

Healthcare needs and experiences of the LGBTQIA+ community

November 2025



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Executive summary

This report explores the healthcare experiences of individuals who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual or additional sexual orientation (LGBTQIA+), based on engagement at Swindon and Wiltshire Pride 2025. Healthwatch Swindon gathered insights through surveys, a key poll question, and in-depth conversations with over 100 participants.

Findings reveal that disclosure of LGBTQIA+ identity in healthcare settings remains a complex and deeply personal decision, influenced by perceived safety, trust, and relevance to care. While 61% of respondents had disclosed their identity, 38% had not—highlighting ongoing discomfort and fear of judgment.

Environmental factors such as inclusive signage, rainbow lanyards, and affirming language significantly impact feelings of safety. Although most respondents had not experienced direct discrimination, 80% feared judgment, and 30% had avoided seeking care due to identity-related concerns.

Respondents emphasized the need for greater understanding and awareness from healthcare professionals, with 80% supporting LGBTQIA+-specific training. Inclusive care was linked to improved trust, satisfaction, and health outcomes.

The report calls for:

- Awareness campaigns around confidentiality and consent.
- Standardised training co-designed with LGBTQIA+ communities.
- Visible inclusivity through pronoun sharing and inclusive materials.

Ultimately, the report advocates for healthcare environments that go beyond tolerance—spaces where LGBTQIA+ individuals feel safe, respected, and empowered. By embedding inclusive practices and listening to lived experiences, healthcare systems can better meet the needs of all patients.

Key findings

- **Disclosure** of LGBTQIA+ identity within healthcare settings remains a complex and deeply personal decision, shaped by perceived safety, trust, and relevance to care.
- The healthcare **environment** plays a pivotal role in shaping LGBTQIA+ individuals' willingness to engage with services.
- Respondents expressed a clear need for greater **understanding** and **awareness** from healthcare professionals regarding LGBTQIA+ identities and experiences.

About Healthwatch

Healthwatch Swindon is the town's independent champion for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We are here to listen and understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed. We are totally independent and can provide you with impartial and independent signposting advice.

We are part of a network of 150 local Healthwatch across England and work particularly closely with Healthwatch Wiltshire and Healthwatch Bath and North East Somerset, so as to have oversight across the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board area.

Background

An estimated 3–5% of the UK population and 10% of 14–19-year-olds identify as LGBTQ+. Despite growing visibility, LGBTQIA+ individuals continue to face systemic barriers that result in poorer health and social care outcomes. These disparities are driven by structural stigma, including discrimination, social exclusion, and limited access to inclusive services. Research links these challenges to experiences of heterosexist discrimination, social rejection, and a lack of support—factors that uniquely affect LGBTQIA+ people and are strongly associated with psychological distress.

In England, General Practitioners (GPs) are the first point of contact for healthcare and are expected to provide holistic, person-centred care. However, many LGBTQ+ patients do not disclose their sexual orientation or gender identity. Two-thirds of cisgender bisexual individuals and one-third of gay or lesbian individuals have never discussed this with medical staff. Only 5% of those who did were directly asked by their GP. Many practitioners avoid the topic—believing it is irrelevant, aiming to treat all patients equally, or feeling unprepared—placing the burden of disclosure on patients.

Disclosure of LGBTQIA+ identity in healthcare settings is associated with improved outcomes, including better mental health, stronger trust in providers, increased treatment adherence, and more consistent service use. Yet many individuals choose not to disclose due to fears of discrimination, assumptions of heterosexuality, or concerns about privacy.

A 2018 meta-analysis found that 63% of LGBTQIA+ patients disclosed their sexuality to healthcare staff. Those who did reported higher satisfaction with care and were more likely to seek help when needed. These benefits are most evident in inclusive environments. For example, LGBTQIA+ patients receiving cancer care report greater satisfaction when their identity is acknowledged. In sexual health services, disclosure improves access to HIV prevention tools such as PrEP.

The likelihood of disclosure varies by setting. GP surgeries, with their continuity of care and private consultations, may encourage openness. In contrast, hospital environments—particularly during serious treatments—can feel impersonal and less conducive to disclosure. Past experiences of stigma can lead also to caution, and individuals often weigh the risks of disclosure based on how inclusive the environment feels.

Creating inclusive healthcare environments—through affirming language, visible support materials, and staff training—can significantly improve patient outcomes. As more services begin collecting Sexual Orientation and Gender Identity (SOGI) data, it is essential to understand the factors that influence disclosure and how inclusive practices can be embedded across healthcare systems.

We will focus on

- **Understanding disclosure patterns:** Exploring why many LGBTQIA+ individuals choose not to disclose their identity in healthcare settings, and what factors (e.g. fear of judgment, past experiences) influence that decision.
- **Recognising discrimination and bias:** Documenting negative experiences in healthcare and their impact on the quality of care received.
- **Promoting inclusive care:** Highlighting what makes care feel inclusive and affirming, and how these practices can be embedded across services.

What we did

Our research was conducted on the 9th of August 2025 at Swindon and Wiltshire Pride. We were fortunate enough to host a stall and talk to members of the community all day. Our data collection ranged from asking a single important poll question “have you disclosed your LGBTQIA+ identity to healthcare professionals?”, asking the community to complete our survey and having open discussions to delve deeper into people’s views and experiences.

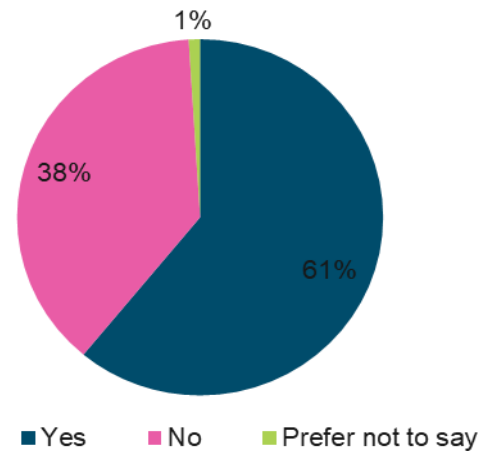
We acknowledge there is a slight bias in our data collection, as we were attending Pride where people proudly own their LGBTQIA+ identity. There is potential we may have not been able to hear the views and experiences of those who are less comfortable to be public about their identity.



Data collection method	Number of people
Poll question	107
Survey	10
In-depth discussions	25

Disclosure of LGBTQIA+ identity

Disclosure of LGBTQIA+ identity within healthcare settings remains a complex and deeply personal decision, shaped by perceived safety, trust, and relevance to care. In this survey, 61% of respondents reported having disclosed their identity to a healthcare professional, while 1% preferred not to say and 38% had not disclosed, suggesting a significant hesitancy or discomfort.



Qualitative responses discuss feeling safe around the individuals in the room. The most common reason mentioned to not disclose was that the respondents' parents would not react well, or if they believed the doctor would not react well:



"Maybe for people under 18 to have a say in what their parents can know about their LGBTQ status, in extreme circumstances."

"If I feel safe or not"

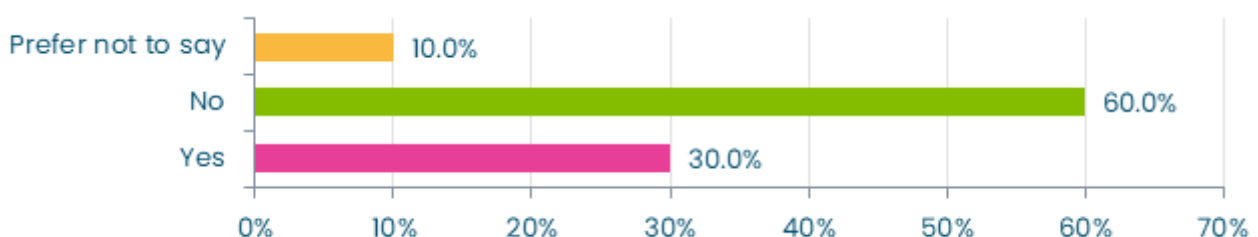
"I will not if a parent is in the room"

"[If] the person was LGBTQ+"



50% of participants reported feeling Comfortable or Very Comfortable when talking about their LGBTQIA+ identity with healthcare professionals. All other respondents felt neutral, highlighting the influence of contextual factors.

Most respondents reported they had not avoided seeking healthcare. However, 30% of respondents indicated that they had at one point avoided seeking healthcare.



Considerations

Asking about LGBTQIA+ identity should be framed as voluntary with clear explanations of its relevance. All clinicians should bear in mind the ethical sharing of disclosure and boundaries of safeguarding.

Under the **UK GDPR and DPA 2018**, health data is classified as a “special category” requiring both a lawful basis (Article 6) and an additional condition (Article 9) for processing. Consent must be **freely given, specific, informed, and withdrawable**, and cannot be considered valid if access to care is conditional on disclosure. ([Protecting patient data – NHS England Digital](#))

It is with this in mind that confidentiality goes beyond basic awareness and should include trauma-informed, intersectional approaches. Such as awareness campaigns to inform young people of their rights to confidentiality.

If you're aged 13 to 16, sexual health services will not tell the young person's parents, so long as they believe you fully understand the information and decisions involved – [If I use a sexual health service will they tell my parents? – NHS](#).

From the age of 16, young people are considered to have sufficient capacity to decide their own medical treatment, unless there is significant evidence to suggest otherwise – [Consent to treatment – Children and young people – NHS](#).

It is the GP's responsibilities to protect their LGBTQIA+ identity, unless mutually agreed to share with their parent or legal guardian.

Recommendation

Awareness: Improve understanding of consent and confidentiality, especially among young LGBTQIA+ individuals.

Next steps

- **Facilitate a co-design session** with young LGBTQIA+ individuals, safeguarding professionals, and youth service providers to create a consent infographic.
- **Support distribution** through GP surgeries, youth services, schools, and community health settings.
- **Promote the resource** via Healthwatch's website and social media, with a short explainer blog or video.

Environmental safety and freedom from judgment

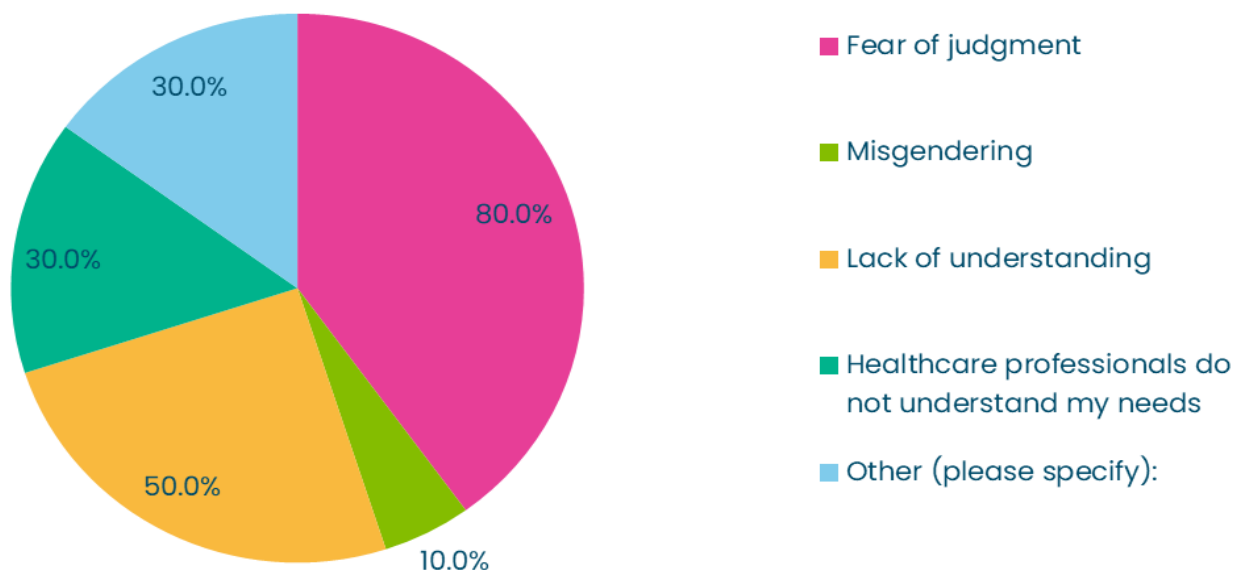
Respondents shared a range of experiences when accessing healthcare, highlighting both affirming and challenging encounters. While some felt supported and respected—describing inclusive care from therapists and healthcare professionals—others reported feeling judged or dismissed. Only 10% of respondents reported experiencing bias, while 40% of respondents were unsure if they had or not.



"I was told I was "too young to understand" to know what any of it means"



The healthcare environment plays a pivotal role in shaping LGBTQIA+ individuals' willingness to engage with services. A striking **80%** of respondents reported **fear of judgment** as a concern when accessing care, with additional concerns around **misgendering** (10%) and **lack of understanding** (50%). These insights underscore the importance of fostering safe, inclusive environments where individuals feel free from bias and confident in the care they receive.



When asked whether their LGBTQIA+ identity had affected the care they received, participants generally reported that it had not. However, when asked if they had ever received affirming and inclusive care, 60% indicated that they either had not or were unsure.

Some participants shared stories where they felt they had received inclusive and affirming care:



"The blood donor nurse went above and beyond when I had a question about donating blood as a gay man in other countries"

"My therapist is really understanding and has helped me, she is so good at her job and funny"



Respondents reported that if they had to correct them it was to inform them of their correct pronouns, which the healthcare provider then correctly used.

The majority of people (80%) indicated they had never needed to correct a healthcare provider. In cases where corrections were necessary, they typically involved clarifying pronouns, which were then used correctly by the provider.

Some participants shared that visible signs of inclusion—like rainbow lanyards and Pride badges—helped them feel safe and supported, leading to more positive experiences with healthcare staff.



"I love seeing RAINBOW lanyards."

"Seeing pride badges and lanyards has made me feel safe"



Considerations

Our cultural competence needs to go beyond symbolic gestures, and further training needs to be embedded into health and care colleagues to understand the LGBTQIA+ identities, terminology and lived experiences.

Core values of respect, privacy and being non-discriminatory need to be backed by genuine inclusivity. [The NHS People Plan 2020](#) states that “The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms”. Such commitments need to be acted on and not just spoken, to prevent prejudice.

Healthcare settings should continue to display pride badges, rainbow lanyards and inclusive signage to signal safety. But also develop training to include real world scenarios and patient testimonials to build empathy and awareness.

Involve the LGBTQIA+ community in shaping policies, reviewing practices and co-designing services. Acting on feedback with full transparency and visibility. With clear pathways for both patients and staff to report discrimination and discomfort without fear of further judgement or repercussions.

Recommendation

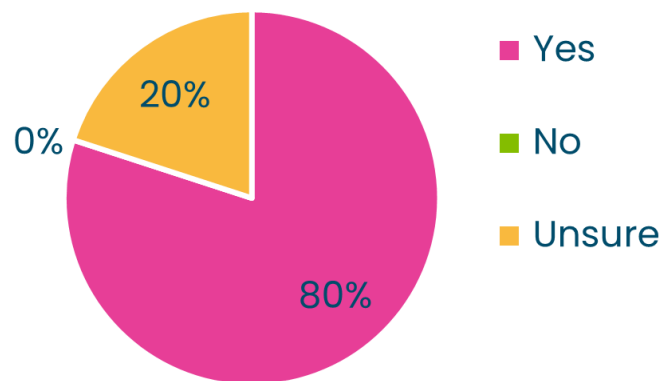
Training and Involvement: Make LGBTQIA+ co-design standard practice in healthcare policy and service development.

Next steps

- **Encourage local providers to run co-design workshops** with LGBTQIA+ community members, supported by Healthwatch’s engagement expertise.
- **Develop a simple toolkit** outlining how to involve LGBTQIA+ voices meaningfully in service reviews and policy updates.
- **Share examples of good practice** with the Integrated Care Board and advocate for wider adoption across BSW.

Empowered care through education and connection

A need for greater understanding and awareness from healthcare professionals regarding LGBTQIA+ identities and experiences was expressed. With 80% in favour of LGBTQIA+ specific training, and 20% unsure. No respondents believed this to be a bad idea.



When asked what topics should be included to enhance staff members understanding of LGBTQIA+ needs, the following was identified. Each point demonstrating a need for robust training with the provision of suitable resources to help make people feel supported and understood.



"Working with someone that understands"

"knowing where to access support for everything"

"More training, putting care before personal beliefs"

"Having an understanding of LGTB+ issues"

"respect, inclusivity and understanding"

"Just being considerate to others feelings, experiences and lifestyles"



Respondents also mentioned the importance of health professionals to recognise the differences between the social and sexual development of LGBTQIA+, heterosexual and cisgender individuals:



“Awareness that LGBTQIA do not grow up with the same training for life that heterosexuals do. Many develop emotionally later.”

“gay sex, lifestyle and mental health”

“safe same sex information, lgtb rights and laws”



These insights reflect a broader call for patient-centred care, where healthcare professionals are equipped not only with technical knowledge but also with empathic communication skills and cultural humility. The emphasis on understanding suggests that clinical competence must extend beyond medical knowledge to include lived experience and social context. To achieve this, training and practices must be shaped by the voices and insights of the LGBTQIA+ community.

Considerations

Many LGBTQIA+ individuals navigate unique social, emotional and developmental challenges. Clinicians must recognise that lived experience will shape health outcomes and level of engagement.

Simple gestures like sharing pronouns signal respect and normalise inclusive practices. This can be further simplified by having them added to all name badges or included when clinicians introduce themselves.

This is about creating healthcare spaces where LGBTQIA+ individuals don't just feel tolerated—they feel safe, respected, and empowered.

Adapting training to shift 'competence' to humility. By acknowledging gaps and being open to learning. By encouraging reflective practice and peer discussion around bias and inclusivity.

Recommendation

Engagement: Normalise inclusive introductions and pronoun sharing to foster safer first interactions.

Next Steps

- **Collaborate with a local GP practice or clinic** to pilot pronoun badges and inclusive greeting scripts.
- **Gather feedback** from patients and staff to evaluate impact and refine the approach.
- **Share findings** with other providers and include in future Healthwatch reports or briefings.

Conclusion

The evidence presented underscores a critical truth: LGBTQIA+ individuals continue to face systemic barriers in healthcare that compromise safety, dignity, and access to care. From the fear of judgment to the lack of cultural competence, these challenges are not abstract—they are lived realities. Yet, the path forward is clear. By embedding inclusive practices, prioritising consent and privacy, and co-designing services with LGBTQIA+ communities, healthcare systems can transform from sites of discomfort into spaces of affirmation and healing.

At Healthwatch Swindon, we are committed to ensuring the service users voice is heard. To help make our healthcare system equitable for all those who use it, we will share this report with the following key stakeholders and call for the following actions:

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board – Designing and commissioning NHS services locally.

- **Review the report findings** and consider how LGBTQIA+ experiences can inform future service design.
- **Support a pilot initiative** to test inclusive practices (e.g. pronoun badges, inclusive signage) in one GP practice or clinic.
- **Include LGBTQIA+ health equity** as a priority in upcoming commissioning plans or engagement strategies.

Health and Wellbeing Board / JSNA Team – Overseeing Swindon’s Joint Strategic Needs Assessment and Health and Wellbeing Strategy. Key for integrating findings into strategic planning.

- **Incorporate key themes** from the report into the next refresh of the Joint Strategic Needs Assessment, especially around:
 - Disclosure and fear of judgment.
 - Youth confidentiality and safeguarding.
- **Invite Healthwatch Swindon** to present the findings at a future board meeting or strategy session.

NHS England’s LGBT+ Health Evidence Review – In April 2025, the Secretary of State for Health and Social Care commissioned NHS England to undertake an LGBT+ health evidence review. Although the evidence submission has closed, we will still be sharing our report for consideration.

- **Acknowledge the report** as supplementary evidence for future planning or implementation work.
- **Share the findings** with relevant teams working on inclusive care guidance or training development.

Swindon Safeguarding Partnership – Crucial for cross-agency collaboration to protect vulnerable adults and children.

- **Review safeguarding guidance** to ensure it reflects the needs of LGBTQIA+ young people, especially around consent and confidentiality.
- **Explore opportunities** to co-develop awareness materials with Healthwatch Swindon and youth services.

Appendices

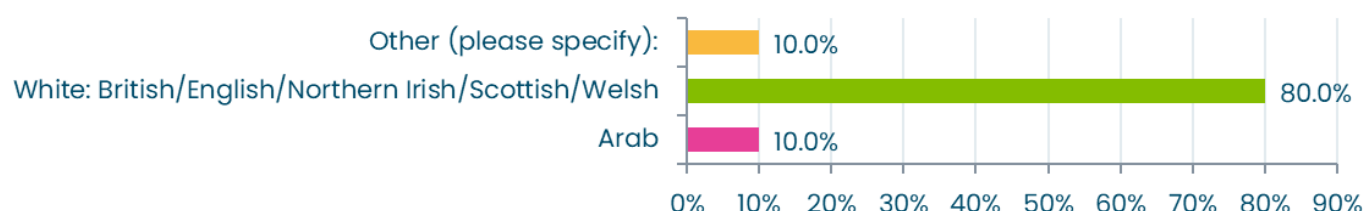
Appendix 1 – Questionnaire

To view or download appendix 1, please go to:

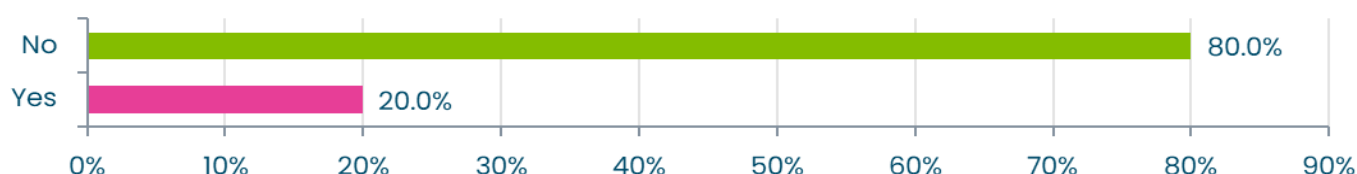
www.healthwatchswindon.org.uk/healthcare-needs-and-experiences-lgbtqia-community-november-2025

Appendix 2 – Demographics

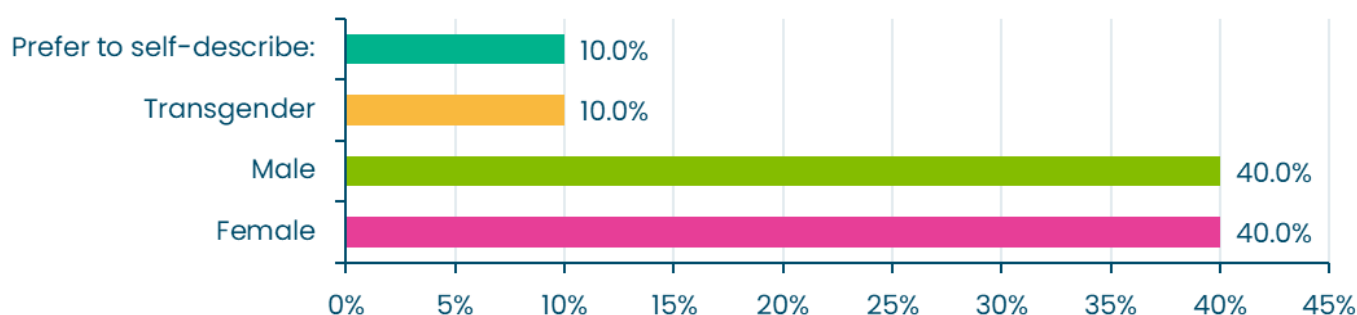
Please tell us your ethnicity



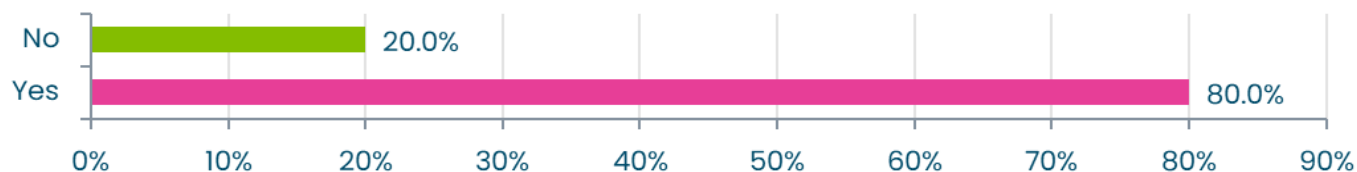
Are you an unpaid carer for anyone in your household?



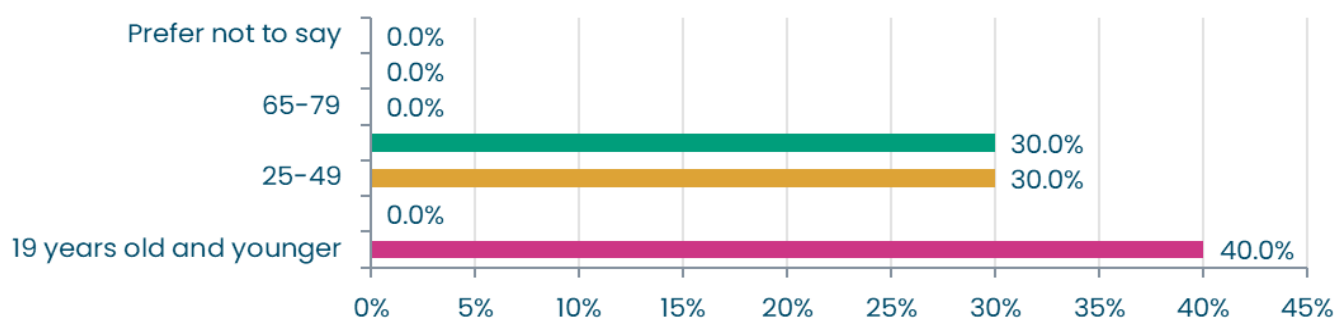
Please tell us your gender



Do you have a disability or long term health condition?



Please tell us your age





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