


# LGBTQ+ inclusion in adult social care: Addressing inequalities and driving change

24 March 2025  Hannah Collins and Laura Chinyere-Ezeh

As we reflect on LGBTQ+ History Month and its 2025 theme of activism and social change, it's crucial to recognise the everyday activism that professionals in the legal and care sectors can undertake.

By highlighting the issues faced by LGBTQ+ individuals in social care, we can work towards meaningful progress and ensure dignity and equality for all.

## Understanding the scale of the LGBTQ+ population

The [most recent census](#) in England and Wales provided new insights into the size of the LGBTQ+ population. According to the data, approximately 3.2% of the population—around 1.5 million people—identified with an LGBTQ+ sexual orientation, while 0.5% (262,000 people) identified with a gender different from the one assigned at birth. However, these figures likely underrepresent the true size of the LGBTQ+ community due to voluntary disclosure and the exclusion of individuals under 16. The fact that this data was only first collected in the 2021 census underscores a historic gap in understanding and meeting the needs of LGBTQ+ individuals, particularly in healthcare and social care settings.

## Challenges in adult and elderly care for LGBTQ+ individuals

LGBTQ+ individuals in adult and elderly care often face discrimination, lack of understanding, and systemic barriers. A Government Equalities Office survey of 108,000 respondents found that half of LGBTQ+ individuals in care settings refrained from being open about their identity due to fear of negative reactions. Of those who were open, 23% reported experiencing adverse effects as a result. Many respondents described care environments as heteronormative, where they felt invisible or misunderstood by staff who lacked awareness of LGBTQ+ issues.

These concerns led to [the government's 2018 LGBTQ+ Action Plan](#), which committed to incorporating LGBTQ+ needs into health and social care regulations. The Care Quality Commission (CQC), the regulatory body for health and social care, pledged to improve its inspections of LGBTQ+ experiences within adult social care settings. However, more needs to be done to ensure that these commitments translate into real change on the ground.

## Barriers to equitable care

Several key barriers contribute to ongoing inequalities in LGBTQ+ healthcare and social care, including:

- **Lack of data and research:** Until recently, there was limited data on LGBTQ+ individuals accessing health and social care services. This lack of information has hindered efforts to design policies that meet the specific needs of older LGBTQ+ adults.
- **Limited education and training:** Many care providers lack confidence in using inclusive language and terminology, leading to miscommunication or unintentional exclusion of LGBTQ+ residents.
- **Recognition of LGBTQ+ relationships:** Despite legal recognition of same-sex relationships, some care settings still fail to acknowledge or respect LGBTQ+ family structures. There is extensive evidence of partners, chosen families, and carers being

overlooked, leading to distress and isolation for LGBTQ+ individuals.

- **Lack of understanding of LGBTQ+ history**, which may impact someone's physical and/or mental wellbeing later in life, or when accessing care.
- **Legislative gaps**: Slow progress on reforming gender recognition laws has left some transgender and non-binary individuals without adequate legal protections, further exacerbating the challenges they face in care settings.

## The consequences of inaction

Failure to address these issues can have severe consequences. A tragic example is [the case of Nell Glynn](#), an elderly LGBTQ+ individual who suffered abuse in a care home in 2021. According to reports, he endured bruising and cigarette burns inflicted by staff members. Other LGBTQ+ residents in the home warned him not to disclose his relationship with his partner for fear of mistreatment. While he was later awarded compensation in a human rights claim, he sadly passed away before receiving it. His story highlights the vulnerabilities faced by LGBTQ+ individuals, particularly those without traditional family support networks.

## Whistleblowing and the fear of reprisal

Systemic discrimination against LGBTQ+ individuals in care settings extends beyond residents to staff members who witness and report abuse. A 2023 report by Compassion in Care, [Stripped of All Pride Part Two](#), documented the experiences of 287 whistleblowers and 199 family members of victims, revealing a culture of fear and hostility.

LGBTQ+ staff members reported being afraid to disclose their identity at work, while those who spoke out against mistreatment faced intimidation. Reports of abuse were often ignored or met with derogatory remarks from management. Incidents included:

- Staff being told not to report further abuse.
- Open hostility towards LGBTQ+ employees.
- Residents were subjected to homophobic slurs, physical mistreatment, and neglect.

A key concern highlighted in the report was that some LGBTQ+ residents, particularly those with dementia, were unable to advocate for themselves, making them even more vulnerable. These findings reinforce the urgent need for stronger protections and accountability in care settings to ensure that both residents and staff are treated with dignity and respect.

## Progress and the path forward

Despite these challenges, there are encouraging examples of positive change. The Joint Strategic Needs Assessment in London brought together organisations to assess and address the needs of older LGBTQ+ adults, providing a model for collaboration and inclusive policymaking.

To build on such progress, there are several key steps that legal professionals, care providers, and policymakers can take:

1. **Enhance data collection**: Regular and comprehensive data gathering on LGBTQ+ experiences in health and social care settings will help identify gaps and inform policy.
2. **Improve training and awareness**: Mandatory LGBTQ+ inclusivity training for all care staff can improve understanding and foster a more supportive environment.
3. **Create a culture of respect and safety**: Encourage openness and active listening among staff and service users, fostering an environment where everyone feels valued and heard and intolerance is removed.
4. **Strengthen legal protections and/or policies**: Reforms to gender recognition laws and stronger enforcement of anti-discrimination measures can provide greater security for LGBTQ+ individuals in care.
5. **Promote visibility and representation**: Representation of LGBTQ+ individuals in policy discussions and decision-making bodies will ensure their voices are heard.
6. **Encourage community collaboration**: Partnerships between legal, healthcare, and LGBTQ+ advocacy organisations can drive systemic change and share best practices.

## Conclusion

LGBTQ+ History Month reminds us of the importance of activism and social change, not just in grand gestures but in the everyday work of ensuring equity and dignity for all. By addressing the systemic issues faced by LGBTQ+ individuals in [social care](#), we can contribute to a

future where everyone, regardless of their identity, receives the respect and care they deserve.

## Contact



**Hannah Collins**

Associate

[hannah.collins@brownejacobson.com](mailto:hannah.collins@brownejacobson.com)

+44 (0)115 934 2039



**Laura Chinyere-Ezeh**

HR Consultant

[laura.chinyere-ezeh@brownejacobson.com](mailto:laura.chinyere-ezeh@brownejacobson.com)

+44 (0)330 045 1104

---

## Related expertise

Abuse and social care claims

Health and social care disputes

Social care services