highly personal, and individuals with similar experiences may use different language to describe themselves. For example, the term 'queer' has largely been reclaimed, and some may use it to refer to both sexuality and/or gender identity, whereas others dislike the term entirely.

Gender identity divergence includes transgender men and women, which can be thought of as trans-binary. The term transgender is often used as an umbrella term though, to include non-binary (trans-non-binary) people too, as well as those identifying as gender fluid (experiencing variability and fluctuation in their gender over time). In total, it is estimated that these account for between 0.5% and 2% of the population[21].

Sexual orientation

Sexual orientation describes a person's emotional, romantic, and/or sexual attraction to other people. Conceptually it is completely different from gender identity, which is all about how someone feels about themselves, whereas sexual orientation is about how someone feels about others, specifically relationships with them. Identities and terminology group people by their patterns of attraction and behaviour in relationships with others.

There are many different aspects to sexuality and sexual orientation is just one of them. Sexual attraction to others varies in many ways, with some asexual people experiencing no sexual attraction at all, other demisexual people experiencing some under specific circumstances, and with some people being romantic but not sexual, and other aromantic people conversely experiencing sexual but not romantic attraction. Similarly, some people are only attracted to other people of a specific sex/ gender e.g. hetero/ homo - sexual, whereas others are attracted to more than one, or all, other sexes/ genders, e.g. bi/ pan/ omni - sexual.

Research work by Ipsos (2021) suggests up to 28% of the UK population is not exclusively heterosexual[22], with almost 1 in 4 people identifying as "homosexual, or bi, pan or omni-sexual". In other cultures sexuality and gender are viewed very differently, as they were historically across all cultures, and these terms don't really fit, so terms such as two spirit (sometimes in the LGBTQ+ acronym as '2S') have been adopted in Western language to group those who have retained a broader understanding of sex and gender than the binary-gendered heterosexual model introduced in the West in the late 19th Century.

21   Ipsos Game Changers (2021). 'LGBT+ Pride 2021 Global Survey',
      (Available at: https://www.ipsos.com/sites/default/files/ct/news/documents/2021-06/LGBT%20Pride%202021%20Global%20Survey%20Report_3.pdf), (Accessed: 09/11/2025).

22   Ipsos Game Changers (2021). 'LGBT+ Pride 2021 Global Survey',
      (Available at: https://www.ipsos.com/sites/default/files/ct/news/documents/2021-06/LGBT%20Pride%202021%20Global%20Survey%20Report_3.pdf), (Accessed: 09/11/2025).

LGBTQ+

LGBTQ+ is an umbrella term that stands for lesbian, gay, bisexual, transgender and queer or questioning. The "+" symbol acknowledges the many other identities related to sex, gender identity and sexual orientation, such as intersex, asexual, pansexual, non-binary, and others. The term aims to be inclusive and respectful of the broad and evolving spectrum of human identities and experiences.

We recognise the LGBTQ+ population is not a single, homogenous group, and that individuals may have distinct lived experiences, needs, and challenges depending on their sex, gender identity or sexual orientation. Where possible, this report seeks to reflect those differences by analysing impacts for sub-groups under the LGBTQ+ umbrella – i.e. the impacts of a service for transgender people, and also for bisexual people.

Throughout this research, we adopt the term LGBTQ+ as an inclusive umbrella initialism to represent the diversity of the people in this group.

Note: Not all publications or data sources that we will refer to in this work use the same terminology, and some will use different groupings - such as LBGT. In these cases, we will adopt the language used by the original publication to ensure greater accuracy.

Intersectionality

In 1989, academic scholar and civil rights activist Kimberlé Crenshaw coined the term 'intersectionality' in a research paper discussing the impact of race and class on gender. Crenshaw argues that people's experiences are often shaped by other dimensions of their identities; for example, an LGBTQ+ person from a minority ethnic background may experience different issues than that of an LGBTQ+ person who is 'White British' through additional stigma or discrimination[23].

When each characteristic, such as gender identity, is considered in isolation, some of these distinct – and often invisible – intersecting challenges may be overlooked. Therefore, understanding the ways in which other aspects of identity interact with gender identity and sexual orientation, e.g. race, disability, socioeconomic background and age, is critical for understanding the complexities of inequality for this group.

Some LGBTQ+ individuals may face multiple layers of disadvantage, and the resulting complexity ultimately needs to be recognised in any measures and steps taken to address inequality.

23   Microsoft Word - Mapping the Margins.doc

Method

Evidence review

An initial scoping review was carried out to identify research on inequalities experienced by LGBTQ+ people across the six thematic areas focused on in this report. The search focused on reputable sources, prioritising UK-based evidence and South Gloucestershire data where available, though local data was limited across some areas.

While there is a relatively strong national evidence base around LGBTQ+ inequalities in areas such as health and wellbeing, there is considerably less research available for other areas. To help address these gaps, we engaged with members of the South Gloucestershire LGBTQ+ Equality Network, as well as a variety of colleagues across the organisation who work directly in these service areas, to gather professional insights and identify any relevant local intelligence.

A particularly valuable source of first-hand data was the South Gloucestershire Online Pupil Survey (OPS) - a biennial survey coordinated by the Council - pupils in years 8 to 13 can identify their characteristics in respect of sexual orientation and gender identity. Responses form the basis of the data used in this report.

The survey collects a broad range of data on young people's experiences, including health and wellbeing, both in and out of school. It is especially relevant due to its significant sample of LGBTQ+ respondents: in the latest iteration, 774 pupils identified as LGBTQ+ out of a total sample of 5,174, making it the largest dataset available relating to LGBTQ+ young people in South Gloucestershire.

Other local insights, including work published by our partner organisations, were also incorporated into this report.

Capturing the voice of the LGBTQ+ Community

South Gloucestershire Council has worked with the Diversity Trust since 2012, supporting the district wide South Gloucestershire LGBTQ+ Equality Network and has additionally supported an active LGBTQ+ Staff Network since 2017. Through this work, a significant array of feedback has been continuously captured, and in addition, this research has been specifically supported by the following activity:

AWAY DAY

We held a focussed 'away day' with representatives of the local LGBTQ+ community, organisations supporting LGBTQ+ people and community organisations to capture community voice and feedback. The away day specifically focussed on the ten areas evidenced to impact most on people's quality of life, as set out by the council's Tackling Inequalities Plan 2024/28.

"I'm really happy that the voices of LGBT people are being listened to"

– A member of South Gloucestershire's LGBTQ+ Equality Network at the Away Day in July 2025

Several recommendations to improve outcomes for the LGBTQ+ community were shared among the group. These were to:

- Invest in training and awareness, especially training that is lived experience led. This includes within education settings to reduce stigma and discrimination early on, as well as within our organisation and across public services to ensure we are leading in our efforts to being an inclusive employer.

- Improve data collection and use of data within the organisation to inform inclusive services. This includes consistency of capturing data i.e. being consistent in asking the appropriate questions that will enable better understanding and analysis of our diverse communities (across areas of work and over time).

- Show leadership and accountability for LGBTQ+ inclusion at an organisational level, and lead by example.

- Create inclusive spaces and accessible services across schools, housing, healthcare, and public life.

- Strengthen community support, safe spaces, and communication to reduce stigma and improve trust.

BRISTOL PRIDE

South Gloucestershire Council has attended Bristol Pride[24] for many years and 2025 was no exception. In partnership with the Diversity Trust, the Council held its biggest attendance to date at Bristol Pride speaking to hundreds of the 38,000 attendees. Attendance was supported by the following South Gloucestershire Council service areas:

Adult Social Care	Children's Services	Education, Learning & Skills
Equalities	Public Health	Climate & Nature Emergency
Strategic Communications	Research & Engagement	Community Development

SOUTH GLOUCESTERSHIRE EVENTS

In addition, during 2025, the Council also supported the following events:

- **South Gloucestershire Youth Pride** and **South Gloucestershire Queer Prom** – both run by the Diversity Trust, in order to capture the voice of young people.

- **South Gloucestershire Vintage Pride** (aimed at people aged over 50) run by Age UK South Gloucestershire and the Diversity Trust, in order to capture the voice of older people.

"I was so nervous coming here tonight, but it is the first time I have felt comfortable to get changed into clothes I like to wear and be just me"

– 84-year-old attendee at South Gloucestershire Vintage Pride

The Diversity Trust at South Gloucestershire Vintage Pride with event host, The Penny Drops.

Age UK South Gloucestershire and South Gloucestershire Council at South Gloucestershire Vintage Pride.

Findings

The following sections provide the findings of the project's research and insight-gathering activities, divided by the key areas of inequality as outlined in the introduction section of this report. Each section includes a summary and list of recommendations in response to our findings.

Health and Wellbeing

Introduction

Research has suggested lesbian, gay, bisexual and trans+ people in the UK report poorer health and experiences of healthcare services than the heterosexual and cisgender population. These disparities are attributable to a number of factors, including: (a) increased rates of health-risk behaviours (e.g. smoking, drug and alcohol use, obesity); (b) increased rates of certain mental health conditions, loneliness and isolation; (c) anticipated / experienced discrimination and inadequate understanding of LGBTQ+ needs among healthcare professionals; (d) social inequalities[25].

Understanding these disparities are important because they can lead to delayed or avoided healthcare, poorer health outcomes, and reduced quality of life for LGBTQ+ people. Addressing these requires targeted interventions, inclusive practices and services that are aware of and respond to the specific needs of LGBTQ+ populations.

This section explores key health-related issues where evidence points to notable disparities affecting LGBTQ+ populations, drawing on both national research and local insights.

Health-risk behaviours

Health-risk behaviours are defined as actions that may increase the likelihood of negative health outcomes and are often shaped by wider social and structural inequalities, including discrimination, minority stress, and barriers to accessing inclusive health promotion services. These include tobacco use, alcohol consumption and illicit drug use, as well as other behaviours including inadequate physical activity, risky sexual behaviour or unhealthy dietary behaviours.

25   Older LGBT+ health inequalities in the UK: setting a research agenda - PubMed

Several research papers presented in this subsection have pointed to increased rates of health-risk behaviours among the LGBTQ+ population, particularly around smoking, drinking alcohol and drug use. Researchers have examined the underlying factors behind the disparities and some have argued LGBT spaces focus on, or include alcohol consumption, with many of these spaces attracting people exploring their sexuality or gender identity for the first time, which may lead to an increased sense of exploration and wanting to try new things. Another key factor is thought to be minority stress – the stress faced by members of stigmatised groups – as people self-medicate with alcohol, drugs or smoking to cope with feelings of discrimination or rejection from wider society[26].

The consequences of these behaviours can be far-reaching, not only as they may contribute to poorer physical and mental health outcomes and reduced life expectancy at the individual level, but substance-related illnesses place increased demand on health and social care services.

Smoking

Several datasets suggest that certain LGBTQ+ groups are more likely to be smokers than the heterosexual and cisgender population. In 2014, ONS found one in four (25.3%) adults identifying as gay or lesbian smoked cigarettes, compared with just under one in five (18.4%) of people identifying as heterosexual[27].

In a separate piece of work published in 2016, the ONS also found when adjusting for variables known to be strongly associated with smoking prevalence – such as age, ethnicity, socio-economic status and housing tenure – the gap in smoking prevalence between heterosexual and bisexual people closed but remained significantly different between heterosexual and gay/lesbian people[28].

This suggests that while some of the observed differences in smoking rates can be explained by broader demographic and socio-economic factors, there may be other underlying drivers that continue to disproportionately affect smoking behaviours among gay and lesbian individuals.

Alcohol and drug use

Research by Stonewall (2018) finds LGBT people are more likely to regularly drink alcohol (16%) than the general UK population of adults aged 16 and over (10%). Regular alcohol consumption increases among the LGBT group with age and is higher among GBT men than LGBT women (20% of men compared with 13% of women). Non-binary people were the least likely to drink nearly every day (11%).

Younger LGBT adults (aged 18-24) are more likely to regularly take drugs than any other age group, with 13% taking them at least once a month[29].

26   Hidden-figures-LGBT-health-inequalities-in-the-UK.pdf

27   HSC0058 - Evidence on Health and social care and LGBT communities

28   The odds of smoking by sexual orientation in England, 2016 - Office for National Statistics

29   LGBT in Britain – Health, Stonewall 2018

Mental health and wellbeing

A range of studies indicate LGBTQ+ people are more likely to experience mental health issues compared to the general UK population. These disparities are thought to be shaped by multiple intersecting factors, including social, structural, and service-level issues.

The most expansive piece of qualitative work on the LGBTQ+ community was that of the National LGBT survey in 2018, which garnered 108,100 responses from people living in the UK who self-identified as LGBT and intersex. It found LGBT people were – on-average – less satisfied with their life than the general UK population, scoring a 6.5 out of 10 compared with 7.7 for the general UK population. Gay, lesbian and bisexual respondents were the most satisfied out of the LGBT group, scoring 6.9 and 6.3 respectively. Trans people had the lowest scores, with trans men scoring 5.1, trans women 5.5. Non-binary respondents scored an average of 5.5 (National LGBT Survey, 2018)[30].

"I had some really poignant moments here...at Pride - quite a few black and brown people actually came to our stall because, I quote, they saw brown people and they were attracted to us... it reaffirmed to us that representation really matters and you need to see people in spaces like this that look like you, so you know that you're included too"

– Carmen Anderson, Chair of South Gloucestershire Race Equality Network, at Bristol Pride Day 2025

Research by Stonewall (2018) found around half of the LGBT respondents to their survey (52%) said they've experienced depression in the last year, with another ten per cent saying they think they might have experienced depression. Rates of depression were to be higher among people who had experienced a hate crime based on their sexual orientation and/or gender identity. The survey also found particularly high rates of anxiety among the LGB group, with cisgender women most likely to have experienced anxiety in the last year (72% of bi women and 60% of lesbians in comparison to 56% of bi men and 53% of gay men)[31].

Research has suggested anticipated or experienced homophobia and heterosexism may have a particularly strong link to feelings of stress, isolation, anxiety and depression at the person-level. This may be particularly prevalent within education institutions and the workplace.

Diversity Trust (2015) finds in their survey of young LGBTQ people in South Gloucestershire that many face bullying and hostility at home, school and sometimes in social situations, which impacts on self-esteem, mental health, and the young person's ability to achieve at school, college or in the workplace[32]. In Stonewall's (2018) report on LGBT people's experiences at work, a significant concern causing stress for many was a fear of being outed, with many people choosing not to disclose their sexual identity altogether due to fear of judgement or discrimination[33].

Age Uk South Gloucestershire at South Gloucestershire Vintage Pride with event host, The Penny Drops.

30   National LGBT Survey: Summary report
31   LGBT in Britain – Health, Stonewall 2018
32   SG_LGBTyouth3.pdf
33   LGBT in Britain - Work Report, Stonewall 2018

Disordered eating

Several papers have suggested clinical eating disorders and eating disorder behaviours occur more frequently in LGBT individuals compared to their heterosexual and cisgender counterparts[34]. Whilst much of this work has been focused internationally, Stonewall (2018) found one in eight LGBT people (12 per cent) in Britain had experienced an eating disorder in the previous year. The prevalence of disordered eating is higher among trans and non-binary people (19% and 24% respectively), as well as LGBT people with a minority ethnic background (22%)[35].

Semlyen and Varney (2019) also found that women who identify as lesbian or bisexual (versus heterosexual) are at increased risk of being overweight or obese, and that men who identify as gay are at decreased risk compared to heterosexual men. They also indicate that women identifying as 'other', and men identifying as gay, bisexual or 'other' were at increased risk of being underweight[36].

Some of the risk factors associated with disordered eating among gay men are greater body dissatisfaction (e.g. poor body image, drive for thinness or muscularity), eating concerns, frequency of engaging in conversations about appearance with peers, and susceptibility to advertising on physical appearance[37]. Research around the risk factors for disordered eating among women is inconclusive.

More research is needed to fully understand the extent and causal factors of any disparities in this area.

Self-harm and suicide

National statistics have shown a higher rate of self-harm and suicide among certain groups identifying as LGBTQ+. The ONS found between March 2021 and December 2023, people identifying as either gay or lesbian, bisexual, or "other sexual orientation", were nearly three times more likely to intentionally self-harm than heterosexual people (1,508.9 per 100,000 people in the LGB+ group, compared with 598.4 per 100,000 people who described themselves as "Straight or Heterosexual"). LGB+ people aged 16 to 24 years had a larger relative increase in the risk of intentional self-harm than all other age groups.

The risk of suicide for people identifying with an LGB+ orientation was also 2.2 times higher than for those identifying as "Straight or Heterosexual"[38]. Research by Diversity Trust (2018) on trans people living in the South West found particularly high levels of self-harming, with 57% of participants saying they had self-harmed previously, 71% had thought about suicide, and 40% had planned suicide[39]. In addition, research collated by the Diversity Trust finds 56% of LGBT young people have deliberately harmed themselves, and 23% have attempted suicide[40].

34   Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature - PMC
35   LGBT in Britain – Health, Stonewall 2018
36   Sexual orientation identity in relation to unhealthy body mass index: individual participant data meta-analysis of 93 429 individuals from 12 UK health surveys | Journal of Public Health | Oxford Academic
37   Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature - PMC
38   Self-harm and suicide by sexual orientation, England and Wales - Office for National Statistics
39   Final-summary-report.pdf
40   SG_LGBTyouth3.pdf

It is likely the risk factors tie in heavily with other areas related to mental health and wellbeing, such as depression, anxiety, discrimination, exclusion and isolation. For young people, these might be heightened at places of education or within a family setting. However, there is a need for more data on this topic that would help with explaining these disparities.

Access to health services

Research suggests complex, multilevel stigma and discrimination at the individual and structural level has impacted how health systems provide care to LGBTQ+ people[41]. Anticipated or experienced discrimination has additionally served to deter individuals from seeking treatment for illness and disease, potentially leading to worse health outcomes or compounding impacts[42].

South Gloucestershire Council at South Gloucestershire Vintage Pride.

Research suggests up to one in five LGBT people have at one time witnessed anti-LGBT remarks by healthcare staff[43]. Other evidence suggests around one in eight LGBT people have experienced some form of unequal treatment from healthcare staff because they are LGBT, with minority ethnic LGBT people more likely to have experienced this[44].

Similarly, a significant proportion of trans people noted in Stonewall's (2018) qualitative study that they have faced poor treatment when accessing healthcare services, with two in five (41%) saying staff lack understanding of trans health needs[45].

A more recent piece of research undertaken by Healthwatch (2025) finds trans and non-binary people are less satisfied with care from their GP than the general population and face a variety of challenges when using NHS services. Some of these include inconsistent access to gender-affirming care, as well as inconsistent levels of understanding of trans needs from NHS staff[46].

In terms of mental health, variations in social support structures between LGBTQ+ and heterosexual and cisgender people have been shown to significantly influence overall wellbeing. Evidence by NIESR (2016) suggests many LGB people do not have the same level of support from family and the wider community as heterosexual people and may find it difficult to access the right kind of support for mental health-related needs[47].

41   Changing language, changes lives: Learning the Lexicon of LGBTQ+ health equity - PMC

42   Older LGBT+ health inequalities in the UK: setting a research agenda - PubMed

43   Hidden Figures: LGBT Health Inequalities in the UK – LGBT Foundation

44   LGBT in Britain – Health, Stonewall 2018

45   LGBT in Britain - Trans Report (2018) | Stonewall

46   Trans experiences of healthcare report

47   160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf

According to the UK Government's National LGBT Survey (2018), over one in four LGBTQ+ respondents who accessed mental health support in the previous year said it had "not been easy at all". Long waiting lists were the most frequently cited barrier (72%), but 22% also said their GP was not supportive. This suggests that beyond capacity issues, there may be gaps in cultural competency and inclusivity within mental health services[48].

Several reports have highlighted the importance of support systems and networks for mental health and wellbeing.

In an investigation into LGB communities and health, Formby (2012) found three quarters of LGB respondents saw belonging to an LGB&T community as having a positive effect on their mental health and wellbeing[49].

Similarly, the study also finds visibility of LGBT people to be important for 'validating' one's self-identity, and that feeling 'accepted' by others and the wider community (without self-censorship) is significant for wellbeing[50]. This point exemplifies the overwhelmingly positive impact of LGBTQ+ networks and safe spaces on the mental health and wellbeing of LGBTQ+ people.

NIESR (2016) suggests many LGBTQ+ people have moved away from where they grew up to areas seen to be more accepting or open to diversity, or with a larger LGBTQ+ community[51]. This can have positive impacts and lead to the development of new support structures if people find new belonging within an LGBTQ+ community.

Overall, the findings in this section highlight a pressing need to improve health provision that is inclusive, culturally competent, and responsive to the distinct experiences of LGBTQ+ individuals.

"When you're meeting LGBT individuals just remember that... they have to consider whether it's safe to come out to you. Myself personally, I've had to establish this on every occasion I meet a new person and there have been times where I haven't felt safe or secure, so I've kept that information to myself, and it's like I'm hiding a part of me"

– A member of South Gloucestershire Council's LGBTQ+ Staff Network at the Away Day in July 2025

48   National LGBT Survey: Summary report

49   (PDF) Formby, E. (2012) Solidarity but not similarity? LGBT communities in the twenty-first century. Sheffield: SHU

50   (PDF) Formby, E. (2012) Solidarity but not similarity? LGBT communities in the twenty-first century. Sheffield: SHU

51   160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf

Sexual health

The onset of the HIV/AIDS epidemic in the late 1980s had devastating impacts on the health, wellbeing and social networks of LGBTQ+ people, with most diagnoses and deaths being gay and bisexual men. The scale of loss and stigma experienced by LGBTQ+ communities during this time left long-lasting scars, not only in terms of health outcomes but also in the erosion of social networks.

More recent research suggests gay men aged over 40 are less likely than younger gay men to take care of their sexual health and are less likely to have been tested for HIV/AIDS[52].

LGBTQ+ people may face additional sexual health challenges, including barriers to accessing services, and experiences of stigma or discrimination within healthcare settings.

These factors highlight the need for adult social care and healthcare providers to ensure inclusive, culturally competent sexual health support, particularly for older LGBTQ+ adults and those living with HIV.

Ageing and older LGBTQ+ people

Most people regarded as being on an 'ageing trajectory' (aged 50+) were born at a time when 'homosexuality' was essentially criminalised and legislation permitted discrimination across many domains against men and women from sexual minorities[53].

Several research papers have highlighted differential experiences of ageing between people who identify as LGBTQ+ and those who do not. Some of the generic realities of ageing include biological ageing, an increased risk of disease, and a general cognitive decline of the individual. Older age often also involves changes in social roles and status, as well as the need to deal with losses of (ageing) friends and loved ones. This can have profound impacts on loneliness and social isolation, which in turn has an impact on one's physical and mental wellbeing, and sometimes morbidity[54].

Whilst older LGBTQ+ people have many of the same needs as the older heterosexual population, older LGBTQ+ people have had unique experiences that cause additional challenges[55]. These might include health problems linked to gender related medical interventions, a higher prevalence of certain health-risk behaviours, as well as poorer mental health and wellbeing, which can compound other inequalities experienced in later life.

A later section in this report on social care explores in greater depth the experiences of older LGBTQ+ adults in accessing housing, healthcare, and support services.

52   Inequalities in older LGBT people's health and care needs in the United Kingdom: a systematic scoping review.

53   Inequalities in older LGBT people's health and care needs in the United Kingdom: a systematic scoping review.

54   Older LGBT+ Health Inequalities in the United Kingdom: setting a research agenda - University of Bristol

55   AAG Housing Report Work File (Camille version)

SUMMARY

Overall, the research presented in this section highlights that LGBTQ+ individuals in the UK experience notable disparities in health and wellbeing compared to the heterosexual and cisgender population, driven by factors such as higher rates of health-risk behaviours, mental health challenges, discrimination, and limited access to inclusive healthcare.

Barriers to accessing appropriate care—particularly for trans and non-binary people—are compounded by stigma and a lack of cultural competency among healthcare providers. Addressing these issues requires targeted, inclusive, and culturally competent health services that recognise the distinct needs of LGBTQ+ communities across the life course.

RECOMMENDATIONS

Targeted Mental Health Support:
LGBTQ+-specific mental health services should be rapidly expanded, to include crisis intervention, early access pathways, and peer-led support groups to address higher rates of depression, anxiety, self-harm, and suicide.

Substance Misuse Services:
Tailored smoking cessation, drug, and alcohol harm reduction programmes for LGBTQ+ communities should be implemented at pace, recognising cultural and social factors (e.g. bar/club culture, minority stress).

Older LGBTQ+ Wellbeing:
Social prescribing opportunities, community befriending schemes, and inclusive care options should be implemented to reduce isolation among older LGBTQ+ residents.

Improved Data Collection:
Improved and consistent monitoring of sexual orientation and gender (reassignment) identity should be implemented across all health service datasets to track inequalities and target interventions.

Inclusive Healthcare Training:
All healthcare providers should ensure that all staff receive mandatory, lived-experience-led training on LGBTQ+ health needs, covering mental health, gender-affirming care, disordered eating, substance use, and cultural competency. Such training should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, to prevent the personal harm, and organisational financial costs, that can easily be caused by discrimination, harassment and victimisation.

Education

Introduction

There has historically been a lack of robust evidence on the experiences of LGBTQ+ people in education, though more recent studies have pointed to higher levels of bullying faced by LGBTQ+ pupils, as well as other inequitable experiences due to sexual orientation and gender identity. Others have suggested many LGBTQ+ young people's needs are not being met in school, including in support services, responding to bullying, and the curriculum often not incorporating study around minority sexual orientation or gender identity[56]. National and international evidence suggests LGBTQ+ and other diverse student groups are in need of additional support and protection to succeed in education and reach their full potential[57].

Tim Birkbeck, The Diversity Trust, with a Progress Pride flag.

Secondary and sixth form/college years are particularly formative for an individual, and reflect broader experiences outside the classroom, including relationships with family, peers, and the wider community. For pupils identifying as LGBTQ+, challenges faced in education institutions can extend to future life stages, influencing transitions to higher education or employment, or increasing the risk of becoming not in education, employment or training[58] (NEET).

This following section brings to the forefront some of the key issues faced by LGBTQ+ people in education uncovered by national research. It also presents insights from the Council's latest Online Pupil Survey, which received a total of 774 responses from LGBTQ+ pupils in years 8 to 13 from secondary schools in the local authority area.

> *"There's a lot of things that need to be done, but I think the priority, and this is quite urgent, is having training. I think that leadership and managers/ people who are high in the hierarchy need to be properly trained...by the people who have lived experience"*
>
> – A member of South Gloucestershire's LGBTQ+ Equality Network at the Away Day in July 2025

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56   National LGBT Survey: Summary report

57   The Inclusion of LGBTQI+ students across education systems | OECD

58   NEET is defined as a young person who is not in an education system and is not working or being trained for work

Secondary school and college

Secondary school is a formative period during which many young people begin to explore and understand their sexuality and gender identity. However, this journey is often disrupted by negative experiences.

According to research conducted by Cambridge University for Stonewall (2017), nearly half of LGBT young people are still bullied at school simply for being who they are (Stonewall 2017 School Report). Several other studies have found bullying due to sexual orientation and gender identity remains widespread in secondary schools and colleges across the country. Many pupils also report feeling unsupported by teachers or schools in their response to bullying. The consequence of these can be profound for the individual, ranging from increased school absence, self-harm, or a reluctance to pursue further education, employment or training opportunities[59].

In their report, Stonewall (2017) presents evidence of bullying and normalised anti-LGBT language in secondary schools and colleges in the UK:

- Nearly half of lesbian, gay, bi and trans pupils (45 per cent) – including 64 per cent of trans pupils – are bullied for being LGBT at school. 40% of these pupils said they skipped school because of this bullying.

- Almost half of LGBT pupils who are bullied for being LGBT never tell anyone about the bullying.

- Homophobic language is commonly cited to be prevalent, with 52% of pupils responding to the study hearing homophobic language 'frequently' or 'often', and 46% hearing transphobic language 'frequently' or 'often'. Phrases, such as 'that's so gay', are regularly heard by 86% of LGBT pupils.

- Pupils often do not feel the schools or colleges are doing enough to tackle bullying and negative language towards LGBT pupils, with a high proportion reporting that teachers or school staff only 'sometimes' or 'never' challenge homophobic, biphobic and transphobic language when they hear it.

- Just over half (53%) say there is not an adult at school they can talk to about being LGBT[60].

Engagement with young LGBTQ+ people at South Gloucestershire Youth Pride (2025) revealed many had heard slurs at school and at home by family members around being LGBTQ+, and some had been threatened directly due to their LGBTQ+ identity at school. The work also highlighted that there remains an issue in schools with outing by pupils and teachers. The insights from the event also speak of a wider culture of heterosexism or dismissal of sexual orientation or gender identity within some familial or peer dynamics, with some young people noting that family members ignore their identity or say it is "just a phase". Others noted the impact of religion with one expressing family had ideals of "Praying the Gay away"[61].

59   School Report, Stonewall 2017

60   School Report, Stonewall 2017

61   Youth Pride 2025 Consultation Responses – Diversity Trust

Similar findings have been echoed in further research. For example, in 2022, the Life in Scotland survey revealed that 13% of lesbian, gay and bisexual young people and 19% of transgender young people left education due to homophobia, biphobia or transphobia. 21% of neurodivergent LGBT+ young people reported leaving school as a result of this discrimination[62].

South Gloucestershire's Online Pupil Survey (2023)

While existing research paints a troubling picture of some of the challenges faced by LGBTQ+ pupils in secondary education around bullying, school absence, and a lack of institutional support, much of this evidence is drawn from secondary data sources. To gain a more nuanced and local understanding of these experiences, this section draws on findings from South Gloucestershire Council's Online Pupil Survey (OPS).

The OPS offers local-level insight into the experiences of school-aged pupils at all school levels in South Gloucestershire across several areas, including smoking and alcohol use, sexual health and bullying. This dataset contains records of almost 800 pupils identifying as LGBTQ+, making it one of the most substantial primary sources of information locally.

The survey results present a snapshot in time of children and young people's health and wellbeing needs. It helps shape the actions required to meet the organisation's objectives of reducing health inequalities and supporting children and young people to thrive.

This section will compare responses from pupils identifying as LGBTQ+ and heterosexual and cisgender pupils across several areas to identify pockets of need or potential improvement.

> **Note:** As part of this research, analysis was completed across a broader range of questions than have been included in the final version of this report. The question selection was conducted based on topic areas and not significance of results to avoid the risks associated with selective reporting. Full results can be made available on request and will be fed into future work in this space.

Respondent demographics

The latest survey took place between 1st February and 31st March 2023 and received a total of 5,174 responses from pupils in year groups 8 to 13.

Grouping of respondents identifying as LGBTQ+ and respondents identifying as heterosexual and cisgender

A bespoke category was created using results from questions on sexual orientation, gender identity, and sex as asked in the OPS to group pupils as either "LGBTQ+", "not LGBTQ+", or "Not answered/Not sure". For a detailed breakdown on how these groups were created, please see Appendix 4.

In doing this, we achieved a sample of 774 (or 15.0% of total respondents) pupils in the "LGBTQ+" group, and 4,023 (or 77.8% of total respondents) pupils in the "heterosexual and cisgender" group. A further 7.3% (377) did not answer or answered, 'not sure', though due to low numbers of respondents, this group was not included in this analysis.

Sex distribution

The survey asked about pupils' sex63[63], which showed there was a much greater proportion of LGBTQ+ respondents who identified their sex as female compared to the heterosexual and cisgender group. 69.9% of pupils identifying as LGBTQ+ said their sex was female, with 24.2% saying it was male. 46.9% of the heterosexual and cisgender group said their sex was female, and 52.9% said it was male.

5.9% of the LGBTQ+ group either did not answer the question or answered "other".

The skewing of the LGBTQ+ group being predominantly female may have an impact on the responses given to other areas. To account for this, analysis of relevant questions in the OPS have been carried out by aggregating both LGBTQ+ identity and sex.

Following further analysis and engagement with members of the South Gloucestershire LGBTQ+ Equality Network, demographic question wording will change considerably for the 2026 survey. We hope this will result in a significant improvement in our understanding of the experiences of trans and non-binary pupils.

South Gloucestershire Council and The Diversity Trust at Bristol Pride Day, 2025.

Year group distribution

There was a broadly similar distribution of pupils by year group across both the LGBTQ+ and heterosexual and cisgender groups. Because of this similarity, differences in responses by both groups are less likely to be explained by age.

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63   The latest iteration of the survey undertaken in 2023 asked pupils in years 8 to 13 "What is your biological sex?".

Distribution by other demographic attributes

There were several other notable differences in demographics between pupils who reported being LGBTQ+ and heterosexual and cisgender pupils:

- Pupils who reported being LGBTQ+ were less likely to be from a minority ethnic background than pupils in the heterosexual and cisgender group (13.4% compared to 18.8% of heterosexual and cisgender respondents).

- A far greater proportion of LGBTQ+ respondents reported having a disability (32.6% compared to 12.7% of heterosexual and cisgender respondents).

- LGBTQ+ respondents were also more likely to be in receipt of free school meals (13.2% in comparison to 9.6% of heterosexual and cisgender respondents) and were more than twice as likely to disclose having special educational needs (SEN) (17.4% compared to 7.4% of heterosexual and cisgender respondents).

As a result, any observed differences in survey responses between the two groups may not solely be attributable to LGBTQ+ identity. Any differences may reflect the influence of one or more of these other factors, as well as other unmeasured characteristics, however, testing these differences is outside the scope of this report. The findings should therefore be interpreted with caution, acknowledging that LGBTQ+ identity likely intersects with a range of other social and demographic factors that shape people's experiences and perspectives.

Future analyses that employ multivariate techniques may aid in a better understanding of the effects of these variables and provide greater clarity on the relative contribution of LGBTQ+ identity versus other demographic characteristics.

In this section we analyse the responses to the OPS by whether a pupil identifies as LGBTQ+ or heterosexual and cisgender, as well as by their response to the question asked, "what is your biological sex". Controlling for sex was to reduce the impact of external variables affecting the results; certain differences may be explained by sex as opposed to LGBTQ+ identity, for example.

By taking this approach, we were able to identify key differences between LGBTQ+ and heterosexual and cisgender pupils. Many of these align with the issues highlighted earlier in this education section, reinforcing the importance of understanding the specific experiences of LGBTQ+ pupils.

Health-risk behaviours

Analysis of OPS responses indicate that LGBTQ+ pupils may be more likely than their heterosexual and cisgender peers to engage in health-risk behaviours such as regular smoking, drinking, and vaping. This aligns with wider research showing that LGBTQ+ people are more likely than heterosexual and cisgender populations to smoke, drink alcohol regularly, and use illicit drugs.

Proportion of pupils (year 8-13), answering "Quite often" or "Most days" when asked "How often do you drink alcohol?", South Gloucestershire, OPS 2023.
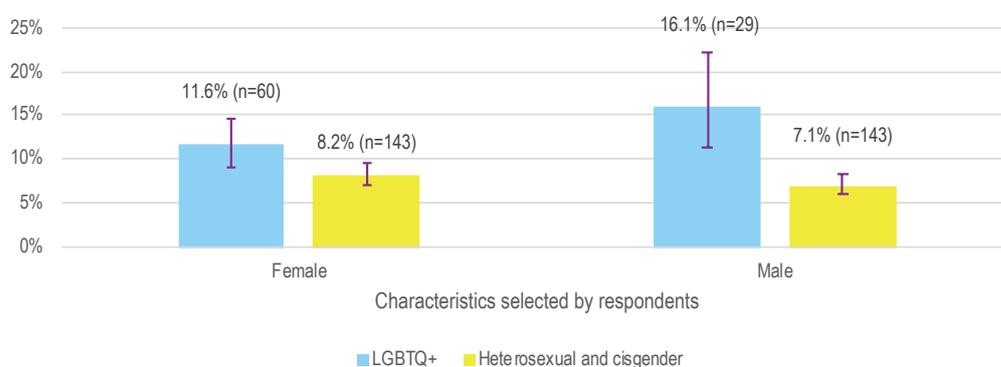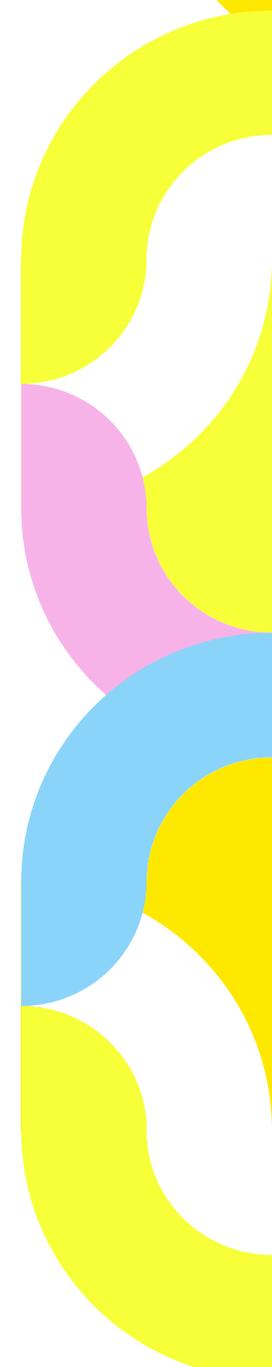

There is strong evidence that males identifying as LGBTQ+ (16.1%, n=29) were more likely than heterosexual and cisgender males (7.1%, n=143), to report drinking alcohol 'quite often / most days'. Conversely, there is weak evidence suggesting that females identifying as LGBTQ+ (11.6%, n=60) were more likely than heterosexual and cisgender females (8.2%, n=143) to report regular drinking.

Proportion of pupils (year 8-13), answering "Quite often" or "Most days" when asked "How often do you smoke cigarettes (i.e. tobacco, NOT vaping / e-cigarettes)?", South Gloucestershire, OPS 2023.
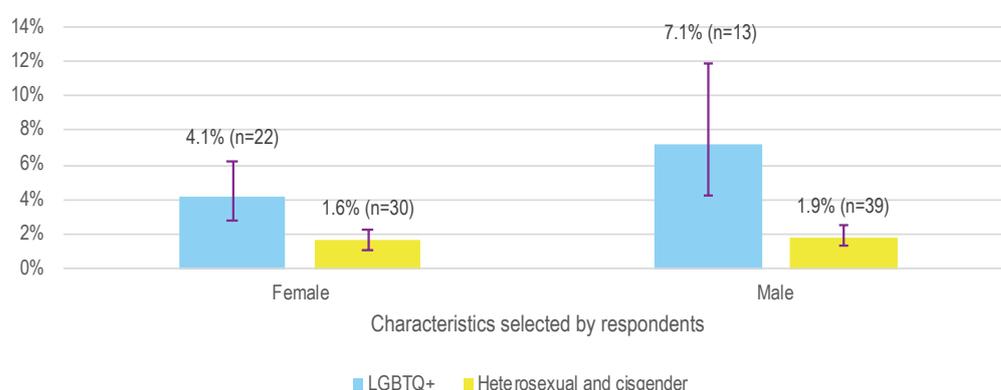
There is also strong evidence suggesting that females identifying as LGBTQ+ (4.1%, n=22) were more likely than heterosexual and cisgender females (1.6%, n=30) and that males identifying as LGBTQ+ (7.1%, n=13) were more likely than heterosexual and cisgender males (1.9%, n=39), to report smoking 'quite often / most days'.
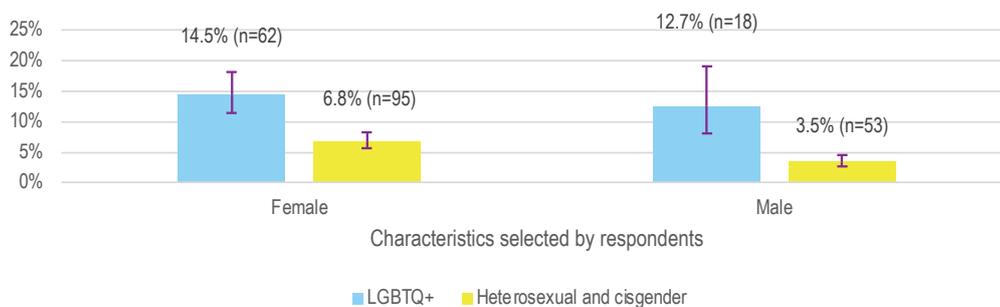
Proportion of pupils (year 8-13), answering "Quite often" or "Most days" when asked "How often do you vape?", South Gloucestershire, OPS 2023.
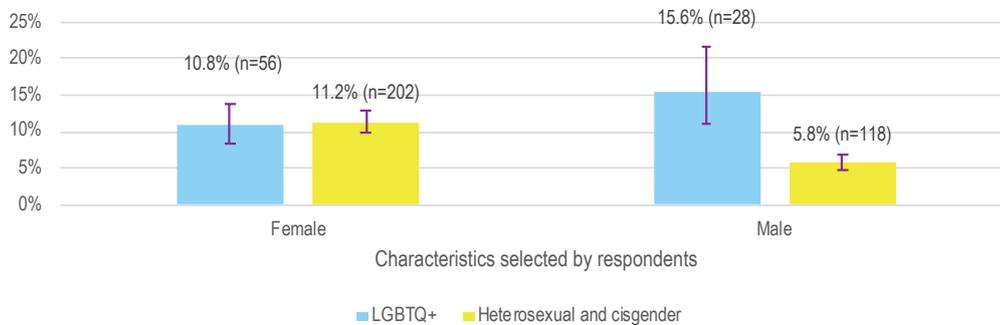
There is strong evidence to suggest that males identifying as LGBTQ+ (15.6%, n=28) were more likely to report vaping 'quite often / most days' than heterosexual and cisgender males (5.8%, n=118). There was no evidence to suggest that females identifying as LGBTQ+ (10.8%n n=56) are statistically likely to vape 'quite often / most days' at a rate different to heterosexual and cisgender females (11.2%, n=202).

Sexual health

Proportion of pupils (year 8-13), answering "Yes" when asked "Have you ever felt under pressure to be sexually active or engage in sexual activity when you didn't want to or feel ready?", South Gloucestershire, OPS 2023.

There is strong evidence from the OPS to suggest that females identifying as LGBTQ+ (14.5%, n=62) are more likely than heterosexual and cisgender females (6.8%, n=95), to have felt under pressure to be sexually active or engage in sexual activity when they didn't want to or feel ready. There is also strong evidence that males identifying as LGBTQ+ (12.7%, n=18) were more likely than heterosexual and cisgender males (3.5%, n=53) to have experienced this.

Mental health and wellbeing

Proportion of pupils (year 8-13), answering "Strongly disagree / Disagree" when asked "I feel like I belong in this school", South Gloucestershire, OPS 2023.
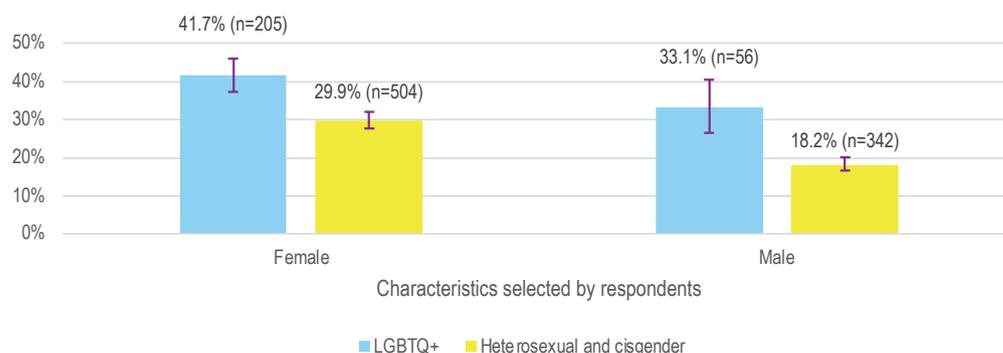

There is strong evidence that females identifying as LGBTQ+ (41.7%, n=205) were more likely than heterosexual and cisgender females (29.9%, n=504) to either 'strongly disagree' or 'disagree' that they feel like they belong in the school they attend. There is also strong evidence that males identifying as LGBTQ+ (33.1%, n=56) were more likely than heterosexual and cisgender males (18.2%, n=342), to either 'strongly disagree' or 'disagree' that they feel like they belong in the school they attend.

Warwick & Edinburgh Wellbeing Scale (WEMWBS)

The Warwick & Edinburgh Wellbeing Scale (WEMWBS) is a tool to provide a comprehensive measure of mental wellbeing developed by researchers at the University of Warwick and the University of Edinburgh. It has been validated in various settings, ensuring its reliability and relevance[64].

A WEMWBS score of 40 or less has been shown to be an accurate indication of low mental wellbeing. In the OPS, we refer to this as a "Very low / low" score.

Thresholds for interpreting WEMWBS scores have varied across reporting periods. Caution should be taken when comparing these results with other datasets or publications that use different categorisation methods.

Proportion of pupils (year 8-13), scoring "Very low / low" in the categories derived from WEMWBS score, South Gloucestershire, OPS 2023.
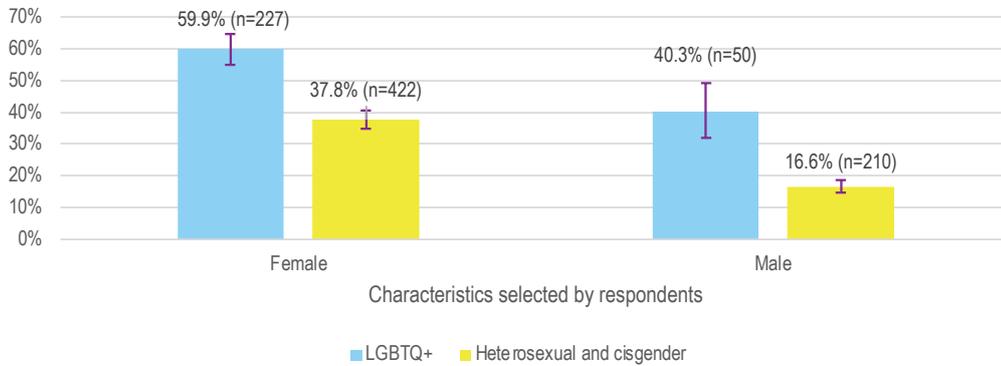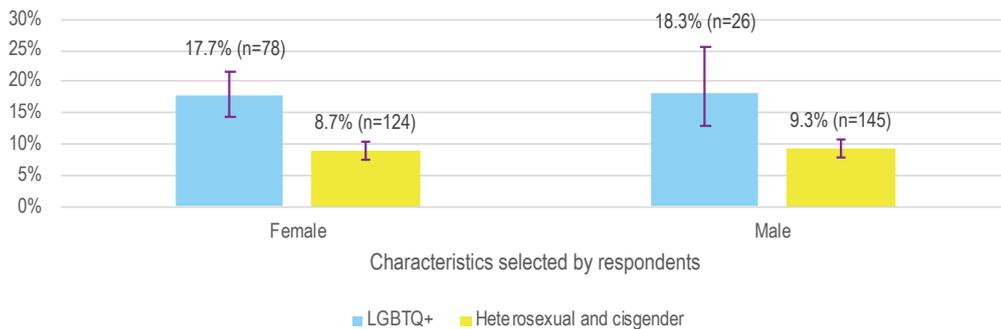

There is strong evidence that females identifying as LGBTQ+ (59.9%, n=227) were more likely than heterosexual and cisgender females (37.8%, n=422) to have either very low or low wellbeing scores. There is also strong evidence that males identifying as LGBTQ+ (40.3%, n=50) were more likely than heterosexual and cisgender males (16.6%, n=210) to have either very low or low wellbeing scores.

Bullying and feeling safe at school

Corroborating national research, analysis of data from the OPS suggests LGBTQ+ pupils may be more likely to experience regular bullying and be more likely to feel unsafe at school than their heterosexual and cisgender counterparts of the same sex.

Proportion of pupils (year 8-13), answering "Most days / Quite often" when asked "Have you been bullied in the last year?", South Gloucestershire, OPS 2023.

There is strong evidence that females identifying as LGBTQ+ (17.7%, n=78) were more likely than heterosexual and cisgender females (8.7%, n=124) and that males identifying as LGBTQ+ (18.3%, n=26) were more likely than heterosexual and cisgender males (9.3%, n=145), to report regularly experiencing bullying.

Among those who said they were bullied, there is strong evidence that females identifying as LGBTQ+ (89.2%, n=198) were more likely than heterosexual and cisgender females (77.4%, n=391) to report the bullying being verbal in nature. There is also strong evidence that males identifying as LGBTQ+ (91.0%, n=61) were more likely than heterosexual and cisgender males (77.1%, n=377) to report verbal bullying.

Proportion of pupils (year 8-13), answering "VERBAL (repeatedly taunted, called names)" when asked "In what way were you bullied?", South Gloucestershire, OPS 2023.

There is also strong evidence that females identifying as LGBTQ+ (28.9%, n=133) were more likely than heterosexual and cisgender females (18.8%, n=277) and that males identifying as LGBTQ+ (25.2%, n=39) were more likely than heterosexual and cisgender males (13.8%, n=231) to report feeling 'very unsafe or unsafe' at school.

Proportion of pupils (year 8-13), answering "Very unsafe / Unsafe" when asked "How safe do you feel at school?", South Gloucestershire, OPS 2023.
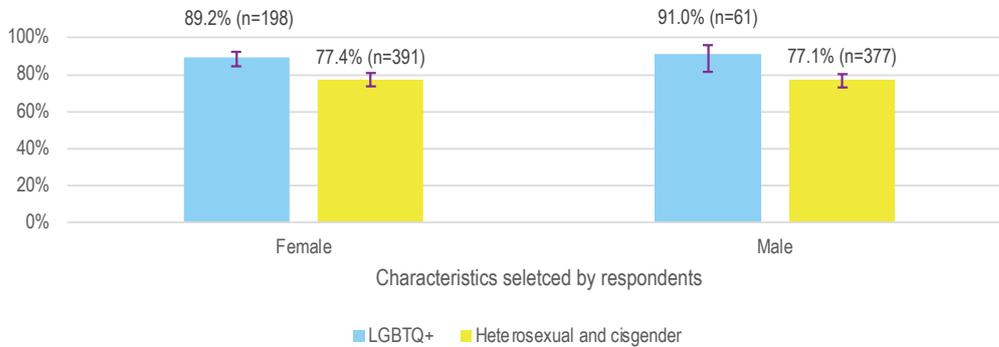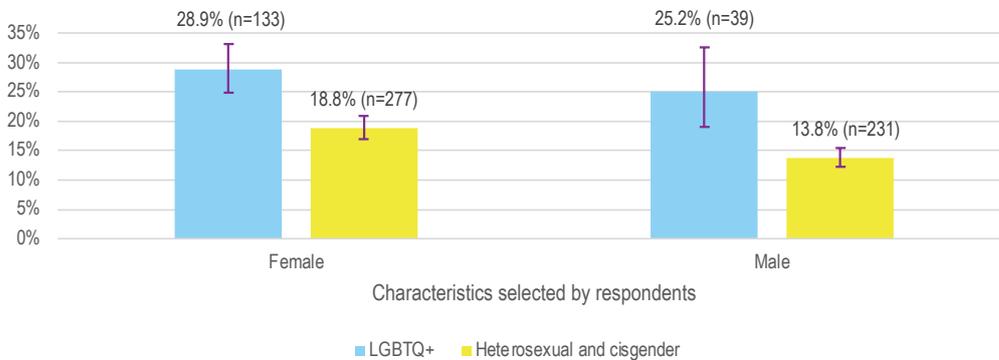

There is strong evidence that females identifying as LGBTQ+ (23.4%, n=108) were more likely than heterosexual and cisgender females (14.5%, n=219) to report feeling 'very unsafe or unsafe' when they go out in their local area. There is no evidence to suggest males identifying as LGBTQ+ (15.0%, n=23) are statistically more likely than heterosexual and cisgender males (9.8%, n=168) to report feeling 'very unsafe or unsafe' when they go out in their local area.

Proportion of pupils (year 8-13), answering "Very unsafe / Unsafe" when asked "How safe do you feel when you go out in your local area?", South Gloucestershire, OPS 2023.

There is also strong evidence that females identifying as LGBTQ+ (32.0%, n=149) were more likely than heterosexual and cisgender females (17.3%, n=268) to report feeling 'wo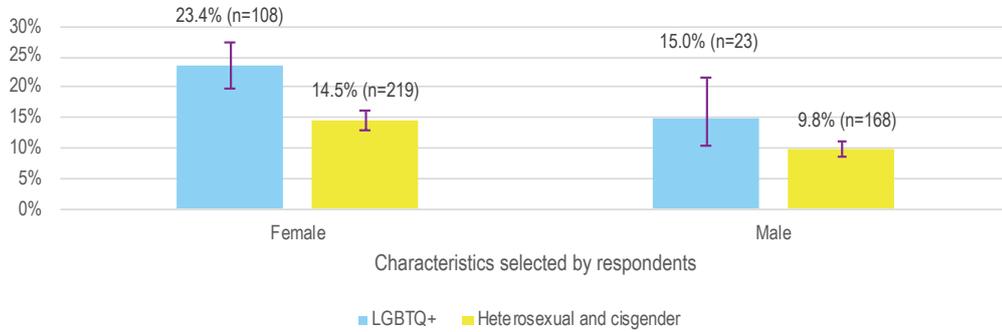rried / extremely worried' about staying safe from crime, violence, harassment or abuse. And there is also strong evidence that males identifying as LGBTQ+ (18.9%, n=30) were more likely than heterosexual and cisgender males (8.3%, n=145) to report feeling 'worried / extremely worried' about staying safe from crime, violence, harassment or abuse.

Proportion of pupils (year 8-13), answering "Worried / Extremely worried" when asked "How worried are you about: Staying safe from crime, violence, harassment or abuse?", South Gloucestershire, OPS 2023.
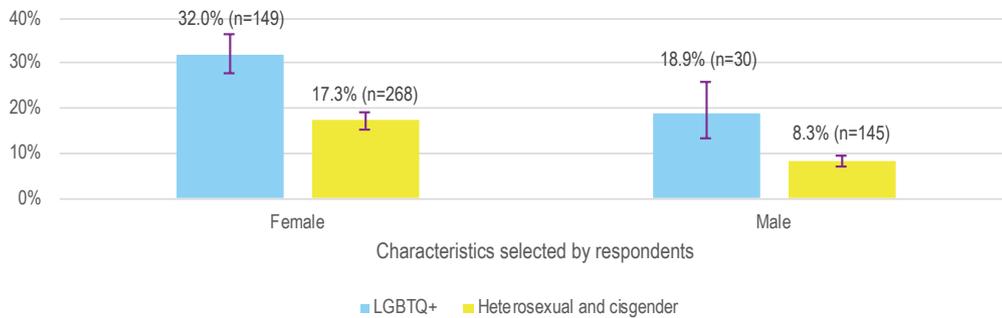
There is also strong evidence that females identifying as LGBTQ+ (55.4%, n=260) were more likely than heterosexual and cisgender females (18.7%, n=292) to report feeling 'worried / extremely worried' about being discriminated against because of their ethnicity, sexuality, gender, disability, etc. And there is also strong evidence that males identifying as LGBTQ+ (39.1%, n=61) were more likely than heterosexual and cisgender males (10.0%, n=174) to report feeling 'worried / extremely worried' about being discriminated against because of their ethnicity, sexuality, gender, disability, etc.
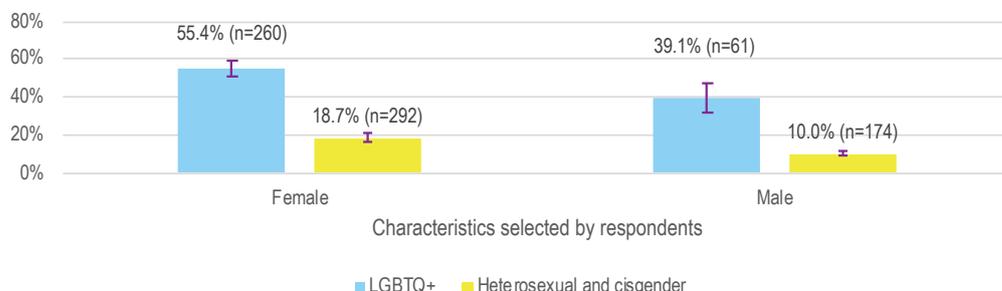
Proportion of pupils (year 8-13), answering "Worried / Extremely worried" when asked "How worried are you about: Being discriminated against (treated differently because of your ethnicity, sexuality, gender, disability, etc).

- LGBTQ+
- Heterosexual and cisgender

University

For many, the opportunity of further education at university is a transformative experience and marks the start of a new journey in life whilst shaping future career opportunities. Many universities across the country have equalities policies that aim to protect LGBTQ+ people on campus and offer social groups or 'societies' for those identifying as LGBTQ+, and allies of the LGBTQ+ community.

Though research into LGBTQ+ students at university is limited, some qualitative studies suggest students often feel they can be more open about their sexual orientation and gender identity in university than at school or college. Other reports suggest some disparities are still apparent between students identifying as LGBTQ+ and students not identifying as LGBTQ+, particularly around disability, mental health and anticipated or experienced discrimination[65].

South Gloucestershire Council and The Diversity Trust at Bristol Pride Day, 2025.

65   Next Steps - What is the experience of LGBT+ students in education? Stonewall, 2023

Local context

South Gloucestershire is home to one university (not including other higher education institutions offering university-level courses), the University of the West of England (known as UWE Bristol), which holds its main campus in Stoke Gifford. The university has around 38,000 students - many of whom live on campus or in the surrounding area. Insights from the Student Compendium 2022/23 reveals that the proportion of LGBT+ students enrolling at the university has increased over the last three academic years. Its most recent estimation for the 2023/24 academic year is that 16.3% of enrolling students identify as LGBT+, an increase of 0.7 percentage points from the 2022/23 figure of 15.6%. 2% of pupils said they were trans, an increase from 1% in 2022/23[66].

These statistics suggest a sizeable group of people identifying as LGBTQ+, many of whom will live within South Gloucestershire. It is therefore important to consider how the experiences and perspectives of LGBTQ+ students are reflected in council-led policies and public consultations, and to explore what can be learned in strengthening inclusivity as an organisation.

National insights

There is limited data on student numbers within universities. However, UCAS publishes data on university applications, which offers useful insight into demographic backgrounds of prospective students identifying as LGBTQ+.

Its most recent publication shows that in 2020, more than 40,000 prospective university students identified as from lesbian, gay, bisexual, transgender, or another (LGBT+) identity in their UCAS application, accounting for 7.2% of the total UK domiciled applications. Insights from these applications show the following areas of disparity between LGBT+ and heterosexual and cisgender students:

- LGBT+ students were more likely to declare a disability than heterosexual and cisgender students (30% compared to 12%) and were more than four times more likely to declare a mental health condition (13% compared to 2.9%).

- Trans students were the most likely to declare a disability in their application at 47%, with 22% of trans students declaring a mental health condition.

- LGBT+ students are more likely to be from disadvantaged areas.

- LGBT+ students are most likely to enter creative courses, compared to heterosexual and cisgender students who favour subjects allied to medicine and business and administrative studies.

- LGBT+ students have a slightly higher level of attainment compared to heterosexual and cisgender students. Gay men have the highest average attainment (0.5 A level points above the mean). Those who identify as transgender have a lower-than-average A level attainment (0.3 points below the mean).

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66   Student Compendium 2022/23, UWE

Recognising these disparities is important as they can impact on career opportunities, wellbeing and equity for LGBTQ+ students. They also highlight areas where education systems and local authorities can work to address inequality and better support individual's aspirations.

Whilst little research has been published covering LGBTQ+ people's experiences of university and higher education, Stonewall's LGBT in Britain: University Report (2018) suggests there are still areas of disparity between LGBT and heterosexual and cisgender students. For example, around two in five of the LGBT students surveyed disguise the fact they are LGBT at university due to fear of discrimination. One in five lesbian, gay and bisexual students who are not trans, say they have been the target of negative comments because they are LGBT, compared to three in five trans students. Many stated they would not feel confident reporting homophobic, biphobic or transphobic bullying to university staff[67].

This suggests there may still be a way to go for universities (as well as other educational institutions) to be inclusive places, and that there may be a need for additional training and development for staff to ensure people are able to get the support they need should discrimination occur.

LGBTQ+ young people not in education, employment or training (NEET)

Little research has been done on LGBTQ+ young people not in education, employment or training; in 2016, the British Government commissioned a review of all existing research into LGBT inequalities and found this was the only policy area where no research existed at all. More recent studies, such as that of Stonewall (2020), have suggested LGBTQ+ young people have faced specific challenges that leave many feeling excluded from opportunities in education, employment and training. These include experiences of discrimination, a lack of peer support or support at school or college, or family rejection. All these potentially have profound impacts on mental health, as well as on feelings of confidence in seeking out new opportunities.

The transition from school to college can be a particularly challenging time for LGBT young people, as some feel forced "back into the closet", or struggle in an environment where the necessary support systems are not available. As attendance is less likely to be enforced in college as it is in secondary schools, some young people can leave education altogether without any follow-up support. Once outside education, barriers such as poor mental and physical health, lack of information about opportunities and low confidence can make re-engagement particularly difficult[68].

The absence of research into this area means there is a significant gap in our understanding, potentially leaving young LGBTQ+ individuals who are not in education, employment, or training without the targeted support they may need to access new opportunities.

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67 LGBT in Britain - University Report, Stonewall 2018
68 Shut Out 2020, Stonewall

SUMMARY

Overall, the findings from the South Gloucestershire Online Pupil Survey and wider research presented in this section suggest LGBTQ+ pupils face greater levels of bullying in comparison to their heterosexual and cisgender counterparts. Other areas of disparity are evident, including increased rates of health risk behaviours such as smoking and drinking alcohol. These trends are evident among pupils in schools across South Gloucestershire.

It also finds LGBTQ+ young people face additional challenges in accessing support, and these are often complex and multifaceted – for example, a school may lack support networks for LGBTQ+ pupils, or an LGBTQ+ young person might be isolated following bullying or familial breakdowns due to their identity. These points reinforce the need for awareness of these issues at the staff-level within schools, as well as targeted support to ensure education settings are safe and inclusive places.

Further research would also improve understanding of LGBTQ+ young people not in the education system that may not be included in support or policy provision and are otherwise 'hidden'.

RECOMMENDATIONS

Anti-Bullying Policies:
All schools and academies should adopt and enforce zero-tolerance policies on homophobic, biphobic and transphobic bullying, with robust reporting and accountability mechanisms.

Curriculum Inclusion:
LGBTQ+ representation should be embedded across the curriculum (e.g. PSHE, history, literature) to normalise diversity and reduce stigma.

Training and Safe School Champions:
All employees across the education sector should receive mandatory, lived-experience-led training on inequalities faced by LGBTQ+ communities and should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, in order to prevent the personal harm, and organisational financial costs, that can easily be caused by ignorance and misinformation. Such training should also result in dedicated staff in every school as LGBTQ+ allies whom students can approach for support.

Peer and Family Support:
All schools and education providers should put in place programmes to support LGBTQ+ students experiencing family rejection, bullying, or pressure around identity. Such programmes could include mentoring for young people with LGBTQ+ adults.

Post-16 Support:
All schools and education providers should monitor and support LGBTQ+ students at risk of becoming NEET, offering mentoring, career advice, and pathways into further training.

Understanding experiences:
All Education Authorities should implement a pupil survey approach to develop a clear understanding of disparities faced by LGBTQ+ pupils; this should be regular and ongoing to enable the measurement of improvements over time. As a result, all schools, education providers and all persons involved in work with Young People should have a clear understanding of the survey results pertaining to LGBTQ+ young people, their implications for their roles and settings and strategies and approaches to tackle the inequalities faced.

Inspection:
Ofsted, Education Authorities and School Improvement Partners should ensure the specific inspection of the experiences and outcomes of LGBTQ+ pupils, and quality of leadership and management and curriculum inclusion.

National Teacher Training:
Training which leads to Qualified Teacher Status (QTS) in England and Wales and should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, in order to prevent the personal harm, and organisational financial costs, that can easily be caused by discrimination, harassment and victimisation.

Employment

Introduction

Creating inclusive workplaces where LGBTQ+ employees feel safe, valued, supported and able to be themselves is vital, as it strengthens wellbeing, improves staff retention, boosts organisational performance and advances wider social equity.

Since the millennium, numerous legislative changes have improved and protected the working rights of LGBTQ+ people. These include the lifting of the ban of openly lesbian, gay and bisexual people serving in the UK armed forces, as well as the Employment Equality (Sexual Orientation) Regulations 2003, the Gender Recognition Act 2004, and the Equality Act 2010, protecting people against discrimination on the grounds of Protected Characteristics[69].

"Lots of people are very good at having tick box exercises; yes, we've spoken about EDI (Equality, Diversity and Inclusion), we're done, but I actually think we need to be continuing those conversations, whether that's annually or monthly or every time you have a one-to-one with one of your team, just to make sure we're trying to achieve (in) having inclusive workspaces really is embedded"

– A member of South Gloucestershire's LGBTQ+ Equality Network at the Away Day in July 2025

Employers are increasingly realising that to succeed, their staff must feel safe and feel confident being themselves at work. In recent years, businesses of all sizes have demonstrated commitment to their LGBTQ+ staff, consumers and service users, through inclusive policies and practices, LGBTQ+ networks, staff monitoring and staff surveys.

In addition, many LGBTQ+ entrepreneurs are starting their own businesses. In 2024, there were at least 250,000 LGBTQ+ businesses in the UK, employing at least 750,000 people, many of whom are LGBTQ+, and with a combined turnover of at least 106 billion[70].

Despite progress of many UK employers, employees are still experiencing discrimination, exclusion and other barriers at work due to their sexual orientation and/or gender identity.

Workplace discrimination has wide-ranging negative consequences, affecting individuals' mental and physical health, reducing productivity, and causing organisational harm through reputational damage, financial penalties, and broader systemic impacts[71].

This section highlights some of the challenges faced by employees who identify as LGBTQ+, with a particular focus on discrimination.

69   The progress of employment rights for the LGBTQ+ community - Gateley
70   LGBTQ+ Businesses Count - OPEN: Open Political Economy Network
71   The negative and damaging consequences of workplace discrimination

Discrimination and workplace hostility

Many studies in this area tend to focus on the US workforce, though several reports have shown workplace discrimination remains to be an issue faced by many LGBTQ+ people across the UK.

Research by the HR association, the Chartered Institute of Personnel and Development (2021) showed LGBT+ employees are more likely to experience workplace conflict and harassment than their heterosexual, cisgender counterparts (40% of LGB+ workers and 55% of trans workers, compared to 29% of heterosexual workers)[72].

Similarly, in their qualitative research into LGBT people's experiences at work, Stonewall (2018) finds many LGBT staff experience derogatory remarks from colleagues and customers, are actively excluded by their peers and sometimes denied a job or promotion because of their sexual orientation and/or gender identity[73].

Hearing 'offensive jokes or banter about LGBT+ people' were cited by TUC (2024) as the most commonly reported experience of harassment, followed by homophobic, biphobic or transphobic remarks. Incidences of bullying, harassment and discrimination were found to occur at a higher rate among younger LGBT workers between the ages of 18 and 24[74].

Many LGBTQ+ people continue to face barriers when seeking employment, from direct discrimination during interviews to the additional burden of assessing whether a prospective employer and its workplace culture are genuinely safe and inclusive.

Stonewall (2018) finds one in five LGBT respondents to its survey who were looking for work felt they were discriminated against because of their sexual orientation or gender identity whilst trying to get a job in the last year. Furthermore, more than a third of LGBT people looking for work are worried about being discriminated against or harassed at work due to their sexual orientation or gender identity[75].

Project Away Day attendees.

72   Inclusion at Work – Perspectives on LGBT+ Working Lives, CIPD 2021

73   GBT in Britain - Work Report, Stonewall 2018

74   Bullying, harassment and discrimination of LGBT people in the workplace. A TUC report, 2024

75   GBT in Britain - Work Report, Stonewall 2018

Similarly, a study from Diversity Trust (2018) looking into the experiences of 225 trans and non-binary people, found 47% said they had been discriminated against at work, and 27% when looking for a job or at an interview[76].

Workplace discrimination is also shaped by intersecting identities, with LGBTQ+ people who are also from minority ethnic backgrounds, are disabled, or from other marginalised groups often facing compounded and more severe inequalities.

Stonewall (2018) finds that around one in ten Black, Asian and minority ethnic LGBT staff have been physically attacked because of their sexual orientation and/or gender identity, compared with just three per cent of white LGBT staff. One in eight trans people reported being physically attacked by customers or colleagues in the last year because of being trans. The report also finds the proportion of LGBT staff that have experienced negative comments or conduct from colleagues due to being LGBT is greater in smaller towns and cities compared to larger urban areas[77].

Reporting incidents of discrimination

Research by the CIPD (2021) and Stonewall (2018) find many LGBT+ workers that experience differential treatment or discrimination due to their sexual orientation face barriers in reporting incidents to their employer, including fear of further stigmatisation, not being believed or facing reprisal. Furthermore, if an incident is reported to an employer, many feel the issue is not fully resolved, which may further deter reporting in the future[78][79].

These patterns point to wider concerns about workplace discrimination, a lack of trust in employer support, as well as the persistent fear of being 'outed'. Addressing these barriers is crucial to ensuring that LGBTQ+ employees feel safe and supported.

76   Healthwatch-Trans-Health-Care-and-Wellbeing-Report-03.04.18.pdf

77   GBT in Britain - Work Report, Stonewall 2018

78   Inclusion at Work – Perspectives on LGBT+ Working Lives, CIPD 2021

79   GBT in Britain - Work Report, Stonewall 2018

Openness about LGBTQ+ identity at work

The decision to be open about one's LGBTQ+ identity in the workplace is not one that all individuals feel able to make.

This hesitation is often linked to past or anticipated discrimination, concerns about judgment, or fears of exclusion. According to Stonewall (2018), more than a third of LGBT staff that responded to its survey have hidden or disguised their identity at work in the past year due to fear of discrimination. Additionally, a third of non-binary respondents and one in five trans respondents do not feel able to wear work attire that represents their gender expression[80].

Similarly, TUC (2024) reports that more than a quarter (29%) of respondents are not open with anyone at work about their sexual orientation. Just under two in five workers (38%) saying they were open with everyone.

The research also finds black LGBT workers were less likely to say they were open with everyone at work about their sexual orientation compared to their white counterparts (28% vs 39%)[81].

This lack of comfort and acceptance is important to note as it can have a profound impact on mental health and overall wellbeing, leading to increased stress, anxiety, and feelings of isolation.

SUMMARY

Overall, the findings presented in this section highlight the need to better understand what makes an inclusive employer, and one where LGBTQ+ people feel safe to be open about their gender identity or sexual orientation, confident in reporting incidents of discrimination, harassment or victimisation, and fully supported by managers and workplace networks.

Building inclusive workplaces is not only a matter of fairness, but also has wider benefits for staff wellbeing, retention, as well as overall organisational performance. Further research could provide valuable insight into the specific practices and cultures that foster inclusivity within the workplace, whilst targeted training is essential to preventing discrimination and ensuring employees can thrive at work.

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80   GBT in Britain - Work Report, Stonewall 2018
81   LGBT_Sexual_Harassment_Report_2024.pdf

RECOMMENDATIONS

Leadership Accountability:
Senior managers should be required as a policy principle to act as visible champions for LGBTQ+ inclusion within Local Authorities and partner organisations.

Inclusive Workplace Standards:
Employers should consider adopting Stonewall's Workplace Equality Index or similar, ensuring policies are visible and regularly audited.

Reporting Mechanisms:
Bullying, discrimination, and harassment of staff (whether that be in a formal place of work or outside on work related business) should be taken with the utmost seriousness. Safe, anonymous channels for staff to report bullying, discrimination or harassment, should be established. These should be aligned with clear investigation and resolution processes ensuring that no complaints go unresolved. Reviews of the impact of such approaches should take place on a regular basis with open reporting on levels of support and trust experienced by LGBTQ+ employees in the workplace.

Awareness Campaigns:
Public Authorities should promote awareness about rights, protections, and inclusive workplace culture among both employees and employers.

Support Networks:
Internal LGBTQ+ staff networks should be strengthened and encourage mentorship schemes to build confidence and representation.

Staff Training:
Training for staff should cover inequalities faced by LGBTQ+ communities, allyship and should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, in order to prevent the personal harm, and organisational financial costs, that can easily be caused by discrimination, harassment and victimisation.

Housing

Introduction

There are several areas of disparity between LGBTQ+ and heterosexual and cisgender people across housing, with impacts spanning financial stability, physical and mental health and overall wellbeing, and demand on local housing and support services. These inequalities have roots in a longer history of exclusion and discrimination within housing and financial institutions.

(left to right): Berkeley Wilde; The Diversity Trust, Che Young; View from a Dove, Dan Wood; South Gloucestershire Council.

For example, in the UK, women required a male signatory to secure a mortgage until the mid-1970s, preventing many bisexual and lesbian women (as well as single heterosexual women) from purchasing a home. Gay and bisexual men also faced exclusion from mortgage advice throughout much of the 1980s and 1990s due to stigma towards HIV/AIDS and the refusal of life insurance coverage. It was not until later in 2005 that same-sex couples were able to form civil partnerships, followed by marriage equality in 2015 and equal pension rights for same-sex couples in 2017. These milestones brought greater equity for LGBTQ+ people in areas such as home ownership[82].

As research across the UK highlights, disparity is particularly evident regarding homelessness, with data pointing to LGBTQ+ people – especially young people – being at a heightened risk of experiencing homelessness and insecure accommodation than heterosexual and cisgender people.

Further evidence suggests – though to a lesser degree – some disparity regarding domestic and intimate partner violence (IPV), with several reports indicating LGBTQ+ people are at greater risk of experiencing these issues directly due to their sexual orientation or gender identity. Some suggest LGBTQ+ individuals who experience domestic violence and abuse and/or IPV may face compounding impacts, which may be a deterrent from seeking support.

Some data also suggests LGBTQ+ people, who are more likely to be younger on average, may be at risk of exclusion from asset-based welfare or home ownership, though this is a relatively new area of study and evidence is relatively minimal.

Overall, this is a complex topic area and one where there are relatively few data sources – particularly at a local level – that give evidence into the experiences and issues faced by LGBTQ+ people. This work has also pointed to potential areas of improvement regarding the collection of demographic data on sexual orientation and gender identity within the council's housing support services to better understand need and identify areas of improvement.

82   Lesbians, Gays, and Bisexuals Asset-based Welfare and Housing in Great Britain, 2024

This following section examines the areas of housing where disparities between LGBTQ+ and heterosexual and cisgender people have been evidenced, drawing on available data to highlight patterns of inequality.

Homelessness

Evidence suggests that LGBT people become homeless for the same reasons as heterosexual and cisgender people. Some of the leading causes of homelessness in the UK today are relationship breakdowns, familial or partner abuse, notice to vacate a rented property by a landlord, or being unable to sustain tenancies due to mental and/or physical health problems[83].

"I think all too often in these conversations about LGBT people, they're not even included or ignored. "

– A member of South Gloucestershire's LGBTQ+ Equality Network at the Away Day in July 2025

Research indicates that LGBTQ+ people are disproportionately affected by homelessness, with factors related to sexual orientation and gender identity often underpinning its causes. Experiences of homophobic, biphobic or transphobic discrimination, harassment, or abuse from family members or partners—which are particularly prominent among young LGBTQ+ people—have been identified as significant triggers.

Furthermore, LGBTQ+ people face additional barriers to resolving housing problems they may encounter which are specifically related to their sexual orientation or gender identity, and in turn increase their risk of experiencing homelessness. For example, participants who have experienced rejection and abuse from the people they live with, or the wider community, are less likely to have the safety nets of personal connection or support that others may have when facing homelessness[84].

For many that do experience homelessness, this does not take the form of visible rough sleeping but instead a 'hidden homelessness' characterised by temporary arrangements, including sofa-surfing, staying with friends, or unstable short-term accommodation. Hidden homelessness is often under-reported, making it difficult to capture its full scale and leaving many LGBTQ+ people without adequate support or recognition in housing policy and service provision. Some evidence also suggests sexual orientation and gender identity may intersect with other factors, such as disability, to heighten the risk of homelessness.

For example, a report from Stonewall (2018) found almost one in five LGBT people (around 18%) have experienced homelessness at some point in their lives. This increases to nearly three in ten LGBT people who have a disability (28%), and one in four trans people (25%), compared to one in six LGB people who aren't trans (16%). The report also finds a link between sexual orientation and income deprivation, with LGBT people in lower income households more likely to experience homelessness than LGBT people in higher income households (25% compared to 15%)[85].

83   Lesbian, gay, bisexual and transgender people's experiences of homelessness - GOV.UK

84   Lesbian, gay, bisexual and transgender people's experiences of homelessness - GOV.UK

85   LGBT in Britain - Home and Communities (2018)

Stonewall (2025) also suggests there is room for improvement in terms of local authority homelessness support provision across the country, as many younger LGBTQ+ people who have experienced homelessness have also experienced familial domestic abuse but are not considered for 'priority status' in housing applications due to two issues. The first being that the abuse can be complex and/or difficult to evidence, with the second being that local authorities have not considered LGBTQ+ domestic abuse in their assessments[86].
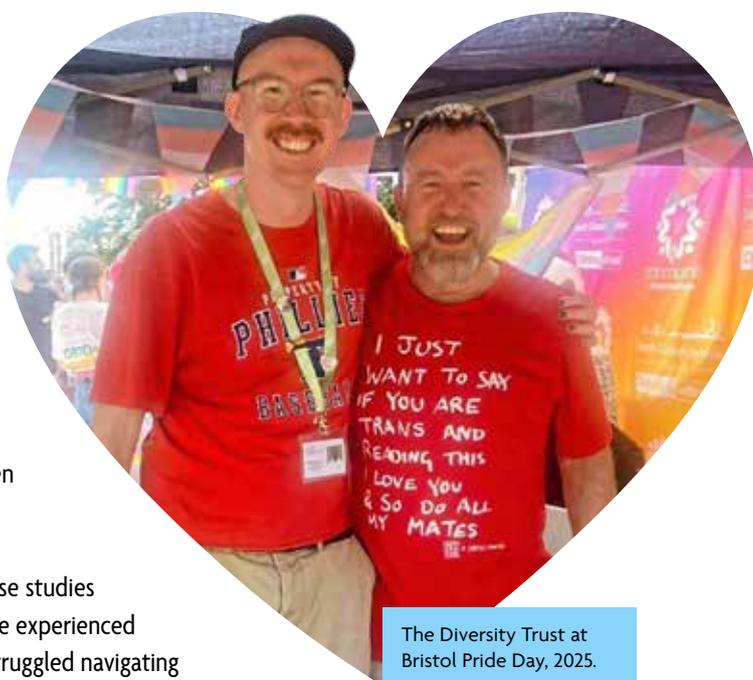
Youth homelessness

Intersectional disadvantage likely places many LGBTQ+ young people at an even greater risk of experiencing homelessness.

Research by AKT (2025) finds 26% of young people who experience homelessness identify as LGBTQ+, with the majority experiencing hidden homelessness. This compares to the official government figure of 4%, which has been regarded as an underestimation and failing to capture the breadth and complexity of the issue among LGBTQ+ young people.

Trans young people were found to be particularly vulnerable, with 37% expected to experience homelessness compared to 22% of cisgender young people. The report suggests intersectionality worsens homelessness for young trans and non-binary people, as transphobia and compounding vulnerabilities exacerbate their challenges.

The report finds LGBTQ+ people across age groups were more than twice as likely to experience hidden homelessness as heterosexual and cisgender people. LGBTQ+ people from a minority ethnic background, who are male, or have a mental health issue, are more likely to experience hidden homelessness.

The Diversity Trust at Bristol Pride Day, 2025.

It also presents several case studies of young people that have experienced homelessness and have struggled navigating council support services for homelessness; largely as they were not deemed to be in priority need[87].

86   akt-No-Place-Like-Home-Research-report-lgbt-youth-homelesness-2025.pdf
87   akt-No-Place-Like-Home-Research-report-lgbt-youth-homelesness-2025.pdf

Intimate partner violence (IPV) and domestic abuse

Many aspects of domestic violence affecting individuals within LGBTQ+ communities — and those perceived to be — share similarities with abuse in heterosexual contexts, including the role of power dynamics, the escalation of abuse over time and the cyclical nature of abuse. This violence is not limited to intimate relationships; it can also occur within familial networks, such as children or young people living at home with abusive parents or other family members.

Research suggests that certain aspects of the LGBTQ+ experience are unique - particularly the risk of being outed - and these can function both as tools of abuse and as barriers that prevent victims from seeking help or leaving an abusive situation. For example, some LGBT individuals deliberately conceal outward expression of their sexual orientation and/or gender identity due to fear of discrimination from family, peers or the wider community, which may be exploitable to violent partners through the threat of forced outing[88].

Research, such as that of Stonewall (2018) suggests LGBTQ+ people are at least as likely - and in some cases more likely - to experience domestic abuse from a partner when compared to the heterosexual population yet may face barriers in accessing support services.

The research found more than one in ten LGBT respondents (11%) have faced domestic abuse from a partner in the last year. It also suggests LGBT people from a minority ethnic background, as well as disabled LGBT people, are at heightened risk of experiencing domestic abuse from a partner than white and non-disabled LGBT groups[89].

This corroborates other research indicating LGBTQ+ people with cultural or religious backgrounds that do not agree with sexual orientations that are not heterosexual, nor gender identities that are not cisgender male or female, may experience "honour"-based violence or abuse from relatives or others in their community. It may be particularly difficult for these individuals to seek support out of fear of wider exclusion from the community or family network[90].

Whilst research into IPV and domestic violence among trans and non-binary people is limited, survey research from Scotland suggests a high proportion have experienced some sort of abuse at home over their lifetimes, particularly behavior that is transphobic and perpetrated by a partner or ex-partner[91]. There is also evidence to suggest that an element of emotional abuse in relationships where one or more partner is trans may be controlling or withholding access to medication or treatment needed to express a person's gender identity (e.g. hormones or surgery)[92].

88   Addressing Intimate Partner Violence in Lesbian, Gay, Bisexual, and Transgender Patients - PMC

89   LGBT in Britain - Home and Communities (2018)

90   Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services

91   trans_domestic_abuse.pdf

92   trans_domestic_abuse.pdf

Younger LGBTQ+ people may also be particularly vulnerable to domestic abuse, including emotional or psychological abuse linked to their sexual orientation or gender identity. This may be as they do not have any models for what a positive same-sex relationship should be like, or because their relationship is embedded within their LGBT friendship networks, and they lack familial or other resources to seek help[93].

Overall, the distinct vulnerabilities faced by individuals within LGBTQ+ communities in relation to domestic and intimate partner violence highlight the critical need for services to be sensitive, inclusive, and aware of the complex and varied experiences of those affected.

The provision of IPV/ domestic abuse services

The provision of services around intimate partner violence and domestic abuse across the UK have largely focussed on the needs of heterosexual, cisgender women.

As a result, our understanding of the unique challenges faced by individuals within LGBTQ+ communities when accessing support remains limited, despite evidence of differential impacts and specific vulnerabilities faced by the group.

The research that exists points to several barriers that deter or outwardly prevent LGBTQ+ people from seeking support for abuse through public services, such as the police. These barriers are often amplified for specific groups within the LGBTQ+ community, such as those from certain backgrounds or identifying with religions that do not agree with identities or relationships outside what they consider to be heteronormative.

Some of these barriers include anticipated discrimination by service providers (which is often grounded in previous experiences of discrimination), psychological and physical trauma, hate crimes or bullying[94]. The fear of having to "out" yourself to seek help may also serve as a deterrence.

Cupcakes at South Gloucestershire Vintage Pride.

93   Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services

94   Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients - PubMed

Research suggests people identifying as trans might experience greater barriers in accessing support for IPV or domestic abuse. For example, research by Scottish Transgender Alliance (2010) suggests trans people may have greater feelings of unresolved guilt and self-hatred about being transgender, which may in turn make it difficult to accept they are deserving of support[95]. In addition, it may be particularly difficult for trans and non-binary people to access support if they do not identify as either male or female at the time they need to access a service that requires an individual to identify as either male or female[96].

Seeking support can be especially difficult for LGBTQ+ people from certain ethnic or religious backgrounds due to fear of rejection, isolation, or permanent exclusion from their cultural or familial networks, factors that can significantly delay or prevent disclosure and access to help.

Due to these barriers, it is particularly important that support services are knowledgeable of the complexity of IPV and domestic abuse among LGBTQ+ people, and are safe, accessible spaces for people of all backgrounds.

SUMMARY

Overall, this section highlights the importance of inclusive services that are attuned to the needs and sometimes complex experiences faced by members of the LGBTQ+ community, particularly relating to homelessness, housing access and domestic and intimate partner abuse.

Despite evidence that homelessness rates are disproportionately high among LGBTQ+ people, there is little local-level data showing the extent of this issue within South Gloucestershire. Though a complicated area (largely due to stigma or anticipated discrimination around disclosure of identity), improving data collection may create opportunities to better understand community need and track disparities over time.

Other important areas related to housing, including home ownership rates, tenure, and experiences within the prison population, remain underexplored in this report due to limited data. However, these topics may warrant further research to better understand potential disparities between LGBTQ+ and heterosexual and cisgender individuals. Recommendations

95   trans_domestic_abuse.pdf

96   Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services

RECOMMENDATIONS

Youth Homelessness Prevention:
Housing Authorities should commission LGBTQ+-specific support within homelessness services, particularly for young people at risk of familial rejection.

Priority Needs Recognition:
Housing Authorities should ensure that housing assessments should be updated to recognise LGBTQ+-related domestic abuse and family exclusion as valid grounds for priority status.

Inclusive Domestic Abuse Services:
Housing and domestic abuse service providers should be required to undertake training to support LGBTQ+ victims of domestic abuse, to recognise specific dynamics (e.g. threats of outing, trans-specific risks).

Safe Accommodation:
The availability of safe, inclusive emergency accommodation for LGBTQ+ individuals, including trans-inclusive facilities should be expanded.

Data and Monitoring:
Housing Authorities should improve sexual orientation and gender identity data collection within housing services to understand demand and tailor provision.

Social care

Introduction

Social care refers to the wide range of support that local authorities and their partners provide for people who have care and support needs. This can include personal care, supported accommodation such as extra care housing, residential and nursing care homes, occupational therapy, and community-based support. For children and young people, social care also covers services for those in the care system, care leavers, and families requiring safeguarding or support.

"We just want to really be where people are in the community rather than expecting them to come to us, so they can ask us questions, we can allay any fears they might have about social care, and just tell them what it's all about and how we can support people"

– Hannah Scaife, Principal Social Worker (adults), South Gloucestershire Council at Bristol Pride Day 2025

Understanding social care need and provision through the lens of sexual orientation and gender identity is important, as LGBTQ+ people may have distinct needs and experiences

Older LGBTQ+ adults may be more likely to live alone or lack traditional family support networks, increasing reliance on formal care services. Children and young people identifying as LGBTQ+ may face stigma within families or placements, affecting their wellbeing and stability.

Across all ages, experienced or anticipated discrimination due to an individual's sexual orientation or gender identity can shape how they engage with social care services.

Though research into the area of social care is limited, this section delves into this issue in two parts: firstly, the experiences and needs of LGBTQ+ adults within social care and secondly, those of children and young people.

Adult social care

Many of us are in greater need of additional support and care, whether through specialist housing, personal care or broader social care services, particularly as we age. Adult social care is not limited only to older people but includes provision for adults of all ages living with disabilities or long-term conditions who may require supported living or tailored services. For LGBTQ+ people, these circumstances can bring unique challenges if services are not inclusive or sensitive to their identities and experiences.

Whilst many challenges associated with ageing are shared across LGBTQ+ and heterosexual and cisgender groups, evidence has suggested that some of these can be compounded for LGBTQ+ people. Factors such as a higher prevalence of certain health risk behaviours, as well as experiences of discrimination or stigma, can shape health and wellbeing in later life.

Highlighting and understanding these challenges is therefore particularly important to ensure that adult social care provision and access to adult social care services is equitable and responsive to the needs of LGBTQ+ people.

Residential housing options for older LGBTQ+ people

Research suggests LGBTQ+ older people may be more likely to live alone and face specific barriers to access or effective support within residential living facilities.

For example, in one of the most substantial pieces of work on the topic, Age UK (2016) highlights lesbian, gay and bisexual older people (aged 55 and over) are more likely to live alone than the heterosexual population (41% compared with 28%). It also suggests LGB people have heightened concerns about moving into specialist housing, with current housing and support services for older people not often seen as the type of safe or welcoming accommodation and support they need[97].

South Gloucestershire Vintage Pride.

Similarly, research by Stonewall (2011) found that lesbian, gay and bisexual (LGB) people over 55 are more likely to be single, more likely to live alone, less likely to have children and are less likely to see family members regularly than heterosexual older people[98].

Other research presented in this report has pointed out that many LGBTQ+ people have experienced discrimination at the hands of healthcare professionals due to being LGBTQ+, which may transcend to adult social care establishments.

Marie Curie (2016) finds LGBT people access palliative care services later than heterosexual and cisgender groups people because they anticipate discrimination. This may mean an individual is experiencing health concerns for longer without support, potentially compounding other issues, such as mental health problems, loneliness, social isolation and so forth. If an individual is deterred from seeking healthcare support, there may be additional care burdens for their loved ones[99].

97   rb_may16_cpa_rapid_review_diversity_in_older_age_lgbt.pdf
98   Lesbian, Gay and Bisexual People in Later Life, Stonewall
99   The reality of end of life care for LGBT people

In a survey of LGBTQ+ people in Scotland, LGBTQ Health and Wellbeing (2023) found several areas of importance when it comes to older people's housing options:

- Respondents would prefer to stay in their own home for as long as possible as they get older - as much as the heterosexual population.

- However, if they were to choose a residential housing option, LGBTQ+ people place great importance on staff being accepting of LGBTQ+ people, with 89% saying it is 'extremely' or 'very important' that staff in a congregate living facility are LGBTQ+ friendly). 62% gave a preference for living with predominantly LGBT+ people if they were to move into a care home, 4% said they would prefer a home with predominantly trans residents and 33% said it wouldn't matter.

- Three quarters were either 'very' or 'moderately worried' about the prospect of LGBT discrimination in a care home or sheltered housing.

- Seven in ten were 'very' or 'moderately worried' about their sexuality/gender identity being erased, overlooked or ignored.

- Two thirds were 'very' or 'moderately worried' about being isolated from the LGBT+ community[100].

This is similar to points raised internally by members of the South Gloucestershire LGBTQ+ Equality Network; a partnership of local organisations led by the Diversity Trust:

- In the past, many LGBTQ+ people were not necessarily 'out', and places such as ExtraCare housing schemes and care homes, would not have known of a person's sexual orientation. This often led to individuals not raising poor treatment in these schemes out of fear of being 'outed'. More recently, due to shifts in laws protecting LGBTQ+ people's rights, more people are 'out' and expect fair treatment taking proper account of their individuality and needs.

- Due to medical advancements enabling people with HIV/AIDs to live longer, more stories are coming out of ill treatment of HIV-positive people in care homes and ExtraCare schemes[101].

Furthermore, many older gay men live with the trauma and loss associated with the HIV/AIDS epidemic, including the loss of long-term partners, friends and community. As people living with HIV grow older, care homes and social care services will increasingly need to understand how to support people with a history of HIV-related illness, trauma, and/or stigma.

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100   AAG Housing Report Work File (Camille version)

101   Insight from the council's equalities team

Other adult social care services

Research into disparities in accessing and receiving adult social care services between LGBTQ+ and heterosexual and cisgender groups people is limited and primarily drawn from international studies.

Smith et al. (2022) find LGBTQ+ people engaging with organisations and services to support with a disability often do not receive the right support to navigate the complexity of having a diverse sexuality in a heteronormative society. As a result, this group may face barriers to coming out, including perceived and experienced discrimination and/or homophobia or transphobia among staff, family or peers. Additional stigma around having a disability may lead to a desire to be perceived as 'normal' at the individual-level, potentially resulting in a person policing their own and their peer's sexuality and gender identity[102].

This dynamic can be particularly problematic within residential social care settings. If services lack inclusivity or awareness of this issue, an individual may feel pressured to conceal their identity, potentially increasing isolation and mental health challenges, or reducing trust in those providing care.

As coming out is often a continuous process, it is important for an individual (particularly a person who is vulnerable), to be actively supported, particularly in a setting where they are receiving support. Ensuring that these services are inclusive, respectful, and sensitive to the lived experiences of LGBTQ+ people is therefore critical to promote equality and support the wellbeing and independence of adults who rely on social care. Strengthening staff development and training in this area is therefore essential to support LGBTQ+ service users.

Children's social care

LGBTQ+ children and young people face the same risks as all children and young people, but also often face unique challenges directly linked to their sexual orientation or gender identity. They may be at greater risk of some types of abuse, such as including homophobic, biphobic or transphobic bullying or hate crime, as well as sexual abuse, online abuse or sexual exploitation[103].

South Gloucestershire Council Fostering team at Bristol Pride Day, 2025.

102   Social inclusion of LGBTQ and gender diverse adults with intellectual disability in disability services: A systematic review of the literature - PubMed

103   Safeguarding LGBTQ+ children and young people | NSPCC Learning

Despite these challenges, their needs are often not well understood, and there is a significant lack of demographic data and research around LGBTQ+ young people that have experienced children's social care. For example, the first national study into the experiences of this cohort in England found (at the time of writing) that the majority of local authorities do not currently record data around LGBTQ+ 'care experienced people' (CEP) – which is defined as people who are currently living in care, as well as people who have lived in care in the past[104].

Practitioners have since called for the collection of data on the sexual orientation and gender identity of young people in care in a trauma-informed and person-centred way to enable better design of services to meet their needs and build a case for further investment in these services[105]. There may be room for better collation of this kind of data within our organisation, as an initial scoping exercise has uncovered teams working within children's social care provision often do not hold information on the sexual orientation or gender identity of young people in care, nor care leavers.

Whilst wider research on this area is limited and predominantly focusses on children in care in the United States, the University of Birmingham (2023) presents in its work some areas where disparity between LGBTQ+ and heterosexual and cisgender young people are evident:

- LGBTQ+ young people are more likely to go into care, have a greater number of placement moves, and spend longer periods of time in care than heterosexual and cisgender youth.

- LGBTQ+ young people experience poorer physical and mental health outcomes and report a greater dissatisfaction with care systems compared to their heterosexual and cisgender peers.

- These inequalities stem from rejection and discrimination based on their identity, which they experience from their birth families, peers, social care professionals and wider society.

- Minority ethnic LGBTQ+ young people, including transgender and non-binary young people, face heightened challenges in care.

- LGBTQ+ young people are more likely to experience homelessness and have greater risks of exploitation, such as survival sex for food or shelter.

- Young people often hide their LGBTQ+ identities in placements, fearing discrimination.

- Supportive relationships with caregivers and professionals are vital to confidence and wellbeing when in the children's social care system.

- Some young people report experiencing homophobic / biphobic / transphobic attitudes at the hands of care professionals[106].

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104   Inclusive Care: Experiences of LGBTQ+ children and young people in care
105   Inclusive Care: Experiences of LGBTQ+ children and young people in care
106   LYPSA PRACTICE BRIEFING

SUMMARY

Overall, research into LGBTQ+ people's needs in terms of accessing and experiencing social care services is relatively limited. There is also very little data on this topic at a hyper-local level within South Gloucestershire.

Regarding adult social care, research highlights the need for care homes, assisted living schemes, and other services to be truly inclusive. To be safe and welcoming spaces for older LGBTQ+ people, they must also be sensitive to their distinct experiences and challenges. Staff across multiple domains – from residential care settings to front-line customer service teams – must be properly trained and capable of responding to these complex issues. This will not only work to reduce stigma but also help meet the evolving care needs of the LGBTQ+ group with dignity and understanding.

In terms of children's social care, evidence suggests LGBTQ+ young people often face unique challenges at home and within family settings due to their identity. While local data is not yet available to confirm the extent of this in South Gloucestershire, this highlights the importance of developing inclusive, culturally competent care environments in which LGBTQ+ young people feel safe and supported. Strengthening data collection in this area will be vital to better understanding the experiences of LGBTQ+ children and young people in the care system, and to ensuring services are responsive to their needs.

RECOMMENDATIONS

Inclusive Residential Care:
All adult care facilities (care homes, supported housing, extra care housing) should be trained and equipped to support LGBTQ+ residents respectfully. E.g. The Diversity Trust online training toolkit Care Under the Rainbow).

Older Adult Provision:
Specialist housing or community hubs for older LGBTQ+ people who may lack family support and fear mainstream settings should be explored.

Family of Choice
Respecting the "family of choice" and giving everyone a chance to designate a power of attorney they choose instead of assuming a member of their family would be first choice is essential - training for professionals is needed.

Children in Care:
LGBTQ+ awareness training for foster carers, residential care staff, and social workers to reduce discrimination and instability in placements should be strengthened.

Care Leavers:
LGBTQ+ care leavers should have opportunities to be matched to 'corporate grandparenting' opportunities, contributing to a strong sense of belonging.

Data Improvement:
SOGI (sexual orientation and gender identity) information within social care systems should be significantly enhanced in order that social care services identify inequalities and plan services accordingly in a robust manner.

Safeguarding LGBTQ+ Youth:
Local Authorities should recognise higher risks (bullying, homelessness, family rejection) in child protection assessments and provide proactive, identity-affirming interventions.

Best Practice in Social Care:
Social Care teams should put in place a set of good practice criteria in serving LGBTQ+ people and inspect their practice and the practice of others (e.g. commissioned Care Homes) against these. Such inspection should form a clear part of Care Quality Commission and Ofsted inspection regimes.

Hate crime

Introduction

Hate crimes against LGBTQ+ individuals have for long been a deeply harmful form of violence and discrimination, rooted in homophobia, biphobia, sexism[107] and transphobia, as well as wider systems of inequality. These crimes are often not only attacks on individuals, but on identities and communities as a whole, and have widespread and deeply felt impacts.

A Hate Crime is defined as any criminal offence that is motivated by hostility and prejudice towards a person's identity or perceived identity. The following are the five nationally monitored strands:

- **Disability**
- **Race**
- **Religion/faith**
- **Sexual orientation**
- **Transgender identity.**

"I have lived experience myself of being the victim of a hate crime, hate incidents on a number of occasions. Even something as simple as holding my husband's hand in public, and having a verbal attack / verbal assault. So it's really important that we come together and really start to work together collectively on making things better for the community"

– A member of South Gloucestershire LGBTQ+ Equality Network at the Away Day in July 2025.

Some police forces also record hate incidents based on a range of other personal characteristics, such as ageism, sexism and misogyny, or alternative subculture[108].

At the individual level, the experience of being targeted due to sexual orientation or gender identity can have long-lasting psychological harm, and the fear of further discrimination or assault may cause people to conceal their identity or withdraw from social and community life.

At the community level, hate crimes may contribute to a wider climate of fear and mistrust, particularly in areas where visible allyship are lacking. LGBTQ+ hate crimes may undermine broader societal goals around inclusion, community cohesion, safety and equality. If these crimes are not adequately addressed, they could lead to an erosion of trust in public institutions, such as the police and criminal justice system.

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107   S. Pharr (1993). HOMOPHOBIA A weapon of sexism.

108   About Hate Crime - Stop Hate UK

In addition to the personal and psychological effects of hate crime, the strength of an individual's social networks can influence how they experience and recover from victimisation. Research has shown that individuals who feel connected to the wider LGBTQ+ community often report lower levels of fear of discrimination. These networks offer a protective environment through a sense of safety, solidarity and validation. Conversely, those with weaker or absent support systems may experience heightened vulnerability and more severe impacts with limited avenues for emotional support or practical help in the aftermath of a hate crime[109].

Understanding the full impact of hate crime on LGBTQ+ communities is complex as many incidences are unreported for a multitude of reasons, such as anticipated or experienced discrimination, a lack of trust that police institutions will deal with the incident, or that incidences happen too frequently. It demands attention to lived experience, as well as the wider societal and structural factors that enable such violence to exist. However, there is a lack in this kind of data, particularly at the local level, which highlights the need for further investigation to better understand the extent to which hate crime occurs within South Gloucestershire, as well as its impacts and driving factors.

This section broadly outlines the impacts of hate crime against the LGBTQ+ community, drawing upon available research and evidence to understand the human and social consequences.

Understanding LGBTQ+ hate crime

Although data on anti-LGBTQ+ hate crime is limited, available figures from official sources offer important insights into reported trends and scale in recent years. According to the most recent Home Office data for England and Wales (year ending March 2024), police recorded:

- **22,839** reports of hate crime against someone's sexual orientation (8% decrease from previous year).
- **4,780** transgender-based hate crimes (2% decrease from previous year)[110].

LGBTQ+ hate crimes can take many forms, often involving unique elements linked to a person's sexual orientation or gender identity. Galop's (2021) hate crime report finds respondents who had been subject to anti-LGBT+ violence and abuse experienced a range of different offences. These include:

- **Verbal abuse** – 92% of respondents that experienced anti-LGBT+ violence and abuse experienced this.
- **Online abuse** – 60% experienced this.
- **Harassment** – 59%
- **Physical violence** – 29%

- **Outing/doxing** – 28%
- **Sexual violence** – 17%
- **Damage to property** – 13%
- **Other** – 10%
- **Blackmail** – 8%
- **Theft** – 6%[111]

109   Measuring the Tangible Fear of Heterosexist Violence - Christopher Fox, Nicole L. Asquith, 2018
110   Hate crime, England and Wales, year ending March 2024 - GOV.UK
111   Gallop hate crime report, 2021

Whilst these figures reflect the scale and type of recorded incidents and show the continuing presence of hate crime targeting LGBTQ+ individuals, they likely underrepresent the problem as data suggests a large proportion of hate crimes go unreported. For example, the Government's own statistics suggest fewer than one in ten LGBTQ+ people report hate crimes or incidents[112]. Galop's (2021) report shows that three in five LGBT+ people experiencing hate crime want and need help, but only one in five are able to access any support. People without access to support feel let down by the system, ignored or isolated, which often increases the impact of the violence and abuse experienced. LGBTQ+ people also often "help seek" informally within their own communities[113], e.g. amongst friends.

The report highlights several barriers preventing or deterring people from reporting an anti-LGBT+ hate crime. These included believing the police would not take action, viewing incidents as too trivial to report, and seeing abuse as happening too frequently to justify reporting each time. Some respondents said they would only report physical violence, while others would report verbal or online abuse. Many also expressed fear of a negative response from the police or reported a general distrust or dislike of them[114].

Similarly, Diversity Trust (2024) found that 87% of LGBTQ+ respondents who had experienced a hate crime did not report the incident to the police. A lack of faith in the police and criminal justice system and a fear of further repercussions or not being believed were noted by respondents as barriers to reporting incidents[115].

Without reporting, hate crimes remain hidden and patterns of abuse unchallenged. Encouraging reporting helps build trust in services and sends a clear message that hate will not be tolerated. Therefore, reducing these barriers in reporting hate crimes is key to helping individuals access the necessary support and ensure the incidents are recorded and addressed.

Council Co-leader Ian Boulton at the Bristol Pride march, 2025.

112   New data: Rise in hate crime against LGBTQ+ people... | Stonewall

113   Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services

114   Hate Crime Report 2021 | Galop

115   LGBTQ+ Hate Crime Report 2024.pdf

Intersecting identities and the impact on hate crime

Experiences of hate crime among LGBTQ+ individuals may often be shaped by intersecting aspects of identity, including race, religion, disability, immigration status, and so forth. Individuals may face unique and compounded forms of discrimination and violence associated with more than one of their characteristics, for example, a black trans man might be targeted for their gender identity, as well as their race.

Although empirical data on the extent and impact of this is limited, forms of marginalisation and discrimination may further increase social isolation, deepen mistrust in public institutions, or reduce access to adequate support systems. Addressing hate crime requires an understanding of the ways in which different identities interact and shape experiences every time an incident occurs. In addition, a commitment to inclusive and culturally competent preventative measures may reduce some of the barriers to reporting.

SUMMARY

Overall, it is evident LGBTQ+ hate crime has serious consequences not only for individuals but wider communities. Yet, there remains a lack of data on how these issues affect our local area, particularly in relation to people with intersecting identities who may experience compounded forms of discrimination.

While local-level data on this topic is limited, available police records indicate[116] that LGBTQ+ hate crimes continue to occur across the district, including in schools. Further research in this area would help to provide a clearer understanding of the scope and reality of these incidents.

This gap highlights the need for more comprehensive data collection across our organisation and partner services, and further investigation into the impact of hate crime locally. Additionally, work to address barriers to reporting is essential to ensure victims of hate crimes are supported and able to access justice.

116   As demonstrated in the South Gloucestershire Hate Crime Needs Assessment (2023)

RECOMMENDATIONS

Reporting and Community Confidence:
Collaboration between Local Authorities, Police and LGBTQ+ organisations should ensure close partnership working in order to improve trust in reporting systems, including anonymous reporting routes, and provide more and multiple confidential reporting options (online portals, third-party community hubs, helplines) along with listening sessions where LGBTQ+ residents can safely raise concerns with police and council representatives and access assistance to log hate crimes (instead of suggesting the victim does it themselves as it can be intimidating or feel useless). As part of this, provision of access to counselling, legal advice, and advocacy should be enhanced.

Awareness and Prevention:

Local campaigns to highlight zero tolerance for homophobia, biphobia, and transphobia should be delivered with seriousness and consistency, particularly targeting schools, workplaces, and public spaces.

Transport:
Transport Authorities and providers, Police Forces and LGBTQ+ organisations should work in partnership to develop improved approaches to prevention and reporting of hate crime.

Victim Support Services:
Specialist advocacy and counselling services for LGBTQ+ hate crime victims, ensuring accessible referral pathways should be significantly enhanced and increased.

Intersectionality Focus:
Local Authorities, Police and community partners should work together to develop and implement targeted strategies to protect LGBTQ+ individuals facing multiple layers of discrimination (e.g., LGBTQ+ people of colour, disabled LGBTQ+ people).

Local Data Collection:
Recording and analysis of hate crime data should be strengthened at local levels to identify hotspots, repeat patterns, and emerging risks. Most importantly, this information should influence action to eliminate homophobia, biphobia, and transphobia.

Training:
Police Forces should implement mandatory training on inequalities faced by LGBTQ+ communities and should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, to prevent the personal harm, and organisational financial costs, that can easily be caused by discrimination, harassment and victimisation.

Other Areas

In this section, we examine the remaining three thematic areas as presented in the South Gloucestershire Council Tackling Inequalities Plan (2024-2028) which have been found to impact most on people's quality of life. These are poverty and financial hardship, accessibility (particularly in terms of digital inclusion, transport, place and the wider economy), and the climate and nature emergencies. These are areas where limited research exists, and we propose further work is required at a national, regional and local level to better understand the experiences of the LGBTQ+ community across them, and where there are areas of inequality to be addressed.

Poverty and financial hardship

At a basic level, poverty generally refers to a lack of basic necessities, resources and income[117]. Whilst there is not a singularly accepted definition, the UK government predominantly defines poverty in terms of disposable household income (income after adding benefits and deducting direct taxes)[118].

Few studies have empirically explored the relationships between sexual orientation and gender identity with experiences of poverty, largely due to the complex and multi-faceted nature of understanding poverty itself. This is despite evidence showing that certain marginalised groups are at a greater risk of experiencing poverty - particularly people from minority ethnic backgrounds, people with a disability, and/or people living in single-parent households (more likely to be women)[119].

Despite limited research, some evidence suggests that LGBTQ+ people may face greater rates of poverty, and experience poverty differently, from the heterosexual and cisgender population, particularly in relation to housing tenure, experiences of homelessness, and barriers to accessing the welfare system.

For example, research by Stirling University (2024) finds a statistically greater proportion of people identifying as lesbian, gay and bisexual live in the private-rented sector, and a smaller proportion own their homes outright[120]. Whilst research has not linked tenure to poverty across LGBTQ+ groups; in a statistical release into poverty in the UK, the House of Common Library (2025) finds people in social rented and private rented accomodation had some of the highest rates of relative poverty after housing costs in 2023/24 (40% and 37% respectively)[121]. Further research is needed to determine whether the higher prevalence of rented housing among certain LGBTQ+ groups increases their risk of experiencing poverty.

117   HRC | Understanding Poverty in the LGBTQ+ Community

118   Poverty in the UK: statistics - House of Commons Library

119   Inequalities in poverty | The Health Foundation

120   LGBT_ Welfare and Assets in Great Britain Main Public Output.pdf

121   Poverty in the UK: statistics - House of Commons Library

There may also be a relationship between experiences of homelessness and poverty among LGBTQ+ people. Research presented in this report has shown LGBTQ+ people are disproportionately affected by homelessness.

Work undertaken by the Single Homeless Project (2025) finds several reasons behind this, which link heavily with deprivation:

- Family rejection, particularly prevelent among younger LGBTQ+ people who face being 'kicked out' of home due to their identity.

- Housing insecurity, particularly around discrimination from landlords or letting agents due to an individual's gender identity or sexual orientation.

- Workplace discrimination and unfair treatment that can make it harder to find and retain a stable job or income.

- Mental health conditions (this report has found that LGBTQ+ people report poorer mental health and anticipate or experience homophobia, biphobia, transphobia and heterosexism with particularly strong links to feelings of stress, isolation, anxiety and depression at the person-level).

- Substance use, particularly alcohol consumption and drug use[122].

Whilst empirical evidence linking sexual orientation and gender identity to homelessness and poverty is limited, it is plausible that some of these factors may make a person more likely to experience poverty at some point in their lives.

Regarding barriers to accessing the welfare system, qualitative evidence presented by Stirling University (2024) shows fear of discrimination deters or delays many LGBT+ people from claiming benefits, with trans people in particular facing barriers in navigating name changes or recognition within claims systems. Some LGBT+ parents do not believe they are eligible for financial support, with others noting the stigma of claiming benefits is compounded with internalised stigma around being LGBT+[123]. These barriers to accessing support might serve to compound those LGBTQ+ groups experiencing poverty and deprivation.

Overall, although this section includes smaller amounts of evidence due to limited research, it is clear that further work is needed to determine the prevalence and nature of poverty among LGBTQ+ populations and how it may differ from that experienced by heterosexual and cisgender individuals.

122   Why are LGBTQIA+ people more likely to be homeless? - Single Homeless Project
123   LGBT_ Welfare and Assets in Great Britain Main Public Output.pdf

Accessibility (particularly in terms of digital inclusion, transport, place and the wider economy)

Research has indicated that LGBTQ+ people in the UK frequently experience discrimination, harassment, stigmatisation or even hate crime, with many of these incidents occurring in public spaces.

This has an impact on individual's perceptions of safety and inclusion, particularly on public transport, in accessing education, and work opportunities. In turn, this can have wider implications for community cohesion, economic participation, and overall wellbeing.

Qualitative research by London TravelWatch (2023) found one in five LGBTQ+ people have faced abuse on public transport in London in the past year. In addition, around 68% had reported that anti-LGBTQ+ sentiment in society contributed to feelings of discomfort and lack of safety when travelling on public transport[124]. The National LGBT Survey (2017) finds more than two thirds of LGBT respondents said they had avoided holding hands with a same-sex partner for fear of a negative reaction from others, and at least 2 in 5 respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey[125].

It is important that LGBTQ+ people (along with everybody in society) feel safe and welcome in accessing public spaces of all kinds. The South Gloucestershire Council Tackling Inequalities Plan (2024-28) outlines how the Council Plan's ambition to reduce inequality will be achieved through improving accessibility - particularly in relation to digital inclusion, transport, place, and the wider economy - to ensure these spaces and opportunities are fully accessible to all regardless of sexual orientation, gender identity, disability, ethnicity or other characteristics[126].

This means that the planning and approval of changes to place-building - public parks, green spaces, streetscapes, transport infrastructure, toilets and changing facilities, lighting, signage, etc, should be sensitive to the diverse needs and experiences of LGBTQ+ people.

Overall, though this is an area of little research, evidence suggests that there is still a way to go to ensure public spaces, transport, and economic opportunities are fully inclusive, safe, and accessible for LGBTQ+ people as well as other marginalised groups.

124   New Study: LGBTQ+ people feel threatened and face abuse on London Public Transport - The Diversity Trust
125   National LGBT Survey: Summary report - GOV.UK
126   Tackling Inequalities Plan 2024-2028

The Climate and Nature Emergencies

There are very few pieces of work that evidence the impacts of climate change on people who identify as LGBTQ+. However, we already know that the LGBTQ+ community faces significant levels of marginalisation, including through discrimination, homelessness, isolation, mental health issues, etc, which may make some of this group more vulnerable to the impacts of climate change.

More research on this area is required to better understand these gaps, and to assess whether LGBTQ+ people are disproportionately affected by the adverse effects of our changing climate, or whether lived experiences of exclusion and resilience make some individuals more aware or responsive to these challenges. Significantly, this highlights the need to ensure LGBTQ+ voices are represented within climate change mitigation and adaptation planning and sustainability initiatives through active and inclusive consultation and engagement work. This aligns with the South Gloucestershire Equalities Voice Report undertaken with South Gloucestershire Council's Streetcare Team which advocates for integrating innovative solutions to encourage diverse voices in decision-making processes around our natural environment[127].

Bristol Pride march, 2025.

SUMMARY

Overall, though there is limited information available across these areas, they represent important areas relating to our society where there may be differential impacts on and experiences for LGBTQ+ people. They also indicate possible further areas of research work that would help us better understand whether there are any issues and disparities that present locally for the LGBTQ+ community, which would in turn enable better targeting of resource to combat these. We also recognise there are other areas of importance and potential disparity faced by the LGBTQ+ community that we could not consider as part of this work, and it may be that further engagement is required to scope out avenues of further research.

RECOMMENDATIONS

Inclusive Consultation:
Local Authorities should ensure that LGBTQ+ voices are represented in climate, poverty reduction, and accessibility planning processes through ensuring they are visible in the places where communities are.

Targeted Poverty Alleviation:
Local Authorities should recognise the heightened risks of poverty among LGBTQ+ youth, trans people, and those without family support and take action to expand financial advice, skills training, and welfare support.

Inclusive Green Spaces:
Local Authorities and partners should ensure public climate resilience and environmental initiatives (e.g. community gardens, safe active travel routes) are inclusive and welcoming to LGBTQ+ people.

Conclusion and Next Steps

This report raises 43 recommendations (see Appendix 1 overleaf for a full list).

Although this project commenced with an ambition to understand more about the issues and barriers experienced by LGBTQ+ people in South Gloucestershire, the findings are clear - the experiences of and outcomes for the LGBTQ+ community in Britain today are at best, in need of significant attention. Indeed, at the time of publishing this report, it is noted that between 2015 and 2025 the UK has fallen from 1st place to 22nd place on the ILGA-Europe's Rainbow Map[128] which annually ranks 49 European countries on the basis of laws and policies that have a direct impact on LGBTI people's human rights.

South Gloucestershire Council is clear that bringing about greater equality is about **proactively** identifying and understanding inequalities that people and communities are facing, and most importantly, **taking action** to eliminate them. A South Gloucestershire where more people are respected, included, well-served and can take part and contribute improves societal wellbeing and economic wellbeing, and this benefits everyone.

South Gloucestershire Council will be bringing together local MPs and partners such as the Police and Integrated Care System, to discuss these findings. We will also publicly publish this report in order to promote that the recommendations are taken up by many and that through this, the experiences and outcomes of the LGBTQ+ community in Britain are improved at pace.

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128   https://rainbowmap.ilga-europe.org/ (the map uses a scale between 0% (gross violations of human rights, discrimination) and 100% (respect of human rights, full equality))

Appendix 1

Full list of recommendations

This appendix provides a full listing of all recommendations, including 'cross-cutting' recommendations arising as a result of this research.

It is clear that the recommendations are relevant, not only to all Local Authorities, but across the wider public, private and third sectors, nationally. Bringing about positive change across LGBTQ+ communities is a national and regional issue, as well as being a local issue. Significant action by many, not solely by South Gloucestershire Council alone, is essential if improved outcomes across major aspects of life for LGBTQ+ people and communities are to be brought about.

South Gloucestershire Council will be bringing together local MPs and partner organisations in December 2025 to discuss the report's findings and to promote that the recommendations are taken up by many and that through this, the experiences and outcomes of LGBTQ+ communities in South Gloucestershire and beyond are improved at pace.

1.   HEALTH AND WELLBEING

RECOMMENDATION

a. **Targeted Mental Health Support:**
LGBTQ+-specific mental health services should be rapidly expanded, to include crisis intervention, early access pathways, and peer-led support groups to address higher rates of depression, anxiety, self-harm, and suicide.

b. **Substance Misuse Services:**
Tailored smoking cessation, drug, and alcohol harm reduction programmes for LGBTQ+ communities should be implemented at pace, recognising cultural and social factors (e.g. bar/ club culture, minority stress).

c. **Older LGBTQ+ Wellbeing:**
Social prescribing opportunities, community befriending schemes, and inclusive care options should be implemented to reduce isolation among older LGBTQ+ residents.

d. **Improved Data Collection:**
Improved and consistent monitoring of sexual orientation and gender (reassignment) identity should be implemented across all health service datasets to track inequalities and target interventions.

e. **Inclusive Healthcare Training:**
All healthcare providers should ensure that all staff receive mandatory, lived-experience-led training on LGBTQ+ health needs, covering mental health, gender-affirming care, disordered eating, substance use, and cultural competency. Such training should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, to prevent the personal harm, and organisational financial costs, that can easily be caused by discrimination, harassment and victimisation.

2.   EDUCATION

RECOMMENDATION

a. Anti-Bullying Policies:
All schools and academies should adopt and enforce zero-tolerance policies on homophobic, biphobic and transphobic bullying, with robust reporting and accountability mechanisms.

b. Curriculum Inclusion:
LGBTQ+ representation should be embedded across the curriculum (e.g. PSHE, history, literature) to normalise diversity and reduce stigma.

c. Training and Safe School Champions:
All employees across the education sector should receive mandatory, lived-experience-led training on inequalities faced by LGBTQ+ communities and should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, in order to prevent the personal harm, and organisational financial costs, that can easily be caused by ignorance and misinformation. Such training should also result in dedicated staff in every school as LGBTQ+ allies whom students can approach for support.

d. Peer and Family Support:
All schools and education providers should put in place programmes to support LGBTQ+ students experiencing family rejection, bullying, or pressure around identity. Such programmes could include mentoring for young people with LGBTQIA+ adults.

e. Post-16 Support:
All schools and education providers should monitor and support LGBTQ+ students at risk of becoming NEET, offering mentoring, career advice, and pathways into further training.

f. Understanding experiences:
All Education Authorities should implement a pupil survey approach to develop a clear understanding of disparities faced by LGBTQ+ pupils; this should be regular and ongoing to enable the measurement of improvements over time. As a result, all schools, education providers and all persons involved in work with Young People should have a clear understanding of the survey results pertaining to LGBTQ+ young people, their implications for their roles and settings and strategies and approaches to tackle the **inequalities faced.**

g. Inspection:
Ofsted, Education Authorities and School Improvement Partners should ensure the specific inspection of the experiences and outcomes of LGBTQ+ pupils, and quality of leadership and management and curriculum inclusion.

h. National Teacher Training:
Training which leads to Qualified Teacher Status (QTS) in England and Wales should include training on inequalities faced by LGBTQ+ communities and should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, in order to prevent the personal harm, and organisational financial costs, that can easily be caused by discrimination, harassment and victimisation.

3.   EMPLOYMENT

RECOMMENDATION

a. **Leadership Accountability:**
Senior managers should be required as a policy principle to act as visible champions for LGBTQ+ inclusion within Local Authorities and partner organisations.

b. **Inclusive Workplace Standards:**
Employers should consider adopting Stonewall's Workplace Equality Index or similar, ensuring policies are visible and regularly audited.

c. **Reporting Mechanisms:**
Bullying, discrimination, and harassment of staff (whether that be in a formal place of work or outside on work related business) should be taken with the utmost seriousness. Safe, anonymous channels for staff to report bullying, discrimination or harassment, should be established. These should be aligned with clear investigation and resolution processes ensuring that no complaints go unresolved. Reviews of the impact of such approaches should take place on a regular basis with open reporting on levels of support and trust experienced by LGBTQ+ employees in the workplace.

d. **Awareness Campaigns:**
Public Authorities should promote awareness about rights, protections, and inclusive workplace culture among both employees and employers.

e. **Support Networks:**
Internal LGBTQ+ staff networks should be strengthened and encourage mentorship schemes to build confidence and representation.

f. **Staff Training:**
Training for staff should cover inequalities faced by LGBTQ+ communities, allyship and should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, in order to prevent the personal harm, and organisational financial costs, that can easily be caused by discrimination, harassment and victimisation.

4. HOUSING

RECOMMENDATION

a. **Youth Homelessness Prevention:**
Housing Authorities should commission LGBTQ+-specific support within homelessness services, particularly for young people at risk of familial rejection.

b. **Priority Needs Recognition:**
Housing Authorities should ensure that housing assessments should be updated to recognise LGBTQ+-related domestic abuse and family exclusion as valid grounds for priority status.

c. **Inclusive Domestic Abuse Services:**
Housing and domestic abuse service providers should be required to undertake training to support LGBTQ+ victims of domestic abuse, to recognise specific dynamics (e.g. threats of outing, trans-specific risks).

d. **Safe Accommodation:**
The availability of safe, inclusive emergency accommodation for LGBTQ+ individuals, **including trans-inclusive facilities should be expanded.**

e. **Data and Monitoring:**
Housing Authorities should improve sexual orientation and gender identity data collection within housing services to understand demand and tailor provision.

5. SOCIAL CARE

RECOMMENDATION

a. **Inclusive Residential Care:**
All adult care facilities (care homes, supported housing, extra care housing) should be trained and equipped to support LGBTQ+ residents respectfully. E.g. The Diversity Trust online training toolkit Care Under the Rainbow).

b. **Older Adult Provision:**
Specialist housing or community hubs for older LGBTQ+ people who may lack family support and fear mainstream settings should be explored.

c. **Family of Choice**
Respecting the "family of choice" and giving everyone a chance to designate a power of attorney they choose instead of assuming a member of their family would be first choice is essential - training for professionals is needed.

d. **Children in Care:**
LGBTQ+ awareness training for foster carers, residential care staff, and social workers to reduce discrimination and instability in placements should be strengthened.

e. **Care Leavers:**
LGBTQ+ care leavers should have opportunities to be matched to 'corporate grandparenting' opportunities, contributing to a strong sense of belonging.

f. **Data Improvement:**
SOGI (sexual orientation and gender identity) information within social care systems should be significantly enhanced in order that social care services identify inequalities and plan services accordingly in a robust manner.

g. **Safeguarding LGBTQ+ Youth:**
Local Authorities should recognise higher risks (bullying, homelessness, family rejection) in child protection assessments and provide proactive, identity-affirming interventions.

h. **Best Practice in Social Care:**
Social Care teams should put in place a set of good practice criteria in serving LGBTQ+ people and inspect their practice and the practice of others (e.g. commissioned Care Homes) against these. Such inspection should form a clear part of Care Quality Commission and Ofsted inspection regimes.

6. HATE CRIME

RECOMMENDATION

a. **Reporting and Community Confidence:**
Collaboration between Local Authorities, Police and LGBTQ+ organisations should ensure close partnership working in order to improve trust in reporting systems, including anonymous reporting routes, and provide more and multiple confidential reporting options (online portals, third-party community hubs, helplines) along with listening sessions where LGBTQ+ residents can safely raise concerns with police and council representatives and access assistance to log hate crimes (instead of suggesting the victim does it themselves as it can be intimidating or feel useless). As part of this, provision of access to counselling, legal advice, and advocacy should be enhanced.

b. **Awareness and Prevention:**
Local campaigns to highlight zero tolerance for homophobia, biphobia, and transphobia should be delivered with seriousness and consistency, particularly targeting schools, workplaces, and public spaces.

c. **Transport:**
Transport Authorities and providers, Police Forces and LGBTQ+ organisations should work in partnership to develop improved approaches to prevention and reporting of hate crime.

d. **Victim Support Services:**
Specialist advocacy and counselling services for LGBTQ+ hate crime victims, ensuring accessible referral pathways should be significantly enhanced and increased.

e. **Intersectionality Focus:**
Local Authorities, Police and community partners should work together to develop and implement targeted strategies to protect LGBTQ+ individuals facing multiple layers of discrimination (e.g., LGBTQ+ people of colour, disabled LGBTQ+ people).

f. **Local Data Collection:**
Recording and analysis of hate crime data should be strengthened at local levels to identify hotspots, repeat patterns, and emerging risks. Most importantly, this information should influence action to eliminate homophobia, biphobia, and transphobia.

g. **Training:**
Police Forces should implement mandatory training on inequalities faced by LGBTQ+ communities and should include robust, fact-based training in sex, gender diversity, and sexual orientation / relationships, alongside the law and penalties in place, to prevent the personal harm, and organisational financial costs, that can easily be caused by discrimination, harassment and victimisation.

7.   OTHER AREAS

RECOMMENDATION

a. **Inclusive Consultation:**
Local Authorities should ensure that LGBTQ+ voices are represented in climate, poverty reduction, and accessibility planning processes through ensuring they are visible in the places where communities are.

b. **Targeted Poverty Alleviation:**
Local Authorities should recognise the heightened risks of poverty among LGBTQ+ youth, trans people, and those without family support and take action to expand financial advice, skills training, and welfare support.

c. **Inclusive Green Spaces:**
Local Authorities and partners should ensure public climate resilience and environmental initiatives (e.g. community gardens, safe active travel routes) are inclusive and welcoming to LGBTQ+ people.

8. CROSS-CUTTING RECOMMENDATIONS

RECOMMENDATION

a. **Community Cohesion:**
National, regional and local strategies focussed on community cohesion should ensure the clear inclusion of issues and barriers pertaining to LGBTQ+ communities with focus on tackling prejudice and fostering good relations.

b. **Leadership and Accountability:**
South Gloucestershire Council should position itself as a leading authority in LGBTQ+ inclusion by embedding equality, diversity, equity and inclusion goals across all service areas, and measuring and publishing performance against these goals.

c. **Lived Experience Involvement:**
Public Authorities should ensure that they co-produce policies and services with local LGBTQ+ communities to ensure relevance and legitimacy.

d. **Visibility and Representation:**
Public Authorities should ensure that they promote LGBTQ+ role models, community events, and safe spaces to foster belonging and reduce stigma.

e. **Strategic Data Strategy:**
Public Authorities should ensure that they standardise the collection of sexual orientation and gender identity data across all services, ensuring safeguards for privacy and trust.

f. **Creation of visible LGBTQ+ safe spaces / venues:**
Safe and sober community places where people don't have to worry about masking who they are, are extremely rare. Simply providing a space for people really can improve people's mental health and wellbeing. Organisations across all sectors should actively consider their roles in and ability to create such safe spaces. For Local Authorities, this includes genuinely ensuring that community spaces are open to and welcoming of all (e.g. Community Centre provision).

g. **Continuous Training:**
Public Authorities should ensure that they roll out ongoing professional development across all sectors (including health, education, housing, social care), prioritising intersectional awareness. Public, private and third sector settings and organisations should ensure that all staff are suitably educated and trained in sex, gender diversity, and sexual orientation / relationships, alongside the actual law and penalties in place, in order to prevent the personal harm, and organisational financial costs, that can easily be caused by ignorance and misinformation.

Appendix 2

Census 2021 Findings

The latest Census of 2021 was the first to ask questions around sexual orientation and gender identity. These questions were voluntary and asked of those aged 16 years and over, though received a significant proportion of empty responses.

The South Gloucestershire LGBTQ+ Network is highly cautious in respect of the findings of the 2021 Census, particularly as we know that some may have chosen not to disclose this information due to privacy concerns, stigma, or fear of discrimination.

In contrast to the Census findings, the 2022 Stonewall report **"Rainbow Britain"** found that:

- In Gen Z, only 71% of people identify as straight (compared to 91% of Baby Boomers).

- 14% of people identify as bi or pansexual (compared to just 2% of Baby Boomers).

- Just 53% of Gen Z are exclusively straight, and 40% have a pattern of attraction that could be described as queer (i.e. outside the scope of exclusively heterosexual attractions between cisgender people).

- 84% of the population tell us they are straight. But only 66% of us say we are exclusively attracted to people of the opposite sex.

South Gloucestershire LGBTQ+ Network

The statistics derived from the Census provide an essential baseline for understanding the local LGBTQ+ population and help to frame the scale of need across different areas of life explored in this research.

Whilst the Census provides a broad overview of the number of people in South Gloucestershire by sexual orientation and gender identity, these figures should be interpreted with caution. The true number of LGBTQ+ people is likely higher, as some may choose not to disclose this information due to privacy concerns, stigma, or fear of discrimination.

The overall number of people in South Gloucestershire who identified with an LGB+ orientation (lesbian, gay, bisexual and other minority sexual orientations) was 6,699 (2.8% of the population aged 16 years and over) in 2021. This is slightly lower than the proportion of the population identifying with an LGB+ orientation across England and Wales (3.1%). In South Gloucestershire:

- **3,064 people** (1.3%) identified as gay or lesbian;
- **2,944** (1.2%) as bisexual;
- **691 selected** "Other sexual orientation";
- **15,510 people** (6.5%) did not answer the question[129].

The Census also asked the following question on gender identity: "Is the gender you identify with the same as your sex registered at birth?".

Overall, 45.7 million (94.0% of the population aged 16 years and over) answered the question across England and Wales.

In total, 45.4 million (93.5%) answered "Yes" and 262,000 (0.5%) answered "No". The remaining 2.9 million (6.0%) did not answer the question[130].

Following the first release of census statistics on gender identity in England and Wales in January 2023, patterns emerged suggesting some respondents may not have interpreted the gender identity question as intended. The gender identity estimates should be interpreted with caution due to the aforementioned points around non-disclosure, and the high levels of non-response and the misinterpretations, meaning the data should not be used to provide estimates at sub-national levels[131]. Other sources of statistics have therefore been sought.

129   Census 2021 Briefing note on sexual orientation and gender identity

130   First census estimates on gender identity and sexual orientation - Office for National Statistics

131   Census 2021 gender identity estimates for England and Wales, additional guidance on uncertainty and appropriate use - Office for National Statistics.

Appendix 3

Away Day with the South Gloucestershire LGBTQ+ Equality Network, Summer 2025

In July 2025, South Gloucestershire Council and the Diversity Trust collaborated with South Gloucestershire Equalities Voice partner organisations including Stand Against Racism and Inequality (SARI), Age UK South Gloucestershire, Southern Brooks, the South Gloucestershire Race Equality Network (SGREN), members of the South Gloucestershire LGBTQ+ Equality Network and members of the South Gloucestershire Council LGBTQ+ Staff Network. Several recommendations for action to improve outcomes for our LGBTQ+ community were shared among our partners:

- Invest in training and awareness, especially lived experience led. This includes within education settings to reduce stigma and discrimination early on, as well as within public services and across our organisation to ensure we are a leading in our effort to being an inclusive employer.

- Improve data collection and use of data within the council to inform inclusive services. This includes consistency of capturing; being consistent in asking the appropriate questions that will enable better understanding and analysis of our diverse communities.

- Show leadership and accountability for LGBTQ+ inclusion at an organisational level, and lead by example.

- Create inclusive spaces and accessible services across schools, housing, healthcare, and public life.

- Strengthen community support, safe spaces, and communication to reduce stigma and improve trust.

Appendix 4

Demographic groupings of LGBTQ+ and heterosexual and cisgender groups in the Online Pupil Survey

A bespoke category was developed using responses to questions on sexual orientation, gender, and sex in the OPS, enabling pupils to be grouped by LGBTQ+ identity.

Pupils were classified as LGBTQ+ if they selected at least one response indicating an LGBTQ+ identity across these questions:

1. **"What is your sexual orientation?"**

Possible answers: Asexual, Bisexual, Gay man, Heterosexual / Straight, Lesbian (including gay woman), Pansexual, My sexual orientation is not listed above, I'm not sure).

Answers included in LGBTQ+ group: Asexual, Bisexual, Gay, Lesbian, Pansexual, or My sexual orientation is not listed above.

2. **"What is your biological sex?"**

Possible answers: Female, Male, Other.

Answers included in LGBTQ+ group: Other.

Note: Following further analysis and engagement with members of the South Gloucestershire LGBTQ+ Equality Network around the wording of the question, the council has made changes to the next iteration of the survey to ask pupil's sex, gender identity and sexual orientation. We hope this will improve our understanding of the experiences of trans and non-binary pupils that may not be represented using the current question.

3. **"Thinking about your gender identity, do you feel."**

Possible answers: Female, Male, Gender Fluid, Non-Binary, My gender is not listed, I'm not sure.

Answers included in LGBTQ+ group: Gender Fluid, Non-Binary, My gender is not listed.

We also included pupils identifying as transgender whose sex differs from their gender identity (e.g., sex = male, gender = female, and vice versa).

The heterosexual and cisgender group comprised pupils who chose 'heterosexual' in response to the sexual orientation question and are not in any of the above LGBTQ+ criteria for sex or gender identity.

The "Not answered/Not sure" group was made up of pupils answering "I am not sure" to the question on sexual orientation, or those that did not provide a response, who are also not in any of the above LGBTQ+ criteria for sex or gender identity.

Appendix 5

Glossary

Asexual | Often called "ace" for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexuality exists on a spectrum, and asexual people may experience no, little or conditional sexual attraction.

Bisexual | A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.

Cisgender | A term used to describe a person whose gender identity aligns with those associated with the sex assigned to them at birth.

Discrimination | The unfair or prejudicial treatment of people and groups. Based mainly on legal characteristics such as: Sex; Sexual Orientation; Religion; Ethnicity; Disability; Age etc. Discrimination can be direct or indirect, and includes harassment and inaccessibility.

Gay | A person who is emotionally, romantically or sexually attracted to members of the same gender. Men, women and non-binary people may use this term to describe themselves.

Gender | A social construct. The way someone identifies and sees themself.

Gender Binary | A system in which gender is constructed into two strict categories of male or female. Gender identity is expected to align with sex assigned at birth. Gender expressions and roles fit traditional expectations.

Gender dysphoria | Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify.

Gender non-conforming | A term for people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

Gender-expansive | A person with a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. Often used as an umbrella term when referring to young people still exploring the possibilities of their gender expression and/or gender identity.

Gender-fluid | A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.

Glossary

Genderqueer | Genderqueer people embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Generalisations | Broad statements based on facts, experiences, examples, or logic, that can serve as a framework for understanding and interacting with other groups. The important thing being to recognise they do not apply to everyone within a group.

Intersectionality | The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, etc.) combine, overlap, or intersect especially in the experiences of marginalised individuals or groups.

Intersex | Intersex people are born with a variety of differences in their sex traits and reproductive anatomy.

Lesbian | A woman who is emotionally, romantically or sexually attracted to other women.

LGBTQIA2S+ | An acronym for "lesbian, gay, bisexual, transgender, queer, intersex, asexual and 2 spirit" with a "+" sign to recognise the limitless sexual orientations and gender identities.

Microaggressions | Comments or actions that subtly and often unconsciously express a prejudiced attitude towards a marginalised group. May seem trivial to those unaffected, but the impact on the receiver is significant, as it contributes to wider systemic discrimination.

Non-binary | An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories – e.g. agender, bigender, genderqueer or gender-fluid. Non-binary can also be used as an umbrella term.

Pansexual | Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with bisexual.

Prejudice | Preconceived opinion or feeling, without knowledge of facts. Can be positive, but more commonly, an unreasonable dislike, hostile attitude, fear or hatred towards a particular group of people or things, or a preference for one group of people or things over another.

Queer | A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities.

Glossary

Questioning | A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

Sexual Orientation | The genders of OTHER PEOPLE that I am attracted to sexually (or not).

Stereotypes | Whether deemed positive or negative, stereotypes place individuals into boxes and categories, and limit them to those specific perspectives. Generalisations become stereotypes when all members of a group are categorised as having the same characteristics.

Straight | Being Straight is being romantically, and / or sexually attracted to the opposite sex or gender. Straight men are attracted to women, and straight women are attracted to men. People who are Straight are also referred to as "Heterosexual".

Transgender | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation.

Transitioning | A series of processes that transgender people may undergo to live more fully as their true gender. This includes social transition, e.g. name / pronouns, medical transition, e.g. hormone therapy and / or surgery, and legal transition, with legal name and sex change on government identity documents.

Transsexual | This term is used by those in the medical and psychological fields, to refer to those who have had gender-affirming medical interventions, such as hormones and surgery. Use with caution - it is not an umbrella term and some consider it outdated.

Unconscious Bias | A positive or negative mental attitude towards a person, thing or group that is held at an unconscious level. Everyone can think in a way that involves unconscious bias, but it's important to be aware of it and not let it affect behaviour or decisions.