



# Southwark LGBTQ+ Community Consultation 2018-19

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# Introduction

## Background

Southwark is anecdotally known for having a significant LGBTQ+ population, both historically and currently. Office for National Statistics experimental research suggests that the borough is the local authority area with the second highest LGBTQ+ population in the UK, after Lambeth, at around 5% of the population.<sup>1</sup>

The Southwark LGBT Network was set up in 2002 to enable LGBTQ+ people in Southwark to respond to the needs of their communities, preserve and protect health, relieve poverty and distress, and educate the wider community about how these issues affect LGBTQ+ people.

Healthwatch Southwark ([www.healthwatchsouthwark.co.uk](http://www.healthwatchsouthwark.co.uk)) exists to ensure local people have a voice in shaping health and social care services, so that they work as well as possible for everyone. We are a 'critical friend' to those who provide and fund care. We are based within an independent charity, Community Southwark, part of a network of local Healthwatches, and supported by a national body, Healthwatch England.

In July 2017, the Government Equalities Office launched a nationwide survey to understand the lived experiences of LGBTQ+ people in the UK. Whilst this provides a national perspective, the Network wanted to investigate issues at a local level. There are few community-led reports that explore the lived experience of being LGBTQ+ within a local authority area.

The Network partnered with Healthwatch Southwark to maximise opportunities to reach out to local residents and seldom-heard communities, and develop a better understanding of health and social care needs.

To develop a current understanding of the needs of the LGBTQ+ community in the borough, the Southwark LGBTQ+ Consultation was launched. The aims of this project were to:

- Develop better relationships with organisations that provide services for or support LGBT+ people,
- Highlight the impact/extent of known inequalities faced by LGBTQ+ people in Southwark,
- Gain intelligence on the health and social care needs of LGBTQ+ people in Southwark, and
- Include local residents in a project that could influence decision making around how mainstream and LGBTQ+ organisations deliver services.

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<sup>1</sup> ONS, *Subnational sexual identity estimates, UK: 2013 to 2015*, <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/articles/subnationalsexualidentityestimates/uk2013to2015#introduction>

## Methodology

The survey questions were community-led. The Southwark LGBT Network held two open meetings in January and March 2018, where local residents discussed which topics they felt the survey should address. Healthwatch Southwark consulted with a plethora of individuals from local government, universities and colleges, and the voluntary and community sector, to ensure that the topics, style and language were appropriate.

Early feedback suggested that the survey was restrictive in the questions asked, so a free-text section was added to the end of the survey.

The survey questions are included in **Appendix 2**.

Information was given at the beginning of the survey explaining that it was aimed at people who:

- self-identify as lesbian, gay, bisexual, queer, men who have sex with men (MSM), or of any sexual orientation other than heterosexual; Trans; or intersex,
- are aged 16 and over, and
- live, work, socialise or have another significant connection to Southwark.

Given the importance of considering diversity and intersecting personal identities within the LGBTQ+ community, further information on personal characteristics was also collected. Data on respondents and their demographic characteristics is presented in **Appendix 3**.

The consultation was hosted on Southwark Council's Consultation Hub website. It was promoted through social media and membership networks. Healthwatch Southwark and Community Southwark also took a paper version to community events which targeted people who would not necessarily engage with the Southwark LGBT Network, Community Southwark or Healthwatch Southwark.

An intergenerational engagement event was held with Opening Doors London and The Challenge in August 2018. Young people aged 16-18 asked five LGBTQ+ residents aged 50+ about their experiences, and assisted them in completing the paper survey.

The survey was launched in on 4 July 2018 and kept open until 31 October 2018. In total, 210 responses were received.

The data from the survey does not aim to provide a quantitatively representative sample of Southwark's LGBTQ+ residents, but rather a snapshot of the needs of the local community and detailed qualitative information about a range of people's personal experiences. This report is not a needs assessment, but it does note gaps in services as indicated by members of the public.

This report explores health and wellbeing, then the connected topics of the social experience of being LGBTQ+ in Southwark, community safety, and people's feelings and openness about their gender and sexuality.

## Next steps

The findings of this survey will be presented to the public at an event at London South Bank University on 27 June 2019, involving representatives from the public sector, health and wellbeing organisations and Southwark-based LGBTQ+ community leaders.

An executive summary of the report's qualitative findings and overall themes will then be added to the summary of key statistics. This will take into consideration the discussions at the event and the topics and findings with which attendees most engage and which they find most poignant. The draft recommendations may also be further developed in light of these discussions.

The report will be widely shared among health and social care providers and commissioners, relevant Southwark Council departments, the police, Transport for London, the voluntary sector and voluntary sector funders.

## Key findings

### Who took part in the survey?

- 79% of the respondents identified as gay or lesbian, 11% as bisexual and 8% as 'queer', 'pansexual' or 'panromantic'.
- 90% of the respondents identified as cisgender, and 9% stated that their gender identity was different to the one assigned to them at birth.
- All respondents lived (89%), worked (30%), and/or socialised (40%) in Southwark.
- (See **Appendix 2** for further detail on the respondents' characteristics.)

### Health and wellbeing

- 55% of respondents felt that their experience of healthcare could be improved.
- 26% of respondents felt that mainstream health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.
- 23% of respondents felt that sexual health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.
- 71% of respondents stated that there should be LGBTQ+ specific services.
- 82% were not aware of any LGBTQ+ specific healthcare services in Southwark.

### Socialising

- 85% of respondents socialised in the borough at least some of the time.
- 32% of respondents felt that there were LGBTQ+ friendly venues in the borough.
- 74% of respondents had friends who also identified as LGBTQ+ living in their local area.
- 80% of respondents were either unsure, or felt that that was no sense of LGBTQ+ community in their local area.
- 76% of respondents socialised both inside and outside Southwark.

### Community safety

- 64% of respondents felt safe in their local area and 51% in the borough as a whole.

### Feelings and openness about sexuality and gender identity

- The large majority of respondents were open about their sexual orientation with their friends, with around four-fifths being open with each of family, colleagues and healthcare professionals.
- 72% of people were comfortable with people finding out about their sexual orientation or gender identity.
- 80% agreed that they would not change their sexual orientation if they could, but 7% actively disagreed.

## Draft recommendations

### Health and Social Care Providers

- Under the Equality Duty 2010, all health and social care providers must provide comprehensive training to staff on inclusive care. This training should include the prevention of homophobic, biphobic, and transphobic discrimination.
- There should be further collaborative work with LGBTQ+ patients to define what they understand to make a service LGBTQ+ friendly. This could be incorporated into staff training, potentially delivered in partnership with patients themselves.
- Services should continue to promote and publicise schemes such as the rainbow lanyard to identify staff who champion equality and respect for LGBTQ+ patients.
- Patient medical records should have a marker that highlights protected characteristics, which should be easily seen and reviewed before each consultation. This should include non-binary options for gender identity.
- Recording of patients' personal gender and sexuality characteristics should be consistent, and used to identify variance in patient experiences and treatment outcomes so that these may be addressed at all levels.
- Existing LGBT+ specific services are not well known and would benefit from greater promotion, particularly online and via social media, with input and support from the LGBTQ+ community. In particular, there should be increased promotion of Trans-specific services in the borough.

### Southwark Police

- There should be monitoring of public spaces outside sexual health services to ensure that all users feel safe to enter without fear of harassment.
- Greater visibility and understanding of the role of Southwark's LGBT Liaison Officer may help people feel more comfortable to report incidents and hate crimes, or discuss concerns around fear of crime.

### Southwark Council and NHS Southwark Clinical Commissioning Group

- Southwark Council should undertake a Joint Strategic Needs Assessment for the LGBTQ+ people of the borough. This should include the experiences of further minorities within the LGBTQ+ communities, including specific gender identities and sexualities, older, disabled and BAME people. Topics of social isolation and loneliness could also be considered.
- The Joint Strategic Needs Assessment should then form a point of reference for future service developments, including but not limited to:

- the implementation of the Lambeth, Southwark & Lewisham Sexual Health Strategy
  - the implementation of the Southwark Joint Mental Health and Wellbeing Strategy
  - the implementation of the Children and Young People's Mental Health and Wellbeing Transformation Plan
  - the development of social prescribing initiatives.
- The findings of this report should be considered as part of the new Southwark Loneliness Strategy and in assessments of the needs of carers.
  - Particularly for sexual health and mental health, and when responding to inequalities highlighted in improving service data, commissioners should be mindful of the fact that 71% of respondents to this survey felt there was a need for LGBTQ+ specific services.
  - Updates are sought around current provision of further/refresher training and guidance on good practice in topics such as gender transition, PReP, fertility options and rights, and LGBTQ+ specific sexual and mental health concerns.
  - Residents should be made aware of the role of Southwark Council's LGBT+ staff network, which, as well as supporting staff, aims to ensure that they act appropriately towards local residents, and explores where policies are discriminatory.
  - The Mayor of London's LGBT+ Venue Charter should be well promoted among local venues. This includes display of a rainbow flag symbol, appropriate marketing, disabled access, consideration of gender neutral toilets, welcoming staff and security personnel, and LGBT+ focused programming. Southwark Council could consider highlighting organisations which have signed up to the charter in local publications.
  - Southwark Council should investigate and address barriers to new LGBT+ venues or events in the borough, particularly in the context of regeneration programmes. Survey respondents highlighted a wish to allow events and ideas to be coproduced by the diverse LGBTQ+ community, and include daytime and alcohol-free activities.
  - Planning and licensing departments in Southwark Council should ensure that gender neutral toilet facilities are included in new public venues.

### Voluntary and Community Organisations

- This report should be used to develop new priorities for the Southwark LGBT Network.
- Organisations providing support to the local LGBTQ+ community should collaborate to ensure that accurate information about their services is collated and promoted amongst health and social care providers and commissioners, particularly as social prescribing develops in the borough.

- To build on the suggested Council Joint Strategic Needs Assessment, LGBTQ+ organisations and funders should work together to commission pieces of work that explore:
  - The intersectionality of sexuality/gender identity with other identities, including age, faith and ethnicity, and how this may affect health and wellbeing
  - Disability and inclusion within the LGBTQ+ community
  - The needs of lesser heard people within the LGBTQ+ community, including Trans, non-binary, and Latin American people.

## Health and wellbeing

On a national level, there are clear health inequalities facing LGBTQ+ people that mean their health outcomes are worse than those who are heterosexual and cisgender.<sup>2</sup> This report aims to provide a borough-level perspective on health and wellbeing. Respondents were asked questions on whether they had accessed the following services, their experiences and suggestions for improvement:

- Mainstream health services
- Sexual health services
- Mental health services
- LGBTQ+ health services.

### Can services be improved?

More than half of respondents felt that their experience of healthcare in the borough could be improved.

Could your experience of healthcare in the borough be improved?	Number	% of 210
Yes	115	55%
No	27	13%
Unsure	60	29%
I prefer not to say/Not answered	8	4%

### Sexual health services

Around half of respondents had accessed sexual health services within the past two years.

Have you accessed sexual health services within the past two years?	Number	% of 210
Yes	109	52%
No	98	47%
Unsure	1	Less than 1%
I prefer not to say	2	1%

Half of these respondents chose to use sexual health services outside of the borough. The most visited services within the borough were Burrell Street Sexual Health Clinic and Camberwell Sexual Health Clinic. Only 11% said they had accessed online sexual health services.

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<sup>2</sup> Hudson-Sharp and Metcalf, *Inequality among lesbian gay bisexual and transgender groups in the UK: a review of evidence* (NIESR, 2016)

Sexual health services visited within the past two years	Number	% of 109 people who accessed sexual health services
Outside the borough	54	50%
Burrell Street Sexual Health Clinic	33	30%
Camberwell Sexual Health Clinic	20	18%
Online	12	11%
Lloyd Clinic - Guys Hospital	10	9%
Caldecot Centre	9	8%
Walworth Road Sexual Health Clinic	8	7%
Artesian Sexual Health Clinic	4	4%
The Lydia Clinic*	4	4%
Brook Southwark	1	1%
Other services	8	7%

\*This clinic closed in 2013; it was included in error as it was familiar to those who helped compile the survey.

Other services attended in Southwark included:

- GP Surgery (for smear test)
- Haven (specialist sexual assault referral centres)
- The NAZ Project.

Services attended outside Southwark included:

- CliniQ (Central London)
- 56 Dean Street (Central London)
- Waldron Health Centre (New Cross).

### Why did people access sexual health services outside the borough?

The most common reason given for accessing sexual health services outside the borough was that they were LGBTQ+ friendly, followed by the quality of service.

Reasons for accessing sexual health services outside the borough	Number	% of 54 people who used services outside the borough
They're LGBTQ+ friendly	32	59%
The quality of service is better	16	30%
They're close to work	8	15%
They're close to home	6	11%
It's more private	5	9%
Other	18	33%

Other reasons given for going outside the borough were:

#### *Continuity of care*

Several respondents had previously accessed a service before moving to live in Southwark, and were reluctant to start using a local sexual health service due to 'long time use prior to moving to Southwark' or because they didn't have a 'reason to change.' Others used services that were close or connected to another health

service. One remained a patient at their service as it was ‘connected to my HIV Care’, whilst another because it was where they were ‘first admitted for treatment.’

### **Availability of appointments**

Several respondents highlighted difficulties in getting an appointment at a sexual health service.

One respondent was disappointed that despite showing symptoms of genital sores, ‘I could not be seen even though I had really painful symptoms/sores and they sent me away.’

The inability to get adequate appointments was a factor in some using services outside the borough. (It might also lead people to use online services - one person did this despite noting that he ‘would rather be able to go and discuss testing with a clinician rather than using the at-home service.’)

One respondent felt that it was ‘nearly impossible to get an appointment at Burrell Street’ and that ‘it used to be easier at the Lloyd Clinic before it shut down.’

### **Better or more specialist services**

Some people went outside the borough for high-quality services specific to their identity or needs:

‘I really miss the lesbian sexual health clinic that was in Whitechapel - The Audre Lorde Clinic. It would be great if there was a resource like this in Southwark!’

‘I access CliniQ because they are Trans specific, and are aware of and trained in Trans sexual health.’

‘Better HIV services.’

### **Avoidance of harassment**

One respondent chose to use services outside the borough due to harassment experienced outside Camberwell Sexual Health Centre, ‘There were no religious people screaming hatred at me, which I did get outside the one at Denmark Hill once.’

### **Are sexual health services inclusive and appropriate?**

23% of respondents felt that sexual health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.

Do you feel that sexual health services in Southwark are inclusive and appropriate for the needs of the LGBTQ+ community?	Number	% of 210
Yes	49	23%
No	35	17%
Unsure	122	58%
I prefer not to say/Not answered	4	2%

## Mental health Services

LGBTQ+ people are at a higher risk of experiencing mental health issues than their heterosexual and cisgender counterparts.<sup>3</sup> This can be attributed to factors such as discrimination<sup>4</sup> and marginalisation, which may also act as barrier to accessing services. Research from Stonewall suggests that around half (52%) of LGBT people in the UK have suffered from depression, and 61% had suffered from anxiety in the past year.

42% of our survey respondents had accessed mental health services within the last two years or were currently accessing a service.

Have you accessed mental health services?	Number	% of 210
No	120	57%
Yes, currently	38	18%
Yes, within the past two years	51	24%
Not Answered	1	Less than 1%

### Where did people access mental health services?

Respondents were most likely to access their GP, South London & Maudsley or private counselling for mental health support.

None of the respondents reported using online services.

What services did people access for mental health treatment?	Number	% of 89 people who have accessed mental health services
A Southwark GP	41	46%
South London & Maudsley (SLaM)	25	28%
Private counselling	24	27%
Talking Therapies	20	22%
Outside the borough	19	21%
Voluntary organisations and charities	8	9%
A GP based outside Southwark	6	7%
Southwark Wellbeing Hub	5	6%
Southwark Mind	4	4%
Drug and alcohol services	2	2%
Time To Change	1	1%
Other	8	9%

<sup>3</sup> Hudson-Sharp and Metcalf, *Inequality among lesbian gay bisexual and transgender groups in the UK: a review of evidence* (NIESR, 2016)

<sup>4</sup> Chakraborty, A., McManus, S., Brugha, T., Bebbington, P., and King, M., 'Mental health of the non-heterosexual population of England', *Journal of Psychiatry*, 198 (2011), 143-148

## Why did people access mental health services outside of the borough?

### Service Gaps

For some, there was a perceived lack of specialised support in Southwark for LGBTQ+ mental health needs. One respondent felt that there were ‘no LGBTQI mental health support services within Southwark’ and chose to attend ‘the Metro in Greenwich mental health drop in for over 8 years.’ Two respondents accessed services outside the borough as they wanted an LGBTQ+ specific/friendly service. One explained that they were ‘looking for LGBT friendly therapy with cultural competence’ which they felt was ‘hard to find on NHS.’

Another respondent went outside the borough because ‘there are ‘no male rape/survivors’ services within borough.’

Another person said that they had ‘not been able to find proper counselling services.’

### Other reasons

Privacy was noted by some (2) of the respondents as a reason for accessing mental health services outside the borough. A variety of other reasons were given:

- Staff attitudes, ‘They’re more welcoming. There is too much attitudes and prejudice.’
- They were signposted, ‘Recommendation of a counsellor by a friend.’
- Lack of knowledge of local services, ‘I would like to access a mental health service locally but not sure where would be appropriate, so maybe I’m not seeing the right info.’

## Mainstream health services

### Are mainstream services inclusive and appropriate for the needs of the LGBTQ+ community?

26% of respondents felt that mainstream health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.

Do you feel that mainstream health services provided in Southwark are inclusive of LGBTQ+ clients?	Number	% of 210
Yes	54	26%
No	44	21%
Unsure	108	51%
I prefer not to say/Not answered	4	2%

### Experiences of inclusive services

People were asked to explain how services had been inclusive. Specific services where respondents had experienced ‘inclusive’ care included GPs, SLAM, and the dentist. Some of the responses highlighted particular inclusive GP surgeries (7):

‘I am a patient at Manor Place GP Group. I find the professionals there highly sensitive and responsive to LGBT client needs.’

'I have felt welcomed at Villa Street Health Clinic but cannot speak for all health services.'

'GPs have been supportive and understanding. One GP at my surgery in Nunhead is very informed about LGBT+ issues. The nurse who gives me my quarterly hormone injection is very lovely and has experience with other trans men at the surgery.'

Where respondents felt that mainstream services provided in Southwark were inclusive, some (4) cited a 'legal obligation to provide services without discrimination', that 'they have to be by law' and they 'are not allowed to discriminate.'

For some (2), being inclusive meant simply that they weren't 'excluded' or 'refused' by a service.

Some understood 'inclusiveness' as visibility, 'where staff members are LGBT themselves.' Others identified an inclusive service as being 'non-judgmental' or 'respectful' of their sexual orientation or gender identity - for example, 'My GP practice and my dentist... treat me well as I would expect them to treat everyone.' For one respondent, this meant having staff that were 'understanding of having a same sex partner':

'When I explain that I am bisexual [living with a long term female partner] I have experienced support and no prejudice.

'When I've been hospitalised, the staff at Kings are always happy to greet and speak with my husband.'

Another respondent felt that services hadn't historically been so inclusive, 'The staff that I come into contact with are non-judgmental, efficient and respectful unlike many years ago which was most definitely not the case.'

### ***Less positive experiences***

One respondent who was unsure about whether services were inclusive explained, 'I think staff at your sexual health clinics would benefit from training about LGBT patients, so that I don't keep having to explain to nurses that there's absolutely no chance that I can be pregnant, but that STIs are still an issue for lesbians!'

Similarly, another person commented that 'Some health professionals assume that their patients are heterosexual and have the health needs of heterosexuals.'

Lack of specific LGBTQ+ support and provision of services were noted as factors in services not being inclusive, 'South London and Maudsley NHS Trust does not have specific provision for trans and non-binary people. Extra funding would help such provision to be developed. Presumably this is the same for other Trusts serving Southwark.'

Outside of the NHS, one respondent expressed discomfort in receiving support from a charity in a religious setting, 'My counsellor is very supportive but my current

bereavement counselling takes place in a church where there is nothing LGBTQ+ relevant or on show, so it wasn't something I was initially comfortable talking about.'

### Is people's gender/sexuality taken into account by services?

17% of respondents stated that they had had an experience where their gender or sexual orientation wasn't taken into account by a service. 22% of these respondents were Trans.

Several lesbians raised that this meant they:

- Were assumed to be pregnant, 'Always the assumption that you might be pregnant when presenting with certain symptoms.'
- Were assumed to need contraception, 'Health professionals assuming I am heterosexual e.g. assuming I have a male partner and asking me about contraception.'
- Had their partner misidentified at appointments, 'The assumption my sexual partner was male/a man.'; 'Assumptions that I am my partner's friend or sister when at appointments.'

Explaining to healthcare professionals why they may not require particular services meant that some respondents (3) had to come out to their provider against their will. This was described as being an uncomfortable experience, 'It is because I haven't come out to my GP but it is an awkward conversation.'

One person was informed that they were unable to change their personal details on records, and therefore, 'Every single time I go to the doctors they force me to come out by asking if I use contraception. When I say no they ask me if I could be pregnant (no, because my partner is a woman). It is an awkward conversation and exhausting to repeat myself when I just want to focus on my healthcare. I have asked my doctors to put a note on my file to stop asking me this but they say they cannot.'

Another respondent felt that their GP's religious beliefs, 'as a strong Christian' made it 'difficult to appreciate the special needs of LGBTQ+ people.'

### Intersectionality

10% of all respondents reported encountering difficulties in accessing services in Southwark if they identified as having two or more protected characteristics. Of these respondents, 55% were BAME, 55% were disabled and a third were both BAME and disabled.

Have you encountered difficulties in accessing services in Southwark if you identify as having two or more protected characteristics?	Number	% of 210
No	87	41%
Yes	21	10%
Unsure	22	10%
Not applicable	71	34%
I prefer not to say/Not answered	9	4%

## LGBTQ+ specific health and wellbeing services

Most respondents were not aware of any LGBTQ+ specific healthcare services in Southwark.

Are you aware of any LGBTQ+ specific healthcare services in the borough?	Number	% of 210
No	173	82%
Yes	22	10%
Unsure	12	6%
I prefer not to say/Not answered	3	1%

When asked to identify LGBTQ+ specific healthcare services in the borough, only 9% (18/210) of respondents answered. Responses included:

- Mainstream sexual health clinics such as Camberwell (1), Burrell Street (4). The Lydia clinic (1) and the Lloyd Clinic (2) were noted and are now closed.
- The Rainbow Clinic, which is an evening sexual health clinic for men who have sex with men (MSM) at the Caldecott Centre, (4) and The Metro Charity, an equality and diversity charity that provides LGBTQ+ health specific support.
- LGB Talking Therapies Anxiety and Depression Groups (3) and private practice psychotherapists (1) who ‘see lots of LGBTQ clients.’

The majority of respondents said that they do not use LGBTQ+ services (in general) in Southwark. The internet was the most popular means of finding services for those who did.

How do you find information about LGBTQ+ services in Southwark?	Number	% of 210
I don't use LGBTQ+ services in Southwark	111	53%
Internet	78	37%
Word of Mouth	60	29%
Social Media	55	26%
Newspapers	13	6%
Other*	12	6%

\*Some of these people then specified that they had not been able to find information.

Other routes for finding LGBTQ+ specific services included:

- Community organisations such as The Albert Kennedy Trust, Opening Doors London, the LGBT Network/Forum
- Hospitals, GPs and the NHS
- The Women's Equality Party
- Social spaces.

## Is there a need for LGBT+ specific services?

71% of respondents stated that there should be LGBTQ+ specific services.

Do you think there is a need for LGBTQ+ specific services in the borough?	Number	% of 210
Yes	149	71%
No	17	8%
Unsure	39	19%
I prefer not to say/Not answered	5	2%

Some (2) felt that specialist services were needed for accessibility, 'People who need services should be aware of and able to access these. Especially so for those reluctant to use mainstream services.'

One reason given for feeling a need for specific services was that 'It feels like we are a neglected community with specific needs.' Some (4) said that quality of care in mainstream services necessitated LGBTQ+ specific services - concerns around staff attitudes, discrimination and a lack of awareness of health needs were noted, 'Services that are not LGBT+ focused are not appropriate and staff members lack awareness and occasionally are homophobic.'

### Southwark's large and diverse LGBTQ+ population

Some (10) explained that they felt that the borough's high LGBTQ+ population meant that there was a need for 'particularly specialist/focused sexual and mental health services for the LGBTQ+ community.' Others noted that there were 'lots of gay men in Camberwell' and that 'Southwark has one of the highest proportions of LGBTQ residents of all the boroughs in London.'

One respondent gave an example of Dean Street Sexual Health Clinic, which is based in Soho, as an inclusive service that could be translated to Southwark and whilst 'I don't believe that it is exclusively LGBTQ+... it is very focused on sexual health services for this community and has, therefore, become a leader in tackling sexual health issues for LGBTQ+ people. Given the high proportion of LGBTQ+ people living in Southwark, it would be good for there to be a similar service locally.'

Another respondent raised the issue of diversity within the LGBTQ+ community, and felt that 'with the LGBTQ+ community widening, inclusive of other marginalised groups in the LGBTQ+ community (trans, disability groups, black or other ethnic minorities), it's best to have more LGBTQ+ services in the borough.'

### Mental health needs

Mental health needs within in the LGBTQ+ community were also noted as a reason for specific services (17). Some respondents discussed general concerns that 'access to mental health in the NHS is... difficult.' Others mentioned issues such as depression and loneliness, with one saying, 'As a community, we are far more likely to experience anxiety and depression; I feel this only goes acknowledged in the community once an individual reaches a critical point. It would have been

useful to me if there had been a service for LGBTQ+ people or other at-risk groups.'

### Sexual health needs

Others (23) outlined the need for LGBTQ+ specific sexual health services in the borough. The use of apps such as Grindr and a perceived rise in chemsex parties were noted as issues around which gay men require specific support.

The ease of being able to 'speak to other LGBT people about your sexual life' was important when accessing services:

'With sexual health I think it can be useful to speak to people with a certain amount of knowledge about LGBTQ+ relationships; certainly I've found a difference when accessing general and LGBT sexual health services elsewhere in London.'

'I don't always feel comfortable describing my sexual practices with heterosexual health care staff at sexual health checks.'

Some (2) felt that mainstream services did not cater appropriately to the needs of lesbian and bisexual women. One respondent additionally felt unsure about being open about her sexuality as a Black woman within mainstream services, 'I really miss the lesbian sexual health clinic that was in Whitechapel - The Audre Lorde Clinic, it made accessing such services so much easier, there was no need to 'explain' why one wasn't engaging with penetrative sex with a penis! There was specific attention, and expertise around the particular sexual health issues that female-to-female sexual activity could result in. It would be great if there was a resource like this in Southwark! As a visibly Black woman, I sometimes choose not to introduce my sexuality to the care-giver if I'm unsure of them!'

### Trans Support

Some respondents (5) felt that provision for Trans specific support was particularly important. One outlined the breadth of the holistic approach required, 'Sexual health and mental health services are great, but for trans residents that's not the only health service we need. There needs to be more information about medical transitioning, because too many people are self-medicating... with unsafe drugs because they're stuck on a 2 year waiting list and are desperate for treatment, so they buy dodgy online drugs.'

Another felt unsure where they would get appropriate support outside of existing specialist services, 'I don't know where I would go for sexual health services if Clinic Q closed.'

Another addressed a perceived lack of understanding of Trans health needs, 'I think there is a lack of education among medical practitioners around trans issues. Whilst this is changing, I think there is a need to improve services for trans people, and to make it easier to access.'

### Fertility support

Appropriate fertility support for LGBTQ+ individuals was cited as a specific service gap, 'GPs generally assume I'm heterosexual and don't seem equipped to work with

LGBTQ individuals. There is specifically a need for LGBTIQ services that can provide information about fertility and making a family in same sex relationships.'

### No need for specific services

Eight of the 17 people who did *not* feel a need for LGBTQ+ specific services explained that they felt mainstream services should be inclusive enough that specific services are not required. One felt that 'services should be universal, for all, not segregated by race/sexuality/gender.' Others felt that whilst mainstream services should be accessible for all in the borough, this did require staff to have sufficient training, 'so they are aware of inclusion.'

## How can healthcare in the borough be improved?

### GP services

Improvements to GP services were suggested by 23 respondents. The majority of these people found it difficult or even 'impossible' to get an appointment with their GP. Improvement in continuity of care was required by one respondent who found it difficult to see the same doctor regularly, and was mindful that 'GP provision in the borough is overstretched and not always good quality.' One person noted that this wasn't 'specifically due to [being] LGBTQ+.'

Other issues included:

- Staff training on medical transitioning, 'I am medically transitioning through the NHS. The waiting time is currently up to 2 ½ years for an appointment and I am constantly having to educate my GP on what she should be doing because she has no idea how to treat me. I don't know how to treat me either but unlike her, I've never been to medical school.'
- Medicines management at GP Surgeries, 'I go to the GP every three months for an injection. Every time I go there is always an issue or a mix up of some sort with the nurses/prescriptions etc.'

Whilst things can be improved, GP services were highlighted several times for both their support, and the way they work with LGBTQ+ specific services. One respondent said that they had 'a good GP and clinic' which had worked well with their Gender Identity Clinic (GIC).

### Mental health services

16 people recommended improvements to mental health services in Southwark. Several mentioned concerns around a perceived lack of investment; this was often linked to the availability of appointments - 'investment in mental healthcare provision would mean less waiting time.' This connection was emphasised by one respondent who had been on a waiting list for Cognitive Behavioural Therapy (CBT) and counselling for two years, which they felt was due to shortages.

Several people mentioned long waiting times for talking therapies, with one seeking private counselling as a result. One described this and other frustrations, 'Accessing GP has been frustrating, accessing therapy has been more than 18 months, CMHT [Community Mental Health Team] have made errors in

communicating with me, sending post to the wrong address, discharging me without seeing me, not using a forwarding address when they moved recently.'

Another was frustrated that after waiting months to be seen, they found the Talking Therapies support unhelpful.

One respondent said that the experience of having his service provision cut due to funding issues discouraged him from seeking further help even though 'it may be needed.' Another said 'My therapy was stopped when I was nowhere near ready for it to stop.'

One suggestion was a drop-in mental health service, such as groups, for LGBTQ+ people.

### Sexual health services

Two respondents recommended improvements to online sexual health services, one of them praising a previous provider: 'Bring back SH:24!'

Sexual health services were mentioned more generally as an area for improvement, particularly as some felt that current services required more resources. Clinics outside the borough such as Dean Street and the Kobler Clinic were given as examples of the service quality people would like to see locally.

### Staff training

Several respondents (7) felt that staff training would improve services. The areas of focus included training for social care staff, GPs and reception staff.

One respondent noted a need for 'Training on PrEP' as 'most docs don't know it.' A Trans respondent said they didn't want to be treated like a 'walking trans encyclopedia'.

Another person noted the need for training to tackle discrimination, 'Better training about LGBTQ issues for all staff working in NHS. If staff have negative beliefs about minority sexual orientation or gender identity due to their religious beliefs, they may need extra training or supervision to ensure that they provide an equitable service. If staff voice homophobic, biphobic or transphobic attitudes other staff should address this with them and it should be addressed formally by their manager... It might help if each service had an LGBTQ rep that patients or staff could contact confidentially if needed.'

### Other suggestions

Other suggestions for improvement included:

- Easier access to long-term care.
- Further inclusion of non-binary needs, 'I feel everywhere more can be done for our non-binary friends, starting from gender tick boxes in all forms.'
- Social prescribing, 'increased use of exercise/activities on prescription.'

## Socialising

Opportunities to socialise within Southwark and develop good social networks were seen by members of the LGBT Network as key to health and wellbeing.

Social isolation and loneliness are two distinct concepts that do overlap. Concerns were raised about the isolating impact of feeling like ‘the only gay person in the area,’ and the effects of loneliness on health and wellbeing. Loneliness has been linked with an increased risk of health issues including stroke;<sup>5</sup> depression; sleep problems;<sup>6</sup> Alzheimer’s Disease;<sup>7</sup> and social anxiety.<sup>8</sup> Social isolation has increasingly become a public health concern, due to the effects it can have on physical and mental health.<sup>9</sup>

In 2017, the Mayor of London, with the Night Czar, announced the launch of the LGBT+ Venues Charter.<sup>10</sup> This charter was developed as tool for developers, venues and pub companies to show they are LGBT+ friendly, accessible and safe, and committed to supporting the LGBT+ community. This charter was developed following research showing that the number of LGBT+ venues in London decreased by 58% between 2006 and 2017.<sup>11</sup> For Southwark, this meant a 67% decrease in the number of night venues available.<sup>12</sup>

Despite the growing number of pop-up venues and already established LGBTQ+ friendly venues in the borough, such as The Chateau, Prince of Peckham and The Ivy, feedback in the Network information gathering sessions suggested that:

- There were very few or no LGBTQ+ venues in the borough.
- There were very few LGBTQ+ friendly venues in the borough.
- There is a strong preference to go outside of the borough to socialise due to a lack of a sense of LGBTQ+ community in Southwark.

This section of the report explores:

- The areas and places where respondents tend to socialise, and why.
- Whether and where people felt there were LGBTQ+ friendly areas and venues in the borough.
- Whether people had local LGBTQ+ friends and/or felt there was a sense of LGBTQ+ community locally.
- Recommendations from respondents.

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<sup>5</sup> Valtorta et al., *Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies* (2017)

<sup>6</sup> Steptoe, A. et al., *Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women* (2004)

<sup>7</sup> Cacioppo, J. T., and Hawkey, L. C., ‘Perceived Social Isolation and Cognition’ in *Trends in Cognitive Sciences*, 13 (2009) 447-454

<sup>8</sup> Hawkey, L., and Cacioppo, J., ‘Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms’ in *Annals of behavioral medicine: a publication of the Society of Behavioral Medicine*, 40 (2010), 218-227

<sup>9</sup> Public Health England and UCL Institute of Health Equity, *Local action on health inequalities; reducing social isolation across the lifecourse* (2015)

<sup>10</sup> <https://www.london.gov.uk/what-we-do/arts-and-culture/lgbt-nightlife-venues>

<sup>11</sup> Campkin and Marshall, *LGBTQJ Nightlife in London from 1986 to the present*

<sup>12</sup> Campkin and Marshall, *LGBTQJ Nightlife in London from 1986 to the present*

## Where do people socialise?

76% of respondents socialised both inside and outside the borough.

Where do you tend to socialise? (Where do you prefer to socialise?)	Number	% of 210 (% of 160 who socialise inside and outside Southwark)
<b>In Southwark</b>	<b>18</b>	<b>9%</b>
<b>Outside Southwark</b>	<b>29</b>	<b>14%</b>
<b>Both inside and outside Southwark</b>	<b>160</b>	<b>76%</b>
Prefer to socialise in Southwark	52	(33%)
Does not prefer Southwark/no preference	40	(25%)
Unsure	64	(40%)
No response regarding preference	4	(3%)
<b>Does not socialise</b>	<b>3</b>	<b>1%</b>

When asked where they liked to socialise within the borough, some people specified areas and some identified specific venues - 47 respondents named pubs and bars and 20 mentioned restaurants. The most popular areas and venues for socialising were:

- Peckham (54); *Peckham Levels, Copeland Park, Bussey Building, Prince of Peckham*
- Camberwell (28); *The Chateau, FM Mangal Restaurant, Theo's Pizzeria*
- Borough (19); *Borough High Street, Borough Market, Mercato Metropolitan*
- Dulwich (16); *Dulwich Picture Gallery, Dulwich Library*
- Bermondsey (12); *Bermondsey Street*
- London Bridge (10); *Hay's Galleria*
- Walworth (7); *Mamuska Restaurant*.

Where respondents socialised outside the borough, the main areas that were noted were:

- Central London (28), specifically Soho (53) and the West End (16)
- Vauxhall (27)
- Shoreditch (13)
- Hackney (12)
- Dalston (9)
- Brixton (9).

## Factors in people's decision on where to socialise

### Proximity to home, work and friends

21 respondents said that 'being close to home' or 'close to work,' perhaps at walking distance, was a major consideration in their socialising habits.

Two respondents said they liked to stay in their own area because it was important 'to support local business' such as bars, restaurants and theatres. Another was

keen to build ‘connections within the local community and support local businesses’ and one said they ‘like interacting with the local community and meeting people who live within the area.’

Three respondents noted having friends within Southwark as a reason for socialising here. (In contrast, another had ‘friends that live all over London’ and socialised both inside and outside the borough.)

For others, the ability to get home safely from outside Southwark, particularly at night, was a concern.

### **Safety**

Safety concerns, particularly on public transport, played a role in people’s choice of where to socialise. One said that ideally they would ‘avoid having to get on public transport to go home.’ Others said:

‘I prefer to socialise at home or near home because difficult transport makes it a pain to travel into Central London and back again ESPECIALLY late at night. Also public transport feels dangerous at night, especially buses.’

‘[I] prefer to be closer to home, feel safer at night knowing I am a walk or short bus ride away from where I live.’

‘I like being walking distance from my flat in case me and my partner get abuse and need to go home quickly.’

One respondent who socialised outside Southwark felt that the borough didn’t have a ‘very LGBT friendly community’ and preferred ‘going to safer places.’

### **Cost**

The cost of socialising outside Southwark was noted by some. One respondent who was unsure on a preference for where they socialised felt that, ‘I love socialising around Soho because I feel safest expressing myself. However, it can be expensive.’

Others added that ‘travel is cheaper’ within Southwark, and that the borough overall is ‘cheaper than central London, friendlier and fun.’

### **Disability**

Three respondents experienced anxiety around social interactions, and therefore preferred to stay in a familiar place. One felt ‘dizzy, disorientated and depressed on crowded public transport,’ and another didn’t want to leave their dorm room. Two respondents found it difficult to travel outside the borough or long distances due to disabilities.

### **Availability of LGBTQ+ events and spaces**

Some respondents highlighted the local venues and options available to them in Southwark, as a ‘vibrant and evolving’ area, ‘Everything is on my doorstep now that we have bars and restaurants around Peckham arches, Bussey building and Peckham Plex/Franks Bar, etc.’

Conversely, limited choice of venues was given by others as a reason *not* to socialise within Southwark. Respondents commented that there were ‘no nice gay venues in Southwark’ or venues that feel ‘gay friendly or sociable.’ One felt that, ‘we don’t really have a choice but to socialise outside of the borough.’ Another highlighted other areas such as Lambeth, the West End and Soho as offering more, ‘There’s a greater variety of nights and things to do outside Southwark. That said, if there was a local gay club we would absolutely go there.’

Some, whilst preferring to socialise in Southwark, felt the experience could be improved if there were ‘more queer spaces’ and ‘more safe venues in Southwark.’ One respondent had noticed a decrease in LGBTQ+ spaces locally, ‘I want to socialise in my own borough where I know a lot of people. I have lived in Southwark for over 40 years and it has always had a poor amount of LGBT spaces compared to i.e Lambeth. In the last 20 years it’s far, far less.’

Three people lacked knowledge or were ‘not aware’ of safe spaces and events in the borough.

### **Lack of inclusive venues and events**

Events and venues that cater for a diverse LGBTQ+ audience were seen by some as absent from the borough:

‘Southwark doesn’t have many openly black gay events.’

‘I would love to be able to socialise more in my borough but there aren’t any places for myself as a queer person of colour.’

‘I would say that it is often nicer to be closer to home when socialising but there is a lack of both venues and events catering for a QTIPOC [Queer, Transgender and Intersex People of Colour] audience in Southwark and South London.’

‘Southwark doesn’t provide me, as a trans person, any good places to socialise with others who also identify as trans. So any socialising I do in Southwark is confined to coffee shops, friends’ homes and my own home.’

The lack of ‘trans-friendly venues with gender neutral toilets’ was viewed by a respondent as a hindrance to socialising comfortably.

One person who socialised both in and outside the borough chose venues based on their social mix, ‘I like to socialise where there’s the greatest diversity of people: black, white, working class, middle class and all the varieties in between. I find that in these environments there is less judgement and more acceptance.’

## Are there LGBTQ+ friendly venues in the borough?

32% of respondents felt that there were LGBTQ+ friendly venues in the borough.

Do you feel that there are LGBTQ+ friendly venues in the borough?	Number	% of 210
No	71	34%
Yes	68	32%
Unsure	68	32%
Not Answered	3	1%

### Venues listed as LGBTQ+ friendly or specific

Defining the term ‘LGBTQ+ friendly’ was not easy. One definition given was ‘[a place] which hosts events specifically catering to this audience and demographic.’

Another respondent listed venues that ‘aren’t specifically LGBT-friendly’ but ‘just always very friendly and welcoming to me and my partner when we go.’

Venues described by individuals as LGBTQ+ friendly included:

Peckham Levels	Prince Albert pub	Montpellier
John The Unicorn	Melange	Victoria Inn
The Cock	Young Vic	Mr. Bao
Bussey Building	The Cut	Miss Tapas
The Chateau	The Lord Nelson	Taco Queen
Dulwich Village	Mad Hatter	Kudu
Wetherspoons (Elephant & Castle)	Petitou	The Horseshoe Inn
Prince of Peckham	Canada Water Theatre	The Tiger and Hermits Cave
Ivy House	Arch Climbing Gym	The Beehive
XXL	Cinema Museum	The Shortwave Café
Montague Arms	Omera	Tate Modern
Flapjack	The Rye	The Mayflower
Old Nun’s Head	The Nunhead	Social
Peckham Springs	Franks	

## How could social opportunities for the LGBTQ+ community in Southwark be improved?

The most frequently mentioned solutions focused on:

- Increasing the number of LGBTQ+ events in Southwark
- Increasing the number of LGBTQ+ venues in the borough
- Better promotion of activities and events taking place.

Other suggestions included:

- ‘Community Organising’.
- Coproduction, ‘Allow us to voice our needs and coproduce venues and ideas.’

- Development support for LGBTQ+ groups, ‘Yes, give the funding to LGBTQ communities themselves to organise own opportunities.’
- Education for local venues, ‘Better education for non LGBTQ venues in how to make them feel like safer spaces.’

### Suggestions around events and activities

Marginalisation within the LGBTQ+ community, and celebration of different cultures were highlighted as reasons for holding more events:

- ‘More events and socials (especially for Black residents whose voices are often ignored).’
- ‘More events and initiatives for LGBTQ+ people who are over 40, maybe around particular interests.’
- Southwark Pride.

The Queer Arts Weekend events in 2018 and 2019 were noted, with the feeling that there should be more of these.

Concern was raised that events and venues targeted at LGBTQ+ people assumed that alcohol would be consumed:

‘Develop more regular LGBTQ events or spaces that don’t revolve around alcohol or late nights... LGBTQ people have lives during the sober daytime too.’

‘Lots of people don’t drink nor are they interested in being in a drinking environment.’

‘More spaces that are less focused on night life, as this can sometimes be expensive or prohibitive to people who don’t like to drink or work night shifts.’

Individuals suggested ‘non-alcohol related events that focus on specific hobbies’ and that there could be ‘more LGBTQ themed spaces that bring people together but do not involve alcohol or drugs’ such as an ‘LGBT meditation or yoga class.’

### Suggestions around venues

An increase in the number of LGBTQ+ venues in Southwark was suggested by 34% of respondents (72 people).

An increase in the number of bars as a solution was mentioned by 16 respondents. The types of bars suggested include ‘LGBTQ+ friendly,’ and ‘a lesbian bar in Dulwich.’ One respondent felt that despite the high LGBTQ+ population in the borough, they only knew ‘one possibly two LGBTQ bars in Southwark’ and expressed concern about the effect of redevelopment on LGBTQ+ communities in Southwark.

One person suggested specifically that ‘A local bar/cafe/friendly space for queer women (and Non Binary people) would be fantastic. Wouldn’t have to be ‘women only’ but could just be aimed at us.’

One person felt that it would be great to have a bar, but ‘Times are changing and younger LGBTQ people now seem less inclined to focus specifically on LGBTQ venues for socialising.’

Others felt that there were already plenty of places that were inclusive:

‘Loads of pubs are LGBT+ friendly.’

‘I feel like all of the pubs I go to in Camberwell are LGBTQ+ friendly and everywhere I go in Peckham.’

Another respondent disagreed, saying that there was still a ‘gap’, because ‘Friendly spaces are not the same as spaces that feel like ‘ours’.’

### **Support from the Council**

Some people suggested a role for the Council in ensuring adequate LGBTQ+ friendly venues. One person pointed out ‘that in planning matters you have to be alert to hidden homophobia when people are objecting to, say, the hours of some bar or club.’

Licensing was also mentioned as a possible way to increase the number of LGBTQ+ specific venue in the borough, ‘There are no specific physical facilities/spaces for the LGBTQ+ communities in Southwark other than XXL. It would be interesting to designate a couple of places as specifically LGBTQ+ spaces in Southwark, e.g. as a licensing requirement.’

Another approach suggested was that ‘it would be nice if the Council were to have a program whereby bars, cafes, restaurants, clubs, shops, could declare themselves explicitly LGBTQ+ Friendly. Perhaps the council could maintain an online directory of these places, and they could be identified with signs.’

Increasing the number of gender neutral facilities in different settings was suggested, ‘Supporting more gender neutral toilets and changing rooms in businesses and council-run facilities like gyms/swimming pools.’

### **Visibility of LGBTQ+ friendly spaces and events**

Whilst some felt that there should be ‘more LGBT friendly spaces,’ others felt that there should be ‘more visibility’ of spaces that are ‘welcoming to all, leaning out to all communities.’ One respondent felt that ‘Those places which are positive about LGBT customers need to proclaim it - theatres, cinemas, restaurants etc.’

Five respondents mentioned ways that LGBTQ+ friendly venues could improve their visibility. They included:

‘A nice rainbow and trans\* flag on a venue's door is always a nice sign... It's a simple gesture but can make a difference.’

‘Support and reward venues and organisations that fly the rainbow flag.’

‘Well, more LGBT venues would be good, but failing that just encouraging venues to demonstrate they are gay friendly and welcome gay patrons by having rainbow stickers in their windows etc.’

Likewise, some felt that better promotion of events that might be happening was needed:

‘There isn't much going on, or if there is it's not promoted for the community.’

‘I have no idea what social opportunities exist in Southwark. Any attempt to increase awareness through better publicity would be welcome.’

It was hoped that improving promotion of social opportunities would ‘Promote equality, reduce barriers’ and help the LGBTQ+ community to ‘become inclusive rather than exclusive.’

### Development Support

Five respondents outlined ways that organisations could be supported to improve social opportunities. Some of the points focused on resources, such as ‘bursaries for new LGBTQ spaces’ or ‘More spaces provided at affordable or subsidised rents, perhaps specifically promoted at people already organising for the LGBTQ+ community in Southwark.’

### LGBTQ+ friends in the borough

Over 70% of respondents had friends who also identified as LGBTQ+ that lived in their local area.

Do you have any LGBTQ+ friends in your local area?	Number	% of 210
Yes	156	74%
No	46	22%
Unsure	4	2%
Not Answered	4	2%

### Sense of community

Only 18% of respondents felt that that was a sense of LGBTQ+ community in their local area.

Do you think there is a sense of LGBTQ+ community in your local area?	Number	% of 210
No	122	58%
Yes	38	18%
Unsure	46	22%
Not Answered	4	2%

## Community safety

During the consultation process with members of Southwark LGBT Network, hate crime was not raised as a specific issue to look at, despite being an important safety concern. Several reasons for this were that:

- The number of instances were considered to be low.
- Homophobic hate crimes have a low conviction rate.
- A majority of members fed back that whilst they hadn't suffered direct discrimination, this might be because they avoided public displays of affection or overt expressions of their sexual orientation/gender identity in particular areas of the borough.

A general theme of community safety was therefore created.

Indirect experiences of hate crime or hearing of hate crime may have similar impact to experiencing a crime directly; a person will be more likely to avoid particular areas and feel more anxious that hate crimes will happen.<sup>13</sup>

### Metropolitan Police Service figures for Homophobic Incidents, Offences and Sanction Detections in Southwark

Month	Incidents reported to police	Offences (reported to police and involving criminality)	Solved (or otherwise actioned)
May 2018	11	11	0
June 2018	18	25	0
July 2018	16	18	0
August 2018	9	10	0
September 2018	6	6	3
October 2018	14	16	1
November 2018	13	14	1
December 2018	10	10	1
January 2019	13	15	1
February 2019	12	12	1
March 2019	8	8	0
April 2019	13	12	1
<b>Totals</b>	<b>143</b>	<b>157</b>	<b>9</b>

In differentiating between fear of abuse, and actual abuse, survey respondents outlined a number of shocking experiences in the borough where they had been a victim. Where experiences have been labelled as hate crime, this is where the respondents have directly indicated or felt that their gender identity or sexual orientation was a factor in the abuse received.

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<sup>13</sup> Paterson, Walters, Bron and Fearn, *The Sussex Hate Crime Project 2018* (Leverhulme Trust, 2018)

## Do people feel safe in Southwark?

64% of respondents felt safe in their local area.

Do you feel safe in your local area?	Number	% of 210
Yes	134	64%
No	41	20%
Unsure	33	16%
Not Answered	2	1%

A lower proportion of respondents, 51%, felt safe in the borough as a whole than in their local area.

Do you feel safe in the borough as a whole?	Number	% of 210
Yes	108	51%
No	60	29%
Unsure	41	20%
Not Answered	1	Less than 1%

## Specific areas in Southwark

In descending order of how many times they were mentioned, the following areas in Southwark were often noted as being safe:

- East Dulwich (14 mentions)
- Peckham (13)
- Camberwell (12)
- Borough(12)
- Dulwich(11).

In descending order of how often they were mentioned, the following areas within Southwark were described as unsafe:

- Peckham (39 mentions)
- Camberwell (21)
- Elephant & Castle (11)
- Bermondsey (10)
- Walworth (13)
- Southwark (5)
- Old Kent Road (5).

Two respondents also described Millwall as unsafe. Fear of harassment caused one to feel that they were ‘[unsure my presence as a Black person will be welcomed](#)’ and that their presence there would be ‘[attracting verbal sexual/racial harassment or pejorative comments.](#)’

Despite the previous questions on socialising and LGBTQ+ friendly venues having highlighted it as a popular area, **Peckham** was frequently described as somewhere survey respondents felt unsafe. Some of the factors related to sexual orientation

and gender identity. Two respondents noted being verbally assaulted in Peckham; one specified ‘Low level homophobia encountered on public transport at Peckham Rye.’

Several respondents noted specific areas within Peckham that they felt were unsafe, for example ‘some of the streets and areas off of Peckham high street, in and around the station and Queen’s Road Peckham station too.’

One person added that they felt unsafe in ‘parts of north Peckham’ at night, as this area was, ‘often dirty, poorly lit, hidden corners and passageways not to mention a history of violence and stabbing within the area (every other week it seems as though someone has been stabbed). Very rarely see police on the beat or evidence of security around.’

Another felt afraid to show public displays of affection with their partner due to a recent homophobic crime, ‘Although generally I feel safe within certain spaces in Peckham/Southwark, I am very aware that there are some spaces that are not safe. There was a bottling of an LGTBQ+ man in the Kentish Drovers and in this and some other spaces I feel extremely unsafe. I do not feel safe holding my partner’s hand in public anywhere in the borough other than in safe spaces.’

**Walworth** was noted as one of the ‘violent areas of crime.’ Alongside this, the threat of violence was frequently noted, rather than actual instances, ‘Groups of youths gathered can be intimidating especially when I’m with my boyfriend.’ Some people highlighted estates in particular for safety concerns, with one specifying ‘Comber estate, Wyndham Estate the Aylesbury Estate and Estates of John Ruskin Street.’

Some felt that **Elephant & Castle** ‘is a bit dodgy’ or unsafe ‘late at night.’

One respondent had experienced physical abuse in the **Old Kent Road** area, and also noted uncomfortable experiences with faith groups, ‘I had people try to convince me to join their churches while disrespecting my identity, I’ve been spat on, and of course I always have weird looks.’

Another reported an instance of homophobic verbal abuse, ‘Walking around Old Kent Road could be a bit dodgy if you were a bit drunk and not minding your own business, although I’ve been called ‘batty man’ in broad daylight whilst I was doing my shopping down there.’

Another had experienced the most abuse in **Camberwell**, ‘I’ve been called a faggot on the street in Camberwell more than anywhere else.’

**Fear of crime or abuse** was noted as a factor across the whole of Southwark. Issues such as knife violence and ‘a lot of violent crime in the area’ added to the fear of abuse, ‘a general sense of oppression’ and a ‘constant threat of violence in the air.’ One respondent noted that ‘You feel less safe in areas and streets you are not familiar with.’

The experience of **homophobic abuse** [hate crimes] or the fear of this was mentioned by 20 respondents:

‘Some places have had homophobic hate crimes occur so there is a pressing threat of physical violence. Beyond that, concerns that verbal or physical abuse may occur. Sometimes there’s just an awareness that there may be judgement or being talked about. I’ve overheard people talking and using slurs like ‘faggot’ and ‘batty man.’’

‘Have had bag stolen. Had homophobic comments.’

‘I have experienced homophobic abuse shouted from cars walking with my partner in these areas.’ (Peckham, South Bermondsey and Rotherhithe)

One respondent minimised a situation where they were physically assaulted:

‘Nothing much has happened to me, but I have been spat at when I was holding hands with my partner on the street.’

Overall, crime in the area, particularly violent crime, witnessing crime, or hearing second hand about crime, were significant contributors to anxiety expressed by the LGBTQ+ community in the survey.

## Feelings and openness about sexuality and gender identity

Healthwatch Southwark is interested in understanding the barriers to accessing health and social care services for seldom heard communities. Amongst these are fear of stigma, discrimination and serious personal repercussions from being open about one's sexuality and gender identity.

Another factor may be internalised homophobia, also known as internalised sexual stigma. This can be seen as a 'gay person's direction of negative social actions towards the self'.<sup>14</sup> It also refers to an individual's acceptance and affirmation of sexual stigma as a part of their value and personal belief system.<sup>15</sup> Internalised homophobia is understood to be a factor in myriad health issues, including mental health issues such as eating disorders, depression or self-harm.<sup>16</sup>

We adapted some questions from the Internalised Homophobia Scale to look at this concept, and in order to consider the potential impact of fear and stigma on the LGBTQ+ community.<sup>17</sup>

The large majority of respondents were open about their sexual orientation with their friends, with around four-fifths being open with each of family, colleagues and healthcare professionals.

Who are you open about your sexual orientation with?	Number	% of 210
Friends	203	97%
Family	175	83%
Work colleagues	171	81%
Healthcare professionals	169	80%
I am not open	3	1%

85% of respondents were open with at least three of the aforementioned groups.

Number of different groups with whom respondents were open about their sexual orientation	Number	% of 210
4	143	68%
3	35	17%
2	14	7%
1	13	6%
0	5	2%

<sup>14</sup> Meyer, I.H. and Dean, L., 'Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men', in *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals*, ed. Herek G.M. (Sage, 1998) 160-186

<sup>15</sup> Herek, G. M., Gillis, J. R., and Cogan, J. C. 'Internalized stigma among sexual minority adults: Insights from a social psychological perspective' in *Journal of Counselling Psychology*, 56(1) (2009) 32-43

<sup>16</sup> Williamson, I.R., 'Internalized homophobia and health issues affecting lesbians and gay men' in *Health Education Research*, 15(1) (2000) 97-107

<sup>17</sup> Ross M.W. and Rosser, B.R., 'Measurement and correlates of internalized homophobia: a factor analytic study' in *Journal of Clinical Psychology*, 52 (1), (1996) 15-21

72% of respondents were comfortable with people finding out about their sexual orientation or gender identity, whereas 8% were not.

<b>I am comfortable with people finding out about my sexual orientation and/or gender identity</b>	<b>Number</b>	<b>% of 210</b>
Strongly Agree	61	29%
Agree	91	43%
Neither Agree nor Disagree	39	19%
Disagree	13	6%
Strongly Disagree	4	2%
Not Answered	2	1%

55% of respondents felt that it was important for them to control who knows about their sexual orientation and/or gender identity, whilst 27% disagreed.

<b>It is important for me to control who knows about my sexual orientation and/or gender identity</b>	<b>Number</b>	<b>% of 210</b>
Strongly Agree	39	19%
Agree	77	37%
Neither Agree nor Disagree	35	17%
Disagree	35	17%
Strongly Disagree	22	10%
Not Answered	2	1%

74% of respondents felt comfortable discussing homosexuality in a public situation, whereas 8% did not.

<b>I am comfortable discussing homosexuality in a public situation</b>	<b>Number</b>	<b>% of 210</b>
Strongly Agree	54	26%
Agree	100	48%
Neither Agree nor Disagree	36	17%
Disagree	14	7%
Strongly Disagree	3	1%
Not Answered	3	1%

80% of respondents would not change their sexual orientation if they had the chance to do so.

<b>Even if I could change my sexual orientation I wouldn't</b>	<b>Number</b>	<b>% of 210</b>
Strongly Agree	129	61%
Agree	40	19%
Neither Agree nor Disagree	23	11%
Disagree	7	3%
Strongly Disagree	8	4%
Not Answered	2	1%

## Carers

5% (11) of the survey respondents said they were carers; one other respondent stated that they were previously a carer.

- All of the carers were 35+ years old, with all but one aged 45+.
- Five of the respondents cared for one or both of their parents. One of the carers cared for one of their parents and their partner. The others did not specify.
- 73% (8) identified as women.
- 73% (8) do not access any LGBTQ+ services in the borough.
- 64% (7) were currently accessing mental health services, or had done so within the past two years. Most did this through their GP (5) or Talking Therapies (4), but two through private counselling.

## Challenges

Eight of the 11 carers highlighted some the challenges they experienced in this role.

Fears that coming out might cause problems with care agencies were expressed by two people, 'I am worried to come out to my mum's carers in case they aren't receptive and that my mum gets unfair treatment.'

Assumptions about sexuality were another concern for three of the carers. One felt that being labelled as other than heterosexual included the assumption that they were 'engaged in promiscuous sexual activity.' They later highlighted a perceived lack of inclusivity in current care services, specifically a 'lack of understanding/awareness of particular needs of Black LGBTQ+ elders (over 50's).'

Three people said that the people they cared for had age-related mental illnesses such as Alzheimer's' and dementia. One felt that 'being outed inadvertently to other services by my mother can and does cause issues.'

Two cared for a parent outside of London. One of them felt that distance caring 'takes its toll physically and mentally' and was particularly difficult because one parent was 'very difficult and although accepting of me has not got a real interest or understanding of me.'

One carer felt that overall, 'Carers' support is not LGBT+ focused.'

## Life experiences

Most survey questions explored themes that had been raised during consultation with local residents and organisations. A free-text 'life experiences' section was added to allow respondents to share information on themes that had not yet been explored.

### Barriers to openness

Some respondents commented that they still experienced anxiety and fear of discrimination in connection with the process of coming out:

'I still have a lot of anxiety left over from being in the closet. This manifests itself anytime I have to 'come out' to someone new, e.g. a taxi driver, someone making small talk at the doctor's, a new colleague at work.'

'As an LGBTQ person with a chronic health condition I do think it adds a level of discrimination and I make conscious decisions in my interactions in the health care system of who I am out to.'

'Coming from a south Asian Muslim community, talking openly about my sexuality is not something I feel able to do with my family.'

### Discrimination

Some of the respondents explained that their personal experiences and characteristics might have altered their experiences of discrimination:

'I have only had minor encounters with discrimination in my work at an art college in the past. I was later self-employed and did not encounter this. Generally, I do not feel I have suffered discrimination or had to hide in my adult life.'

'As a 30-something 'middle-class' white man I feel as though I have it easy compared to many others.'

'As I'm a white older male, I just assume that everyone will treat me the same and I've not been disappointed here. I've been together with my husband for 20 years and I don't go out to LGBTQ+ venues much these days as there's no need. I have straight and gay friends. My healthcare has been good, and I've always been open about the fact that I'm gay and have a husband.'

'I am 59 years old, BAME and have recently been affected by fibromyalgia. I have always felt more discriminated against because of my race than my sexuality.'

Another person felt that, 'Discrimination is still rife. Worse, as an older person I am sorry to observe that many younger ones, notably those aged 30-45, do not convey a clear impression of keeping an Open Mind. Accordingly, they are opinionated - and consequently prejudiced. In particular I have noticed this among medics, counsellors and therapists with whom I work!'

## Diversity and intersectionality

Many respondents explored how their other personal characteristics interacted with their LGBTQ+ identity, and sometimes with their experiences of discrimination or exclusion.

### BAME respondents

Some BAME respondents explored the ways in which they are perceived in Southwark, as well as how their ethnic identity overlaps with their gender:

‘As a Black woman I believe my ethnicity does, on occasion, affect interactions. It is difficult to pinpoint these as often they might go unchallenged for the sake of living an easy life.’

‘Being around people like myself (QTIPOCs [Queer, Transgender and Intersex People of Colour]) I feel comfortable and confident which is why I enjoy spaces like AZ Hub and BFF (a black femme film club). I don’t tend to socialise in spaces that have heterosexual men present.’

‘As a black lesbian with a disability I have experienced racism, prejudice, homophobia and just plain ignorance from my healthcare professionals as well as others in my community, both overtly and in a subtle manner, that unless you experience it, it is difficult to articulate.’

‘As a black queer able bodied woman this genuinely affects my daily life, the way I feel I am perceived, received, treated in social, business, and personal settings. My blackness and my queerness sometimes I feel are separated depending on my environment and how I am read, but my blackness never leaves me as my queerness is not always read.’

### Disability

Responses on disability explored issues of accessibility:

‘I’m also disabled/chronically ill which makes socialising much more difficult, especially as LGBTQ socialising tends to gravitate around clubs and bars. More casual and less alcohol/partying focused settings are desperately needed. My dream is to run a LGBTQ community focused café and event space.’

Others discussed stereotypes about disabled people, including regarding sexuality or within the LGBTQ+ community:

‘There are too many preconceptions and wrong perceptions about disabled people in the wider community but also within the LGBTQ+ community itself.’

‘I think people generally have a perception about disabled people being asexual; not having sex; not being able to have sex; even finding the idea a little gross; simply cannot associate the two or are very uncomfortable to do so especially when the disabled individual is LGBTQ+. This makes it very challenging to feel included when in social situations and especially when it comes to dating. I also feel that most people look at disabled people with pity; they feel they will not be able to connect or have anything in common

with; it will be difficult to communicate because of their disability. I feel most people fail to see the strength and power that disabled people carry; the talent they have when it comes to employment; the creativity and beauty that disabled people have especially if part of the LGBTQ+ community.'

## Age

Concerns were raised about ageism with the LGBTQ+ community, and ageing leading to social isolation:

'There is ageism in the LGBTQ+ community, which I am beginning to experience as a 40-something year old - but then again, that ageism is in place across wider society.'

'I am getting older and I find this has impacted negatively on my involvement in LGBQ lifestyle.'

'I am now over 50. I find it increasingly difficult to meet and make friends with LGBTQ+ people of my own age.'

## Feeling invisible

Some respondents noted feeling 'invisible', perhaps within their own LGBTQ+ or other communities, or to services and the borough as a whole. For some, this was due to exclusion resulting from their different interacting characteristics, such as ethnicity or age:

'I'm both black and gay so the intersection of my identities are often up for debate or ignored completely... I experience racism from the LGBT community and homophobia from the black heterosexual community. My blackness is never valid because I am gay... I am invisible and people don't understand the adversity that having my identities brings. I'd love to see a multidimensional approach from Southwark council that makes me visible, gives me agency and makes me feel safe and comfortable to be me.'

'I miss the sense of community I used to feel when I was younger and there was more of a scene. I also sometimes feel invisible in groups of mainly younger LGBTQ+ people.'

'Being older means being invisible and especially in the LGBT+ community'

## Faith

Some responses on faith focused on it having had a longstanding negative impact, and how this was overcome:

'The faith I was brought up in (Catholic) was deeply damaging.'

'Faith had a negative effect on my sexuality for many years but since becoming true to myself things have improved greatly.'

'I was raised in a very Catholic environment and left the church when I realized my own sexuality wasn't supported or welcomed. I feel very

fortunate to be young enough to live in a time when gay rights are much more important and I don't have to worry about going to jail just for saying I'm gay or trans.'

Other respondents described how, despite challenges, their faith and sexuality co-existed:

'As a Christian minister, faith is the most significant of these factors and it means by sexuality can be an issue for the people I work with. I am more hesitant to tell people about my sexuality/partner in this context than in others, and I rarely talk about my gender identity, which is not straightforward. My faith can sometimes also be an issue for others in the LGBTQ+ community.'

'It took time to come to a place where my faith and my sexuality sort of converge and meet in the middle. There was a lot of internal guilt growing up. But I'm [in] a good place now where I am not constantly fearing for punishment because I'm a lesbian.'

### Appropriate social care and support for carers

One respondent was concerned that support for them as a carer, and in later life, might be affected by their sexuality, 'I am in my mid-50s. I have two adult sons and I live with my partner and my elderly mother. I am disabled and a carer as my partner is also disabled and my mother needs day to day help... I have experienced some issues with health care professionals who lack LGBT+ awareness and do not treat my partner and me with same regard as a straight couple. I am worried about what will happen when my partner and I are old. Will there be LGBT+ focused/appropriate care for us in the borough?'

### Good experiences in Southwark

Several respondents shared positive experiences of living as an LGBTQ+ person in Southwark, which was described by some as a diverse and open borough:

'I grew up out of London, in a rural community. The stigma attached to being gay somewhere like that is challenging. When I moved to London and settled in Southwark, I became much more confident in who I am and much more open about my sexuality.'

'I have generally never had any aggro over my sexuality while living in Southwark. .... Where I live is so multicultural that everyone has a 'live and let live' attitude. I engage with shopkeepers, doctors, neighbours who belong to churches or religions with anti-gay doctrines but they have always treated me and my partner with respect and kindness.'

'I think Southwark is a very lovely place to live and work. I love living in such a diverse community. I am very happy with services I receive here.'

### Social connection and isolation

Two people described the benefits of good quality social interactions within their community, bolstered by their campaigning and volunteering activities:

'I have long been a community activist, supporting black liberation & women's liberation and working for gay liberation, so have related well with people across the spectrum. However, my involvement... has not only kept me active, but also engaged with other LGBTQ+ people with similar interests. No doubt if I didn't have these outlets and connections, I might well feel isolated and lonely (despite having a partner), which would adversely affect my health. Thankfully, I am fit and well for my age.'

'Being a volunteer with a LGBTQI+ charity over many years has done a lot both to improve 'my connectedness and also my appreciation of the community and its possibilities.'

However, other respondents described the challenges they encountered in meeting people, and the impact of loneliness:

'Being a 42-year-old gay man in London (who also happens to be Jewish) is mentally quite a challenge. There are very few opportunities for me to meet new partners or even friends, the online dating scene is focused around NSA [No Strings Attached] sex and even more so around the chemsex epidemic. The more 'normal' gay scene is focused around drinking, to the extent of binge drinking, underpinned by a mental health crisis among gay men. I feel that gay men in London drink to forget, or not to feel, or to avoid dealing with (or talking about) their emotions.'

'It's particularly difficult for older LGBTQ+ people. I can't be the only lonely gay person in Southwark. The commercial gay 'community' can be highly judgmental and is often not very inclusive. Yes, loneliness has affected my mental health & quite possibly my physical health too.'

'I don't conform to the usual stereotypes of gayness or maleness ...and because for an easy life, I try to remain somewhat hidden. But if we all hide, we don't exist'. This is the conundrum. I often feel quite isolated. My life is successful as I'm intelligent, educated, hard-working and lucky. But I have no family life (I would like to be married and have a child)... but socializing, dating, seeking healthcare, applying for some jobs... are all difficult. This is my reality.'

## Appendix 1: Terminology

This is not intended as a guide to all identities which fall within the LGBTQ+ spectrum, but simply an aid to understanding the report. The definitions are taken from the Stonewall website, with minor adjustments.

<b>Agender</b>	Someone who identifies as being without a gender.
<b>Bisexual</b>	A general term to describe someone who has a sexual or romantic attraction or orientation to more than one sex or gender.
<b>Cisgender/Cis</b>	Someone whose gender identity is the same as the sex they were assigned at birth.
<b>Gay</b>	A man who is attracted to other men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.
<b>Gender Identity</b>	A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.
<b>Genderqueer</b>	Also known as Non-binary
<b>Intersex</b>	A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.
<b>Lesbian</b>	A woman who is attracted to other women.
<b>Non-binary</b>	An umbrella term that describes all gender identities that are not strictly male or female.
<b>Panromantic/Pansexual</b>	Refers to a person whose attraction towards others is not limited by sex or gender.
<b>Queer</b>	Formally seen as a derogatory term, Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity.
<b>Trans</b>	An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.
<b>Transgender man</b>	A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.
<b>Transgender woman</b>	A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.

## Appendix 2: The survey questions

### 1. Age

Which age group do you belong to?

- 16-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

### 2. Gender

Do you feel that you are / What do you identify as?

- A man
- A woman
- A trans man
- A trans woman
- Non-binary
- Gender fluid
- Agender
- I don't know
- I prefer not to say
- Other
- If Other, please specify:

Is your gender identity the same as you were given at birth?

- Yes
- No
- I'd prefer not to say
- Other
- If Other, please specify:

### 3. Sexual Orientation

What do you feel best describes you:

- Heterosexual
- Bisexual
- Gay or Lesbian
- I don't know
- I prefer not to say
- Other
- If Other, please state:

### 4. Ethnicity

Which of the following groups best describes you?

- White British
- English
- Scottish
- Welsh
- Northern Irish
- Irish
- Gypsy Roma or Irish Traveller
- Other European
- Black British
- Caribbean

- Nigerian
- Ghanaian
- Sierra Leonean
- Somali
- Other African
- Other Black
- Asian British
- Indian
- Bengali
- Chinese
- Pakistani
- Vietnamese
- Filipino
- Any Other Asian
- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background
- Arab
- Latin American
- Any other ethnicity

**5. Disability**

Do you consider yourself to have a disability?

- Yes, Limited a little
- Yes, Limited a lot
- No, not limited

If Yes, which best describes your disability?

- Mental Health
  - Hearing /Vision
  - Learning difficulties
  - Physical / Mobility
  - Memory Problems
  - Other
- If other, please state:

**6. Faith and Religion**

Do you have a religion/belief?

- Yes
- No
- Unsure
- I prefer not to say

If yes, what religion / belief?

- Buddhist
  - Christian
  - Sikh
  - Hindu
  - Jewish
  - Sikh
  - No religion
  - Other
- If other, please state:

**7. What is your connection to the London Borough of Southwark?**

- I live in Southwark
  - I work in Southwark
  - I socialise in Southwark
  - Other
- If other, please state:

**8. Where were you born?**

- London Borough of Southwark
- In London, but a different borough to Southwark
- In The UK, outside of London
- Outside of the UK
- Unsure
- I prefer not so say

**9. Socialising**

Where do you tend to socialise?

- In Southwark
- Outside Southwark
- Both

If Inside the Borough, where are these places?

What areas of the Borough do you socialise in regularly?

If Outside the Borough, where are these places?

Do you prefer socialising in Southwark, rather than outside the Borough?

- Yes
- No
- Unsure
- I prefer not so say

If Yes / No, please explain why:

Do you feel that there are LGBTQ+ friendly venues in the Borough?

- Yes
- No
- Unsure
- I prefer not so say

If Yes, please tell us which venues:

Are there ways we could improve social opportunities for the LGBTQ+ community in Southwark:

- Yes
- No
- Unsure
- I prefer not so say

If Yes, please explain how:

In what ways can we promote visible safe spaces in the Borough so LGBTQ+ people can connect and network?

- Word of Mouth
- Social Media
- Internet
- Newspapers

Other

If Other, where else?

### 10. Safety

We'd like to get a better understanding of how safe you feel in Southwark. We are using the term *safe* to mean free from physical and verbal harm or abuse because of your sexual orientation or gender.

Do you feel safe in your local area?

- Yes
- No
- Unsure
- I prefer not so say

Do you feel safe in the Borough as a whole?

- Yes
- No
- Unsure
- I prefer not so say

Are there any parts of the Borough that you feel are unsafe?

- Yes
- No
- Unsure
- I prefer not so say

If yes, where are these parts of the Borough?

How do they make you feel unsafe?

Are there parts of the Borough that you feel particularly safe in?

- Yes
  - No
  - Unsure
  - I prefer not so say
- If Yes, which areas?

### 11. LGBTQ+ Community

Do you have any LGBTQ+ friends in your local area?

- Yes
- No
- Unsure
- I prefer not so say

Do you think there is a sense of LGBTQ+ community in your local area?

- Yes
- No
- Unsure
- I prefer not so say

### 12. Healthcare

How do you find information about LGBTQ+ services in Southwark?

- Word of Mouth
- Social Media
- Internet
- Newspapers
- I don't use LGBTQ+ services in Southwark
- Other

If Other, where else?

Sexual Health

Have you accessed sexual health services within the past two years?

- Yes
- No
- Unsure
- I prefer not so say

If yes, which of the following services have you accessed? (Tick all that apply)

- Artesian Sexual Health Clinic
- Brook Southwark
- Burrell Street Sexual Health Clinic
- Caldecot Centre
- Camberwell Sexual Health Clinic
- Lloyd Clinic - Guys Hospital
- The Lydia Clinic
- Walworth Road Sexual Health Clinic
- Online
- Outside the Borough
- Prefer not so say
- Other services
- If Other services, please specify:

Do you feel that sexual health services in Southwark are inclusive and appropriate for the needs of the LGBTQ+ community?

- Yes
- No
- Unsure
- I prefer not so say

If you have accessed sexual health services outside the Borough, why is this?

- They're close to work
- They're close to home
- They're LGBTQ+ friendly
- The quality of service is better
- It's more private
- Other
- If Other, please explain why:

Do you feel there is a difference between sexual health services inside and outside the Borough?

- Yes
- No
- Unsure
- I prefer not so say

Mental Health

Have you accessed mental health services?

- Currently
- Within the past two years
- No

If Yes, where have you accessed them? (Tick all that apply)

- Oasis
- Through a Southwark GP
- Through a non-Southwark GP
- Southwark Wellbeing Hub
- Talking Therapies Southwark
- Time to Change
- SLAM
- Drugs & alcohol services
- Voluntary organisations / charities
- Southwark Mind
- Outside the Borough
- Online
- Private counselling
- Other
- Prefer not so say

If other, please specify:

If outside, are there any reasons why you choose to access services outside Southwark?

Do you feel that mainstream health services provided in Southwark are inclusive of LGBTQ+ clients?

- Yes
- No
- Unsure
- I prefer not so say

If yes, could you share how they are inclusive?

Health services in general

Are you aware of any LGBTQ+-specific healthcare services in the Borough?

- Yes
- No
- Unsure
- I prefer not so say

If yes, could you list them.

Do you think there a need for LGBTQ+-specific services in the Borough?

- Yes
- No
- Unsure
- I prefer not so say

If Yes/No, could you provide a reason for your answer? (Optional)

Have you encountered difficulties in accessing services in Southwark if you identify with as having two or more protected characteristics? (for example LGBTQ+ and BAME individuals?)

- Yes
- No
- Unsure
- I prefer not so say

Have you had an experience in the past 2 years within a healthcare service in Southwark where your gender/sexuality wasn't taken into account?

- Yes
  - No
  - Unsure
  - I prefer not so say
- If yes, could you explain further?

- Prefer not so say

Could your experience of healthcare in the Borough be improved?

- Yes
- No
- Unsure
- I prefer not so say

If yes, could you explain further:

### 13. Carers

Are you a carer?

- Yes
- No
- Unsure
- I prefer not so say

Do you face any challenges as a carer?

- Yes
- No
- Unsure
- I prefer not so say

If yes, could you explain further:

### 14. Internalised Homophobia

The Network is interested in knowing how you perceive Southwark as an LGBTQ+ individual. Please indicate whether you are open about your sexual orientation with the following:

- Friends
- Family members
- Work colleagues
- Health care professionals
- I am not open about my sexual orientation

I am comfortable about people finding out about my sexual orientation

- Strongly Disagree
- Disagree
- Neither Agree or Disagree
- Agree
- Strongly Agree

It is important for me to control who knows about my sexual orientation

- Strongly Disagree
- Disagree
- Neither Agree or Disagree
- Agree
- Strongly Agree

I feel comfortable discussing homosexuality in a public situation

- Strongly Disagree
- Disagree
- Neither Agree or Disagree
- Agree
- Strongly Agree

Even if I could change my sexual orientation, I wouldn't.

- Strongly Disagree
- Disagree
- Neither Agree or Disagree
- Agree
- Strongly Agree

### **Life Experience**

We'd like to hear how your age, disability, ethnicity, faith or other aspects of your life shape your experiences. This may include:

- How others treat you based on these characteristics;
- How well you relate to others in the LGBTQ+ community;
- Whether you think it affects your healthcare; and/or
- Whether you experience added discrimination.

(word limit 300)

## Appendix 3: Who took part in the survey?

### Sexual orientation

79% of the respondents identified as being gay or lesbian and 11% as bisexual. 8% identified as 'queer,' 'pansexual', or 'panromantic'.

2% of respondents identified as heterosexual; two men and two women. One man was trans, whilst the others were cisgender. As they answered the survey questions related to how being LGBTQ+ affects aspects of their life, they were included as being appropriate survey respondents. Some may view themselves as a heterosexual despite being from a minority sexual orientation or view terms like 'gay' or 'lesbian' as cultural references, rather than their sexual identity.

Sexual orientation	Number	% of 210
Gay or Lesbian*	166	79%
Bisexual	23	11%
Queer	10	5%
Heterosexual	4	2%
Pansexual	2	1%
Panromantic	1	Less than 1%
Other - unspecified	3	1%
I prefer not to say	1	Less than 1%

\*including 'zami'.

### Sexual orientation by gender identity

More trans respondents identified as bisexual than another other sexual orientation. Most cisgender respondents identified as gay or lesbian.

Sexual orientation	Number of trans respondents	% of 18 trans respondents	Number of cisgender respondents	% of 190 cisgender respondents
Gay or Lesbian	5	28%	160	84%
Bisexual	7	39%	16	8%
Queer	3	17%	6	3%
Heterosexual	1	6%	3	2%
Pansexual	1	6%	1	1%
Panromantic	0	0%	1	1%
Other	1	6%	2	1%
I prefer not to say	0	0%	1	1%

## Gender identity

Respondents who identified as ‘a man’ or ‘a trans man’ made up nearly 60% of respondents.

Gender	Number	% of 210
A man	122	58%
A trans man	4	2%
A woman	67	32%
A trans woman	2	1%
Non-binary*	13	6%
No response**	2	1%

\*Non-binary includes respondents who self-defined as ‘agender’, ‘gender fluid’, ‘gender non-conforming’, and ‘genderqueer.’

\*\* This included people who stated ‘human’ and ‘do not define’.

## Trans or cisgender identity

90% of the respondents were cisgender, and 9% stated that their gender identity was different to the one assigned to them at birth; 1% were unsure.

Nearly half of trans respondents identified as being in the non-binary spectrum, which includes gender fluid, agender, and others such as ‘genderqueer’, and poly-gendered gender identities such as ‘woman and non-binary’ and ‘woman and gender non-conforming’.

Gender identity	Number	% of 210 (% of Trans/cisgender)
Gender		
<b>Trans (total)</b>	<b>18</b>	<b>9%</b>
Men	2	(11%)
Trans men	4	(22%)
Women	2	(11%)
Trans women	2	(11%)
Non-binary	8	(44%)
<b>Cisgender (total)</b>	<b>190</b>	<b>90%</b>
Men	120	(63%)
Women	65	(34%)
Non-binary	3	(2%)
Other - unspecified	2	(1%)
<b>Unsure</b>	<b>2</b>	<b>1%</b>

One respondent noted limitations of gender expression in the survey, ‘I also identify as a trans man [as well as a man]. Simplifying it to one choice is unhelpful.’

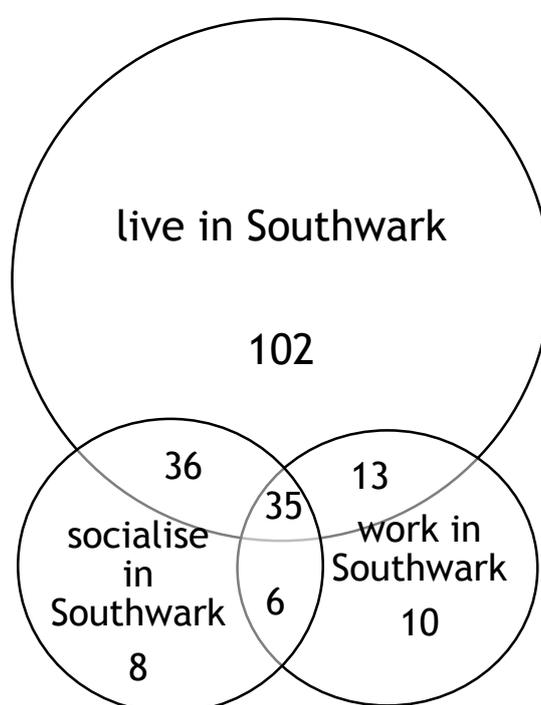
‘Intersex’ was not one of the multiple-choice options, but no respondents self-identified as intersex under ‘other’.

## Connection to Southwark

All respondents lived, worked, and/or socialised in Southwark. 17% of respondents stated that they lived, worked, and socialised in Southwark.

What is your connection to Southwark?	Number	% of 210
I live in Southwark	186	89%
I work in Southwark	64	30%
I socialise in Southwark*	85	40%
Other	5	2%

\*93 further people did also later refer to socialising in Southwark, even if they did not consider this their connection to the borough.



## Place of birth

We also asked about people's place of birth to gain a better understanding of their connection to the borough.

Place of birth	Number	% of 210
London Borough of Southwark	22	10%
In London, but a different borough to Southwark	42	20%
In the UK, outside of London	88	42%
Outside of the UK	58	28%

## Age

Only 7% of respondents were under 25. The age range with the highest response rate was 25-34.

The median age in Southwark is 33.1 years old<sup>18</sup>; the older profile of the respondents contrasts the Borough's overall age profile, but reflects the targeted engagement to ensure that older members of the LGBTQ+ community, who are more seldom heard and may not have access to technology, were represented.

Age	Number	% of 210
16 - 17	2	1%
18 - 24	13	6%
25 - 34	49	23%
35 - 44	44	21%
45 - 54	43	20%
55 - 64	39	19%
65 - 74	20	10%

## Ethnicity

White respondents made up 81% of the total responses.

This is a higher proportion than the overall population in Southwark, at 54%.

BAME groups make up 46% of the population in Southwark, whereas 19% of the respondents identified as being from a BAME background. The proportions of Black and Asian respondents were 10% and 3% respectively. This is significantly lower than their populations in Southwark at 25% and 11% respectively.

Latin Americans made up 1% of the respondents which is much lower than population estimates within Southwark.

Ethnicity	Number	% of 210
<b>White (total)</b>	<b>170</b>	<b>81%</b>
White British	114	54%
English	8	4%
Scottish	3	1%
Welsh	2	1%
Northern Irish	2	1%
Irish	9	4%
Other European	13	6%
Other White	19	9%
<b>Black (total)</b>	<b>21</b>	<b>10%</b>
Black British	11	5%
Nigerian	3	1%

<sup>18</sup> ONS, *Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2017*, (June 2018)

Somali	1	Less than 1%
Other African	2	1%
Caribbean	2	1%
Other Black	2	1%
<b>Asian (total)</b>	<b>7</b>	<b>3%</b>
Asian British	4	2%
Chinese	1	Less than 1%
Filipino	1	Less than 1%
Indian	1	Less than 1%
Latin American	3	1%
<b>Mixed (total)</b>	<b>8</b>	<b>4%</b>
White and Asian	2	1%
White and Black African	3	1%
White and Black Caribbean	1	Less than 1%
Other mixed background	2	1%
<b>Not answered</b>	<b>1</b>	<b>Less than 1%</b>

## Disability

30% of respondents had a disability, with 7% of people saying that this limited them a lot.

Disabled	Number	% of 210
No, not limited*	148	70%
Yes, limited a little	47	22%
Yes, limited a lot	15	7%

\*13 respondents (6%) stated that they didn't have a disability and weren't limited but later indicated that they did have an issue with either their hearing or vision, memory or a learning disability.

Type of disability	Number	% of 62 people with disabilities
Mental health problems (lasting more than a year)	35	56%
Physical/mobility difficulties (e.g. wheelchair user, arthritis, multiple sclerosis etc.)	25	40%
Hearing/vision related	18	29%
Learning difficulties	10	16%
Memory problems	4	6%
Other disabilities	6	10%

## Religion or belief

The majority of respondents (67%) had no religion, with Christianity being the most prevalent religion at 17%.

Religion/belief	Number	% of 210
No religion	141	67%
Christian	36	17%
Buddhist	8	4%
Jewish	2	1%
Muslim	2	1%
Hindu	1	Less than 1%
Other (unspecified)	8	4%
Other - Agnostic	1	Less than 1%
Other - Humanist	2	1%
Other - Pagan	1	Less than 1%
Other - Spiritual	5	2%
Other - Spiritualist	1	Less than 1%
Other - Thee Temple ov Psychick Youth	2	1%

In contrast, data from the 2018 Office of National Statistics shows that that over 50% of Southwark residents identify as being Christian and 7% as being Muslim, whilst 39% do not have a faith. It is unclear whether this disparity implies that LGBTQ+ in Southwark are less likely to have a faith than others, or whether LGBTQ+ people of faith were less likely to complete our survey.

29% of all white respondents stated that they were of a particular faith (including humanism), whilst 49% of BAME respondents stated that they were of a particular faith.

## Appendix 4: Further subanalysis of responses

This report has highlighted in many places that the experiences of groups within the LGBTQ+ community are very diverse, with some people experiencing particular disadvantage or intersection of different identities.

We would have liked to look in more detail at the specific experience of, for example, Trans or BAME respondents. However, because as subsets of the respondents the numbers of these respondents were small, statistical comparison is unreliable and was not included in the body of the report. Certain analyses are included in this Appendix for interest and to provoke discussion. Exploration of the needs and experiences of these and other groups is strongly encouraged.

### Accessing mental health services

Similar proportions of cisgender and Trans respondents had accessed mental health services, at 42% and 44% respectively.

Have you accessed mental health services?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
No	109	57%	10	56%
Yes, currently	35	18%	2	11%
Yes, within the past two years	45	24%	6	33%
Not answered	1	1%	0	0%

A third of BAME respondents had accessed services either in the past two years, or were still accessing services, compared to 44% of white respondents.

Have you accessed mental health services?	BAME	% of 39 BAME respondents	White	% of 170 white respondents
No	26	67%	94	55%
Yes, currently	5	13%	33	19%
Yes, within the past two years	8	21%	42	25%
Not answered	0	0%	1	1%

### LGBTQ+ friends in the borough

The majority of respondents had LGBTQ+ friends in their local area; a slightly larger proportion of Trans than cisgender respondents had LGBTQ+ friends locally.

Do you have any LGBTQ+ friends in your local area?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
Yes	140	74%	14	78%
No	42	22%	4	22%
Unsure	4	2%	0	0%
Not Answered	4	2%	0	0%

## Sense of community

A lower proportion of Trans respondents than cisgender felt that there was a sense of LGBTQ+ community in the borough, but a lower proportion also said that they felt there was not.

Do you think there is a sense of LGBTQ+ community in your local area?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
No	113	59%	8	44%
Yes	35	18%	2	11%
Unsure	38	20%	8	44%
Not Answered	4	2%	0	0%

There was little difference in perception of the sense of LGBTQ+ community between white and BAME respondents.

Do you think there is a sense of LGBTQ+ community in your local area?	BAME	% of 39 BAME respondents	White	% of 170 white respondents
Yes	29	74%	126	74%
No	8	21%	38	22%
Unsure	1	3%	3	2%
Not Answered	1	3%	3	2%

## Do people feel safe in Southwark?

A lower proportion of Trans than cisgender respondents felt safe in their local area.

Do you feel safe in your local area?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
Yes	123	65%	10	56%
No	37	19%	4	22%
Unsure	28	15%	4	22%
Not Answered	2	1%	0	0%

A lower proportion of cisgender than Trans respondents felt safe in the borough overall.

Do you feel safe in the borough as a whole?	Cis	% of 190 cisgender respondents	Trans	% of 18 Trans respondents
Yes	197	46%	10	56%
No	55	26%	5	28%
Unsure	37	18%	3	17%
Not Answered	1	Less than 1%	0	0%