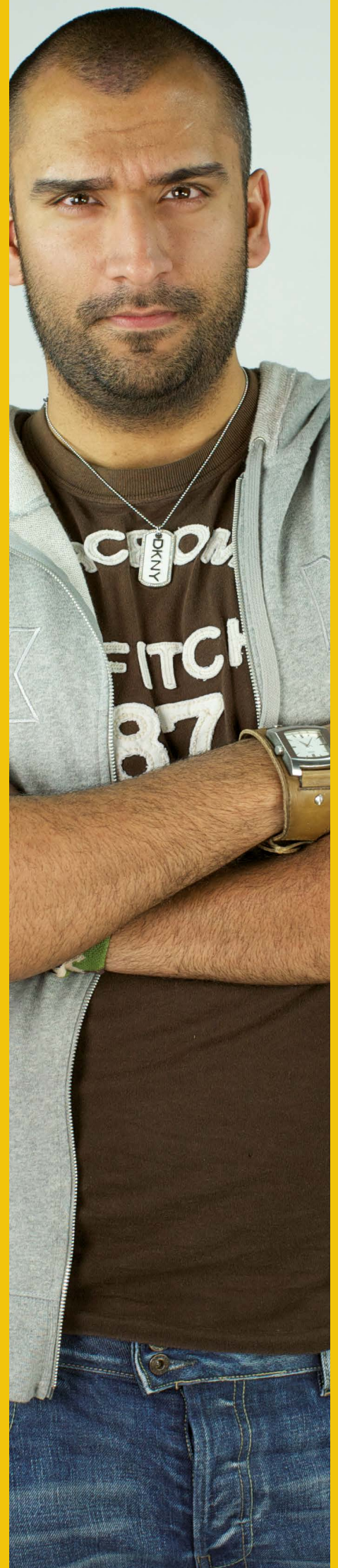


The State of
the City for
Manchester's
Black and
Ethnic Minority
Lesbian, Gay
and Bisexual
People

LGBT
foundation



MANCHESTER
CITY COUNCIL



Contents

Forewords	4
Acknowledgements	5
Setting the scene: Manchester's BME LGB population	6
What do we know about BME LGB people?	7
What is Manchester doing for BME LGB people? Inclusion of BME LGB people in services across Manchester	14
Specialist BME LGB service provision	18
Improving Manchester's offer for BME LGB people	20
Recommendations	26
Further information	27



Forewords

Umer Khan Chief Inspector Neighbourhoods Confidence & Equality, Greater Manchester Police

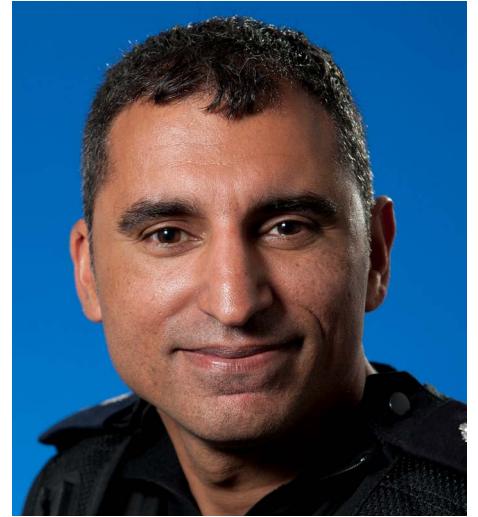
This report into the experiences of BME LGB people is the first of its kind, and highlights the needs of communities across Greater Manchester. GMP prides itself in playing an active part in the varied societies we serve, not least Greater Manchester's BME LGB communities.

Our city is comprised of people from all cultures, ethnicities and backgrounds, and as a whole celebrates and embraces our differences. The findings of this report link in with the ethos of the national initiative 'We Stand Together' which encourages people to come together as one in order to build a safer and stronger United Kingdom.

We will continue to support and advise our varied communities by working with other organisations and charities to identify their evolving needs.

Regardless of sexual orientation, gender identity, disability, race, ethnicity or religion, no one should suffer hostility or prejudice, and we work hard to educate, inform, monitor and communicate with all communities.

This report allows us to identify areas that require focus, enabling us to understand communities better and encourage continued cohesion and unity within Greater Manchester. We are committed to ensuring the recommendations in this report are taken on board and followed across the force.



Paul Martin OBE, Chief Executive, LGBT Foundation

The needs and experiences of BME LGB people have for too long been hidden within separate and often generalised approaches to BME communities and LGBT communities. LGBT Foundation is proud to be publishing this ground-breaking report with Manchester City Council. Our report is not claiming to have all the answers, but is rather an opener for discussion on the topics of sexual orientation, ethnic background and the intersectionality between these. In producing this report we were disappointed by the lack of engagement from the BME and faith sectors, which in itself highlights the need to have these conversations.

Our research with BME LGB people found that feeling like they didn't belong in LGBT spaces was a common experience. This is unacceptable, and we must work to address it as a sector and as a community to ensure that LGBT spaces are welcoming and open to all. Research participants also told us how important BME LGBT safe spaces were to them, yet these spaces themselves are vulnerable. The majority of BME LGB specific support available in this city is unfunded and volunteer-led, and in the course of this research Imaan folded, although it has fortunately since resurfaced as the Queer Muslim Support Group. We call for investment in new and innovative solutions to meeting the specific needs of BME LGB communities.

We have a collective responsibility to challenge perceptions of what it means to be BME, to be LGBT, and to experience multiple identities. There are great examples of groups and organisations which promote understanding across communities which are often assumed to be at odds, for example faith and sexual orientation. However, some groups and organisations promote discrimination against minorities, and we must challenge this rather than excusing it as cultural differences.

We should also be alive to changing trends and demographics in our city region. Greater Manchester receives relatively high numbers of refugees and asylum seekers who are LGBT, in part because Manchester is seen as a tolerant and diverse city. We welcome these people into our communities, and must work to recognise and address their specific needs.

LGBT Foundation's Board of Trustees has identified work with and for BME LGBT people as a priority going forward. This report is a starting point, and we look forward to continuing the conversation with all stakeholders.

Acknowledgements

We would like to thank Manchester City Council for funding this project through the Equalities Fund, and the Equalities Team for their continued support throughout. We are grateful to all the research participants for giving up their time to share their views and experiences with us, particularly the group facilitators at Rainbow Noir, Imaan and the Lesbian Immigration Support Group. At LGBT Foundation we would like to thank Daniel Edmonson for his work on the project.



Setting the scene: Manchester's BME LGB population

It is estimated that between 5-7% of the UK's population identifies as lesbian, gay or bisexual (LGB), and as LGB people are more likely to move to cities, it is reasonable to assume that 7% of Manchester's population is LGB. Based on 2011 Census data, non-white groups make up 33% of Manchester's population, which would indicate that

just over 12,000 people living in Manchester identify as LGB and have a minority ethnic background.²

Manchester is a proudly diverse city and has a long history of community-led campaigning, advocacy and specialist service provision for both LGBT and BME communities. While there are some notable examples, the intersectionality of different identities has not always been fully considered. In this report we have drawn together the existing research on BME LGB people's needs alongside new research with BME LGB community groups in Manchester, and research with public and voluntary sector service providers.³ The report outlines that the disproportionate health inequalities experienced by LGB people are likely to be exacerbated for BME LGB people, who experience stigma and discrimination in relation to both sexual orientation and ethnicity. Our research found that while services in Manchester do often consider the needs of BME groups and LGB groups, the intersectionality of identity is not always considered in service provision, meaning that the needs of BME LGB people can remain hidden. Research with community groups of BME LGB people in Manchester brought up many themes but a common thread was the importance and the difficulty of finding a space where "you can be every part of yourself without having to defend an aspect of who you are."

This report does not aim to be comprehensive, but rather an opener for discussion on the topics of sexual orientation, ethnic background and the intersectionality between these. We are keen to challenge assumptions around these topics; generate debate and discussion; facilitate individuals to have their voices heard; and ensure that the needs of all our communities are being met.

In the words of Sabah Choudrey, an LGBT BME activist, "we need to smash the assumption that you need to lose a part of yourself to find the rest."⁴

Recommendations were agreed at a roundtable discussion event hosted by LGBT Foundation on 19th May 2016. Stakeholders from across Manchester's public, voluntary, private and community sectors were invited and discussion was based on the findings of this report and the knowledge, experience and expertise of attendees. The recommendations are aimed at stakeholders across Manchester and the Greater Manchester area.

² Based on an estimated LGB population of 5-7% Department of Trade and Industry. 'Final Regulatory Impact Assessment: Civil Partnership Act', 2004 and Manchester City Council's Manchester Factsheet, 2016.

³ This report is part of a three year programme of work funded by Manchester City Council's Equalities Fund which supports the Council to achieve its equality objectives in relation to sexual orientation. It therefore focuses on LGB people. We recognise that the needs of trans BME people will have some similarities and differences to the evidence presented here, and are working with MCC and others to identify and address these needs.

⁴ Choudrey, Sabah. 2015. Brown, trans, queer, Muslim and proud. [Online]. [Accessed 21/04/16]. Available from: <https://www.youtube.com/watch?v=w6hxrZW6l9I&feature=youtu.be>



What do we know about BME LGB people?

A wealth of research shows that LGB people experience disproportionate health inequalities across a range of measures compared to the wider population and non-heterosexual peers.⁵ While the experiences of BME LGB people are under-researched, the evidence available indicates that inequalities are exacerbated for these communities, who experience stigma and discrimination in relation to both sexual orientation and ethnicity; higher prevalence of poor mental health; higher incidence of HIV among MSM; higher prevalence of substance use; and are at higher risk of violence and hate crime. The theory of minority stress (first put forward by Meyer, 2003, to describe the chronically high levels of stress faced by members of stigmatised minority groups) would suggest that these experiences and inequalities are related. Minority stress may be caused by a number of factors, including poor social support and low socioeconomic status, but the most well understood causes of minority stress are interpersonal prejudice and discrimination, with an emphasis on the cumulative nature of these stressors.

LGB identity

Some research has found higher incidence of bisexual identification among BME LGB people. 23% of Asian women described themselves as bisexual compared to 16% of white women and 8% black women, while 13% black men, 10% of Asian men and 10% of mixed and other ethnicity men described themselves as bisexual compared to 7% of white men.⁶

A review of the UK Longitudinal Lifestyle Survey found that ethnic minorities are more likely to self-identify their sexual orientation as 'other' or select a 'prefer not to say' option compared to general population.⁷ The research found that these respondents were very likely to experience material disadvantage (e.g. experiencing poverty, being behind on bill payments, and being in receipt of benefits) although the researchers note that these results may mask the association between ethnic minority status and material disadvantage and so should be interpreted with caution.

Further investigation is needed to fully understand how self-identification of sexual orientation and ethnicity may be related. Research from the USA found that black young people showed stronger certainty over their sexual identity and more positive attitudes to homosexuality than white youth, yet were less involved with LGB-related social activities and disclosed their sexual orientation to fewer people over time; the authors of the study concluded that cultural factors do not impede the formation of

5 The Lesbian & Gay Foundation. 'Building Health Partnerships Summary Report.' The Lesbian & Gay Foundation, 2014 and Williams, H. et al. 'LGBT Public Health Outcomes Framework Companion Document.' The Lesbian & Gay Foundation, 2013.

6 Guasp, A. and J. Taylor. 'Ethnicity Stonewall Health Briefing.' Stonewall, 2012. https://www.stonewall.org.uk/sites/default/files/Ethnicity_Stonewall_Health_Briefing_2012_.pdf AND A. Guasp. 'Gay and Bisexual Men's Health Survey.' Stonewall, 2012. AND R. Hunt. 'Prescription for Change.' Stonewall, 2008.

7 Uhrig, SCN. 'An Examination of Poverty and Sexual Orientation in the UK.' University of Essex, 2013. <https://www.iser.essex.ac.uk/publications/working-papers/iser/2014-02.pdf>



identity but may delay engagement with positive LGB role models and community forums.⁸

A study conducted with gay and bisexual Asian men found that 75% of respondents were not out about their sexual orientation to family, 72% were not out at work, 56% were not out to sexual partners and 40% were not out to their friends. A quarter of respondents said that they did not feel happy about their sexual orientation: reasons for this included fear of rejection from their own community and family; cultural expectations around heterosexuality; clashes with religious values; internalised homophobia and biphobia; and racism on the LGBT scene.⁹

Stigma and discrimination

A research review conducted by the Equality Network found that LGBT people from a minority ethnic background may often feel apart from, rather than a part of both their LGBT and ethnic communities, leading to isolation, low esteem, and confusion over identity. The report noted that some LGBT minority ethnic people “are put in a position where they feel that they do not belong to either the LGBT community or the [minority ethnic] community and are forced to express one part of their identity at the expense of the other.”¹⁰

Research and anecdotal evidence shows that

BME LGB people can experience both racism within LGBT communities and heterosexism within ethnic minority communities,

and specifically within their own cultural communities.¹¹ The theory of minority stress emphasises the cumulative nature of stressors, and so individuals who experience everyday verbal and non-verbal hostility (sometimes referred to as microaggressions) because of both their sexual and ethnic minority identities may be especially vulnerable to poor mental and physical health.

A health needs assessment for men who have sex with men (MSM) cites evidence that “ethnic minority gay men living with HIV are prone to more psychological stress related to their gay lifestyle than Caucasian gay HIV positive men” and notes that this is replicated in wider research into psychological stress and ethnicity in LGB youth.¹² The assessment states that “where stigma and discrimination are apparent, the effects are clear and include: internalised homophobia



8 Varney, J. 'Minorities within Minorities – the evidence base relating to minority groups within the LGB&T community' published in H. Williams et al. 'LGBT Public Health Outcomes Framework Companion Document.' The Lesbian & Gay Foundation, 2013.

9 The Lesbian & Gay Foundation and Trade. 'Understanding your world: Findings from the Rainbow Asian Project.' The Lesbian & Gay Foundation, 2011. <http://lgbt.foundation/news/asian-msm-understanding-your-world/>

10 Cowan, T. et al. 'Everyone in: the minority ethnic LGBT project.' Equality Network, 2009. <http://www.equality-network.org/wp-content/uploads/2013/05/Everyone+IN+Full+report+August+2009.pdf>

11 Balsam et al. 'Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale.' Cultural Diversity & Ethnic Minority Psychology, 2011. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4059824>

12 Public Health England. 'Promoting the health and wellbeing of gay, bisexual and other men who have sex with men.' Public Health England, 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339041/MSM_Initial_Findings_GW2014194.pdf

leading to increased risk of depression and substance use". Other supporting evidence indicates that this same conclusion may be drawn across LGB communities, and that LGB people from ethnic minority backgrounds may be especially disadvantaged in this respect.¹³

Mental health

An ethnicity health briefing by Stonewall found

higher prevalence of self-harm and suicide attempts among BME LGB people compared to LGB people in general,

who already show higher rates of both self-harm and suicide compared to the general population:

- 26% of BME lesbian and bisexual women deliberately harmed themselves in the last year compared to 1 in 5 lesbian and bisexual women in general and compared to 0.4 per cent of the general population.
- 28% of lesbian and bisexual women of mixed or other ethnicity deliberately harmed themselves in the last year compared to 21% of black women, 20% of white women and 17% of Asian women.
- 7% of BME lesbian and bisexual women attempted to take their own life in the last year compared to 5% of lesbian and bisexual women in general.
- 1 in 12 BME gay and bisexual men harmed themselves in the last year compared to 1 in 14 gay and bisexual men in general and compared to just 1 in 33 men in general who have ever harmed themselves.
- 5% of BME gay and bisexual men attempted to take their own life in the last year, compared to 3% of gay men, 5% of bisexual men and 0.4% of men in general who attempted to take their own life in the same period.

The research found that differences were even more marked among young people:

- 76% of BME gay and bisexual boys have thought about taking their own life compared to 56 per cent of white gay and bisexual boys. 71% of lesbian and bisexual girls thought the same with no significant difference across ethnic background.
- 83% of BME lesbian and bisexual girls self-harmed compared to 71% of white lesbians and bisexual girls. 36% of gay and bisexual boys self-harmed with no significant difference across ethnic background.¹⁴



¹³ Ibid.

¹⁴ Guasp, A. and J. Taylor. 'Ethnicity Stonewall Health Briefing.' Stonewall, 2012. https://www.stonewall.org.uk/sites/default/files/Ethnicity_Stonewall_Health_Briefing_2012_.pdf AND A. Guasp. 'Gay and Bisexual Men's Health Survey.' Stonewall, 2012. AND R. Hunt. 'Prescription for Change.' Stonewall, 2008.

Research from the USA has found that psychiatric symptoms are associated with both racist and heterosexist stressors for African American and Latino bisexual and gay men.¹⁵ It is reasonable to assume that the association would hold for all BME LGB groups; the research also concluded that these stressors may relate directly to poor mental and physical health outcomes, and may also be associated with adverse health behaviours.¹⁶

Sexual health

There is a paucity of evidence on the sexual health needs of lesbian and bisexual women in general, especially in relation to BME women. Stonewall's ethnicity health briefing found that 55% of BME lesbian and bisexual women have been screened for sexually transmitted infections, higher than the less than half of lesbian and bisexual women who had screened.¹⁷ This higher incidence of screening may be related to campaigns to encourage BME women to test for HIV.

Stonewall's research found that

1 in 5 BME gay and bisexual men have never been tested for any sexually transmitted infection

compared to 1 in 4 gay and bisexual men in general. Far fewer black gay and bisexual men (7%) had never tested compared to 30% of Asian men, 26% of white men and 24% of mixed and other ethnicity men. Again, this may be related to campaigns to encourage BME men, especially black men, to test for HIV. The research found that fewer BME gay and bisexual men (24%) had never had an HIV test (24% compared to 30%) although a breakdown by ethnicity was not available.

HIV is most prevalent among MSM and black Africans, and data from Public Health England shows that the number of diagnoses among black African MSM has remained stable while the number of HIV diagnoses in general has increased. However, the number of new diagnoses among Asian MSM has increased significantly over the decade.¹⁸

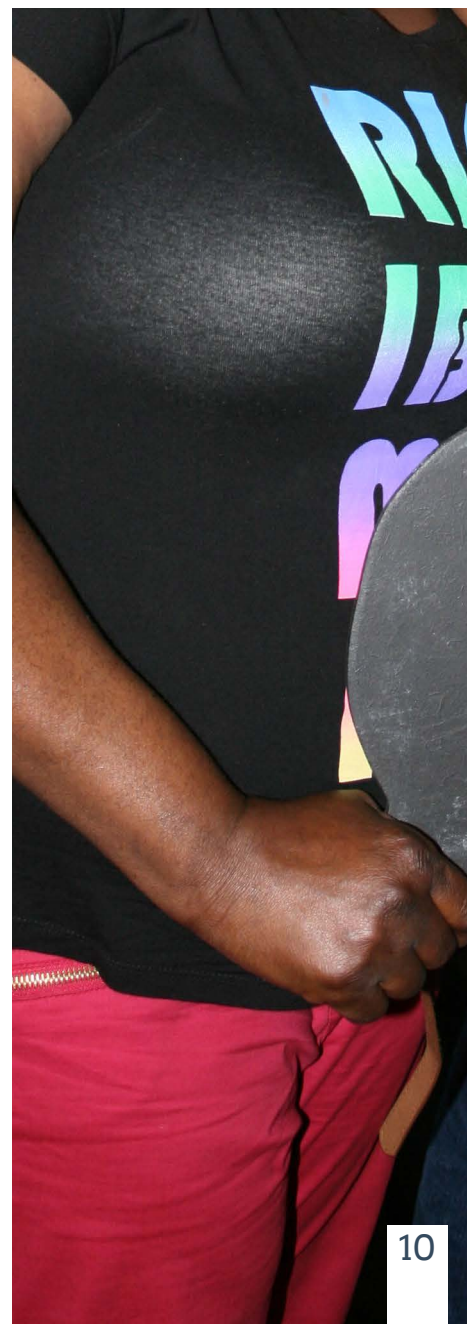
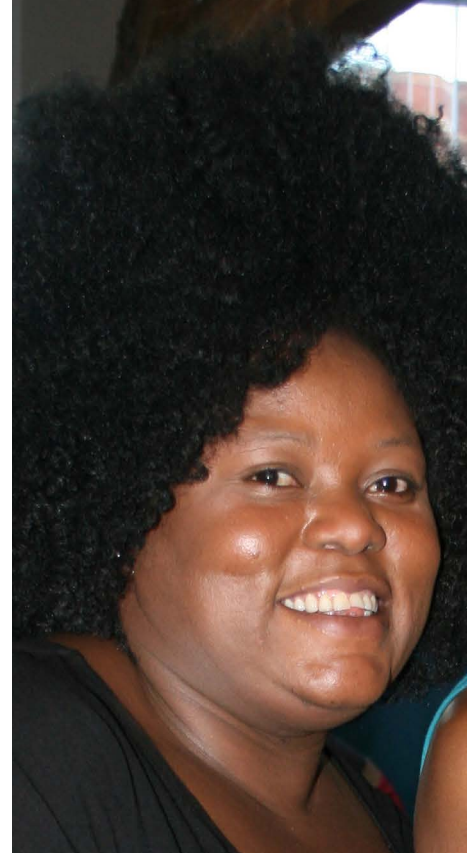
A report from the Rainbow Asian Project, which engaged with Asian MSM specifically to find out how sexual health services could better meet their needs, found that a fear of being seen accessing sexual health services, particularly those aimed at gay or bisexual men, was a major barrier to many Asian MSM accessing these services in the first place. The report states, "it was generally acknowledged that some Asian MSM do not come out and often lead double lives and therefore have more sexual partners because of this" and notes a "vicious

15 Balsam et al. 'Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale.' *Cultural Diversity & Ethnic Minority Psychology*, 2011. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4059824>

16 Ibid.

17 Guasp, A. and J. Taylor. 'Ethnicity Stonewall Health Briefing.' Stonewall, 2012. https://www.stonewall.org.uk/sites/default/files/Ethnicity_Stonewall_Health_Briefing_2012_.pdf AND A. Guasp. 'Gay and Bisexual Men's Health Survey.' Stonewall, 2012. AND R. Hunt. 'Prescription for Change.' Stonewall, 2008.

18 Public Health England. 'Promoting the health and wellbeing of gay, bisexual and other men who have sex with men.' Public Health England, 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339041/MSM_Initial_Findings_GW2014194.pdf



cycle' as a result of keeping sexual orientation as a private matter and subsequently not [attending] sexual health check-ups. The fact that family and culture dominate so much of the reasoning behind decisions to access or not access support cannot be underestimated."¹⁹

Substance use

Prevalence of smoking, alcohol and drug use is higher among LGB people compared to the general population, and Stonewall's ethnicity health briefing suggests that

among BME LGB people there is higher tobacco use, lower alcohol use and slightly higher drug use:

- A third of BME lesbian and bisexual women currently smoke compared to a quarter of lesbian and bisexual women in general.
- A third of BME lesbian and bisexual women drink alcohol on three or more days a week compared to 40% of lesbian and bisexual women and a quarter of women in general.
- More than two in five BME lesbian and bisexual women took drugs in the last year, six times higher than women in general. Lesbian and bisexual women are five times more likely than women in general to take drugs.
- 46% of mixed and other ethnicity lesbian and bisexual women took drugs in the last year compared to 34% of white women, 37% of black women and 35% of Asian women.
- Similar prevalence of current smoking among BME gay and bisexual men, gay and bisexual men and men in general.
- 3 in 10 BME gay and bisexual men drink alcohol on three or more days per week compared to 42% of gay and bisexual men and 35% of men in general.
- 53% of BME gay and bisexual men and 50% of gay and bisexual men took drugs in the last year compared to 12% of men in general.

Research from the USA has found that a number of other health inequalities were experienced by BME lesbian and bisexual women, including increased risks of obesity, colorectal cancer, post-menopausal breast cancer, diabetes, arthritis and cardiovascular disease.²⁰ There is a clear need to further explore health inequalities and risk factors for BME LGB people in the UK.

19 The Lesbian & Gay Foundation and Trade Sexual Health. 'Understanding your world: Findings from the Rainbow Asian Project.' The Lesbian & Gay Foundation, 2011. www.tradesexualhealth.com/download.php?i=994&f=file

20 Varney, J. 'Minorities within Minorities – the evidence base relating to minority groups within the LGB&T community' published in H. Williams et al. 'LGBT Public Health Outcomes Framework Companion Document.' The Lesbian & Gay Foundation, 2013.



Violence

Stonewall's ethnicity health briefing suggests that experience of domestic violence and abuse is slightly higher among BME LGB people compared to LGB people and to women in general, and much higher than compared to men in general:

- 27% of BME lesbian and bisexual women have experienced domestic violence in a relationship compared to 25% of lesbian and bisexual women and women in general.
- 55% of BME gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 50% of gay and bisexual men and 17% of men in general.
- 43% of black gay and bisexual men have experienced at least one incident of domestic abuse from a family member since the age of 16 compared to 22% of white gay and bisexual men, 32% of Asian men and 34% mixed and other ethnicity men.²¹

Research into experiences of hate crime has found that BME LGB people were more than twice as likely as white LGB people to report feeling that homophobic attacks are a problem in their local area.

BME LGB victims of hate crime were also two and a half times more likely be physically assaulted as part of a hate crime compared to white LGB people.²²

Research by Galop found that BME LGB people in London were more likely to experience physical abuse and more likely to have experienced harassment from a stranger than white LGB people.²³

Violence, especially sexualised violence carried out as part of a hate crime may be particularly an issue for LGBT refugees and asylum seekers. These individuals have commonly experienced sexual violence, and research for Women for Refugee Women found that almost all lesbian asylum seekers in the UK have been raped, including being raped by people in official positions in their country of origin. The report notes that this may result in fearing that they will be raped again by people in positions of authority in the UK.²⁴

21 Guasp, A. and J. Taylor. 'Ethnicity Stonewall Health Briefing.' Stonewall, 2012. https://www.stonewall.org.uk/sites/default/files/Ethnicity_Stonewall_Health_Briefing_2012_.pdf AND A. Guasp. 'Gay and Bisexual Men's Health Survey.' Stonewall, 2012. AND R. Hunt. 'Prescription for Change.' Stonewall, 2008.

22 Guasp, A. 'Homophobic Hate Crime: The Gay British Crime Survey 2013.' Stonewall, 2013. https://www.stonewall.org.uk/sites/default/files/Homophobic_Hate_Crime_2013_.pdf

23 Galop. 'The Low Down: Black lesbians, gay men and bisexual people talk about their experiences and needs.' Galop, 2001.

24 Harvey, S. et al. 'Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services.' Welsh Government, 2014. <http://www.brokenrainbow.org.uk/sites/default/files/Welsh%20Government%20-%20Barriers%20faced%20by%20LGBT%20People%20Accessing%20Domestic%20Abuse%20Stalking%20and%20Harassment%20and%20Sexual%20Violence%20Services%20June%202014.pdf>



Access to services

A significant evidence base shows that LGB people have poor expectations and experiences when accessing public services, and these low expectations worsen for LGB people from ethnic minority backgrounds: up to 30% of LGB people would expect to be treated worse than heterosexual people when accessing a range of public services, with higher proportions of BME LGB people reporting low expectations.²⁵

Research into BME LGB people's experiences of healthcare found that more than half of BME lesbian and bisexual women and more than a third of gay and bisexual men had had negative experiences of healthcare in the past year, slightly higher than for LGB people in general.

BME lesbian and bisexual women were more likely to not be out to their GP or other healthcare professionals

than BME gay and bisexual men (55% compared to 36%, similar proportions to LGB people in general).²⁶

A report into BME LGBT people's experience of accessing domestic abuse and sexual violence services identified poor understanding of BME and LGBT issues from service providers as a significant barrier. The report quotes a domestic abuse worker who had been told in a previous job that she couldn't ask BME women about their sexual orientation because it was "too sensitive."²⁷

As noted in above, the Rainbow Asian Project found that family and cultural factors and fear of being seen to access sexual health or LGBT services can dominate an individual's decision to access support. Participants in the project wanted services to display more cultural competency; ensure confidentiality and discretion; target information and promotion of services towards different ethnicities, including visibly inclusive literature; offer specific support to different ethnic and/or religious groups, including online services; and increase the diversity of staff in services.²⁸



25 Guasp, A. *Gay in Britain*. London: Stonewall, 2013. http://www.stonewall.org.uk/documents/gay_in_britain.pdf

26 Guasp, A. and J. Taylor. 'Ethnicity Stonewall Health Briefing.' Stonewall, 2012. https://www.stonewall.org.uk/sites/default/files/Ethnicity_Stonewall_Health_Briefing_2012_.pdf AND A. Guasp. 'Gay and Bisexual Men's Health Survey.' Stonewall, 2012. AND R. Hunt. 'Prescription for Change.' Stonewall, 2008.

27 Harvey, S. et al. 'Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services.' Welsh Government, 2014. <http://www.brokenrainbow.org.uk/sites/default/files/Welsh%20Government%20-%20Barriers%20faced%20by%20LGBT%20People%20Accessing%20Domestic%20Abuse%20Stalking%20and%20Harassment%20and%20Sexual%20Violence%20Services%20June%202014.pdf>

28 The Lesbian & Gay Foundation and Trade. 'Understanding your world: Findings from the Rainbow Asian Project.' The Lesbian & Gay Foundation, 2011. <http://lgbt.foundation/news/asian-msm-understanding-your-world/>

What is Manchester doing for BME LGB people?

In late Autumn 2015, LGBT Foundation conducted research to explore how public services across Manchester and voluntary and community sector (VCS) organisations funded through the Manchester City Council Equalities Fund meet the needs of BME LGB people in the city. Both sexual orientation and race are protected characteristics under the Equality Act 2010, but the nine characteristics are often understood in isolation from each other, without understanding the potential interrelation of identities. The research aimed to gauge what steps organisations took to understand the needs of their BME LGB service users and then to meet these needs.

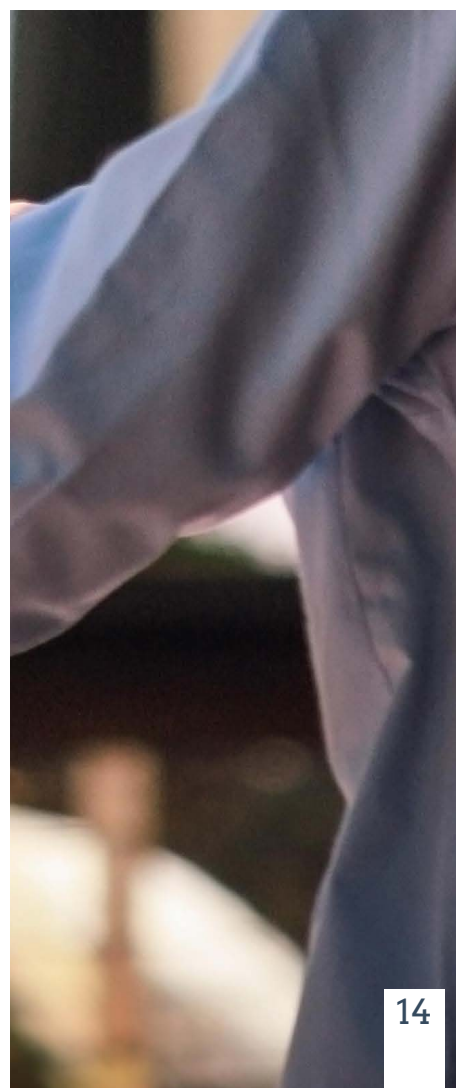
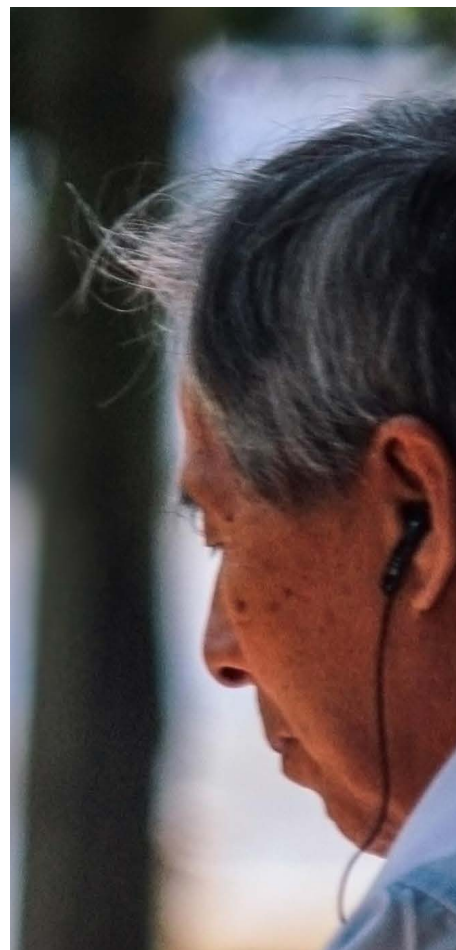
An online survey was designed and the link sent directly to a total of 25 different public and VCS organisations, with a response rate of 68% (17 organisations). Respondents were asked if their organisation monitored service user sexual orientation and/or ethnicity; whether monitoring data was publicly available; whether analysis of the data had been conducted, including co-analysis of the two characteristics; how this analysis had been used to improve service access and quality; and what the organisation was doing to ensure that BME LGB people are included in the services they provide.

Encouragingly, 77% (13) of organisations responded that they do monitor sexual orientation,

which shows an increase in sexual orientation monitoring practice over the last three years²⁹. However, only 62% (8) of those said that they had conducted analysis of this monitoring data. Nearly all (94%, 16) organisations responded that they do monitor ethnicity. This figure is notably higher than those monitoring sexual orientation, suggesting that the ethnicity of service users is more widely acknowledged as necessary data to collect. 81% (13) of organisations monitoring ethnicity said that they had conducted analysis of this monitoring data, which is again higher than the number of organisations analysing sexual orientation data. Only two organisations made their monitoring data publicly available; these were both public sector organisations, and it is a requirement of the Equality Act that public bodies publish their equality monitoring data.

Of the 13 organisations which monitored both sexual orientation and ethnicity data, 53% (7) had undertaken co-analysis of the data on sexual orientation and ethnicity. This indicates that co-analysis of data on equalities characteristics is not yet a common practice.

All organisations were asked what they were doing ensure that BME LGB people are included in their service. Many responses referred to following policies on equality and diversity; engaging



²⁹ Williams, H. 'Community Safety; The State of the City for Manchester's Lesbian, Gay and Bisexual Communities.' The Lesbian & Gay Foundation, 2014. AND Williams, H. 'The State of the City for Manchester's Older Lesbian, Gay and Bisexual Communities.' LGBT Foundation, 2015.

with diverse community events across Manchester; recruiting staff and volunteers to reflect the diversity of Manchester; providing equality and diversity training to staff and volunteers; using a person-centred approach to provide services that meet individual's needs; and working with partner organisations from across the city to share knowledge and expertise on equality and diversity issues.

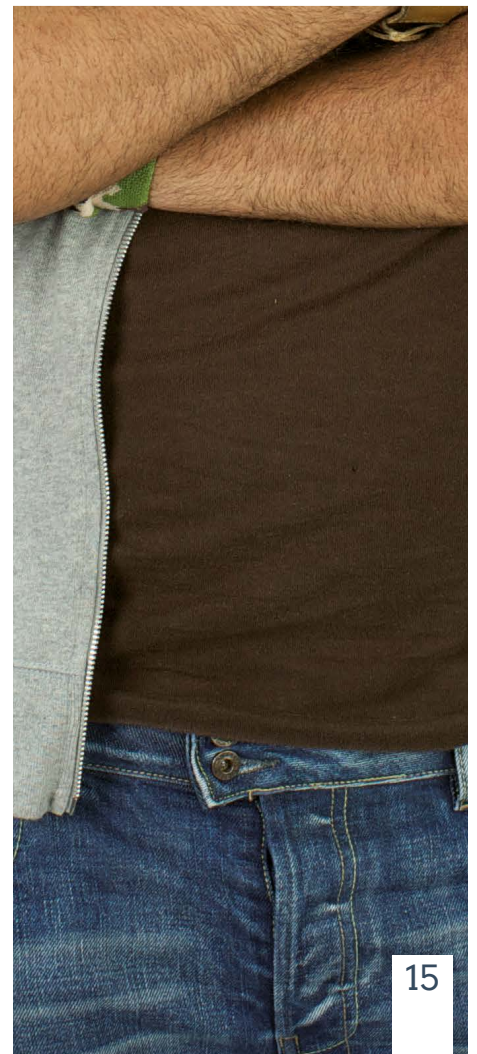
Some organisations provided examples of how they had used collection and analysis of equalities data (including co-analysis of sexual orientation and ethnicity data) to design and deliver new services, or make changes to existing services. These examples should be regarded as good practice from the sectors involved and have been included here as inspiration for other organisations in Manchester to learn from.



"Analysis of our data on service user sexual orientation and ethnicity informed direct project work with young men exploring their perceptions of LGBT people and exploring prejudice and discrimination, inviting young men to consider black LGBT young men's experiences in the context of faith, cultural and social expectations. The group were asked to reflect on their views and consider the impact on a black LGBT young man coming out in the community and what they might do differently now, as a result of their greater understanding. In evaluations, both as a group and individually young men reported that they had developed understanding and the work had positively impacted on their perceptions, identifying what they would do differently"

Awaaz Manchester

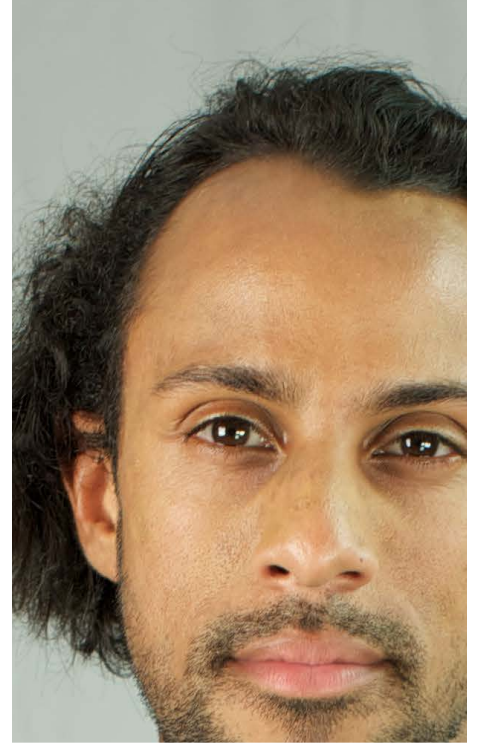
- provides advice and information, employment and training opportunities



“Our Equalities project is aimed at black young men who identify their ethnicity in a variety of ways. This diverse demographic has been analysed in order to embed this is the learning from the project and to inform better access to services. The Equalities project arose directly from analysis of uptake of wider 42nd Street services by black young men and more widely in preventative services. The learning from the project will inform service delivery across the country and has been used to influence the NHS at a national level”

42nd Street

- supporting young people experiencing mental health and wellbeing difficulties



“We ensure that staff are trained to be inclusive. We ensure that anyone who discloses any information is treated sensitively or in a manner they define as appropriate. Unfortunately it is still viewed as a taboo subject in many sections of the community in particular new arrivals to the city. We are currently undertaking a newly designed comprehensive survey that does collect this data more comprehensively. This data will be available in Jan 2016”

Manchester Bangladeshi Women's Society

- providing advice, information and support for Bangladeshi women

“We realised that BME volunteers were a small minority and were able to target them in subsequent recruitment campaigns. Last year we did a multi faith project and were keen to represent every faith in Manchester. We contacted leaders of Muslim, Jewish, Sikh, Baha'i, Pagan, Buddhist and Christian congregations, including the Metropolitan Community Church which works specifically with LGBT asylum seekers. We worked with people from the Cameron, Uganda, Iran, Pakistan and other countries. More recently we have been working with a volunteer from the Bahamas to make a documentary about LGBT asylum seekers from the Caribbean. He collaborating with other volunteers interested in this subject to tell the untold story of people who have moved to Manchester from the Caribbean because they were persecuted for their sexuality.”

Gaydio

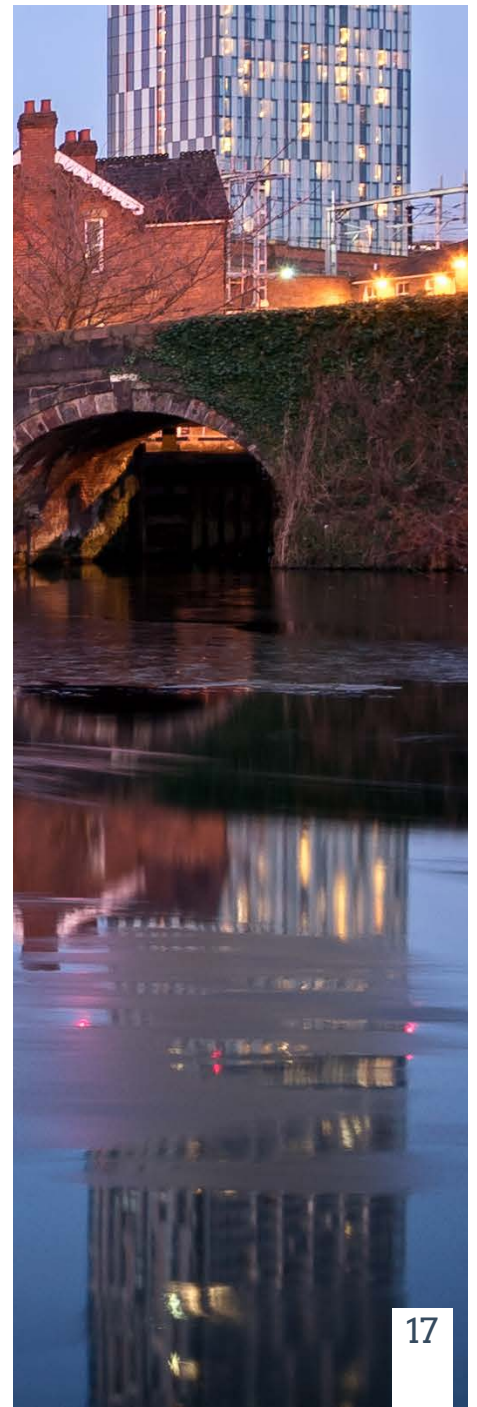
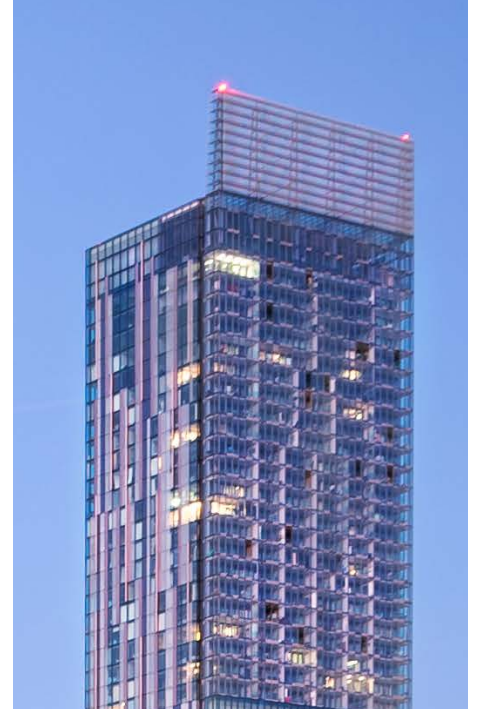
- LGBT radio station's volunteering programme



The survey results showed that despite both being protected characteristics under the Equality Act, ethnicity data is monitored and analysed to a greater degree than sexual orientation. However, compared to results gathered in similar surveys for previous State of the City reports produced by LGBT Foundation, the proportion of organisations monitoring service user sexual orientation has increased. The collection and analysis of monitoring data was consistently shown to have positive applications within organisations; similarly, those organisations that did co-analysis sexual orientation and ethnicity monitoring data reported that doing so had improved their ability to cater to BME LGB individuals. Participating organisations emphasised a strong desire and need for further training, particularly regarding issues that specifically affect BME LGB people.

These findings should encourage other organisations across the city to both implement and/or continue work to improve inclusion of BME LGB people,

including monitoring service user access and experience, and delivering specific, target services where needed. It is vital that service providers understand and are able to meet the needs of the diverse communities which make up Manchester's population, and who are likely to be accessing services in the city. LGBT Foundation will continue to work with Manchester City Council and other partners to ensure commissioners and service providers are aware of and able to meet the needs of BME LGB people, including through the provision of training and consultancy around implementing sexual orientation monitoring.



Specialist LGB service provision

Manchester has a long history of community-led campaigning, advocacy and specialist service provision for LGBT people. This has always been inspired by the diversity of Manchester, with a predominant focus on sexual orientation, gender identity and trans status.

Specialist provision for BME LGB people in Manchester exists predominantly as peer-led social and support groups such as **Rainbow Noir**, a self-funded group run by volunteers, **Lesbian Immigration Support Group**, a group run by volunteers and the youth group **Fusion**, run by the Proud Trust, and the **Queer Muslim Support Group**, previously linked to the national network Imaan..

LGBT Foundation provides a wide range of support services to LGBT people in general from our community centre in Manchester, including: peer support groups; face-to-face counselling; helpline, email and pop-in service; befriending scheme; sexual health programme; advice surgeries and a range of guides and resources.

We monitor service user demographics as part of service evaluation and are able to use this data to better target our service delivery. From this, we know that BME people make up 19% of those who access our befriending service, 18% of those who access our counselling service and 7.3% of those who access our sexual health services. Alongside data on service user satisfaction, this information helps to understand barriers to access and trial methods in increase access and engagement with different communities across our range of services.

LGBT Foundation are able to support the existence of specialist provision for minority communities by offering free venue hire in our community centre in the heart of Manchester's Gay Village. For example, the social and support group First Wednesdays meets here regularly, supporting LGBT asylum seekers in Manchester, and we have previously facilitated Imaan, the Lesbian Immigration Support Group and Rainbow Noir. We have also hosted events to promote conversation on intersectional identities and facilitate networking, such as the 'Being Me', conference for BME LGB people to share experiences, listen to others and find out about the support and information available. Most recently we hosted 'Understanding Muslim LGBT identities' which, whilst not specifically aimed at BME people, increased awareness of an intersectional identity predominantly adopted by BME people. Building on the learning from that event, LGBT Foundation now provides a multi-faith prayer room facility at all our weekend events.

We aim to do more targeted work for BME LGBT people, including events, workshops and outreach, and continue to increase the accessibility of our core services through consultation with local BME LGBT communities.



Case study Ajike, aged 47 from Manchester



"I accessed LGBT Foundation's Befriending service because I needed support after being a victim of a hate crime and wanted to join the gay community to identify with people of the same sexual orientation as me.

As a gay woman of colour, it was a double jeopardy to identify openly because being a homosexual was seen as a taboo where I was born and grew up. I know it was difficult to come out, but it was important for my psychological well-being and integrating my sexual orientation into my life.

I have had difficulties even in the UK when I have decided to come out. I have been identified as a lesbian in various African communities and had homophobic comments made at me by my own people. A few years ago I was a victim of hate crime when I was physically assaulted in Manchester by a woman who I believe was of the same country of origin as me.

It felt lonely and isolating when I first arrived the UK, knowing that my sexuality is different to that of my friends. I didn't know anyone else of my colour here who was in the same boat. I had a couple of relationships with women, but these never lasted more than a couple of. I feel this was as a result of the shame and embarrassment surrounding my sexuality, and my not feeling ready to come out as a lesbian. I still associate with a handful of people from my community living in the UK who are from the same cultural and religious background as me, but they frown about homosexuality.

It's good to talk to like-minded people, which is why I started coming to LGBT Foundation. I found the service really easy to access and felt that everyone was here to help me. It was really important for me to access an LGBT specific service too. The Befriending service gave me more confidence, increased my sense of positive wellbeing and gave me much more knowledge about other services outside the organisation that could also support me, such as social support groups and events for gay women. Accessing the service made me feel valued because I was offered information and choices to make informed decisions. I was also able to get support around relationships, challenging the chauvinistic relationships I have known in the past from my home country and am now able to contribute emotionally in a relationship."

Names have been changed

Services such as these delivered by the local voluntary and community sector (VCS) can add significant value by providing better access to population groups often seen as 'hard to reach'. The VCS has a strong connection with communities, and the ability to reach people who may be less likely to access mainstream services. They are often able to work across geographic boundaries, which is particularly important when addressing the needs of communities of identity, who live, work, socialise and access services across postcodes. Communities of identity also often indicate a preference of choice to access specialist services, with a higher level of trust, engagement and access. VCS organisations have been shown to provide value for money through their service delivery models, including partnership working; provision of wraparound services; and the sharing of resources.³⁰ There is scope for VCS organisations offering specialist services to communities of identity to work together to ensure that the intersectionality of identities is considered, and the needs of all sectors of a community are met.



³⁰ Cox, Julian and D. Morris. 'LGF Cost Benefit Analysis findings'. Manchester: New Economy and The Lesbian & Gay Foundation, 2014.

Improving Manchester's offer for BME LGB people

In Autumn/Winter 2015, LGBT Foundation held three focus groups with social and support groups for BME LGBT people in Manchester: Rainbow Noir (a group for queer people of colour); Imaan (a group for LGBT Muslims) and the Lesbian Immigration Support Group.

The focus groups aimed to explore participants' experiences of living in and accessing services in Manchester,

and to identify what would improve the city for BME LGB people. Participants were recruited through the groups and as an incentive, were given a £15 shopping voucher as a thank you for taking and refreshments were provided. The groups were asked broad questions to stimulate discussion, which led to different themes emerging. A summary of each focus groups is presented below.

Rainbow Noir

A focus group was held as part of Rainbow Noir's September meeting. There were 14 participants in total, of whom 13 identified as lesbian, bisexual or queer women and one identified as a gay man. The majority of participants identified as black and it is worth noting that many participants used the terms black and people of colour rather than BME when speaking about their experiences and opinions.

LGB/BME identity

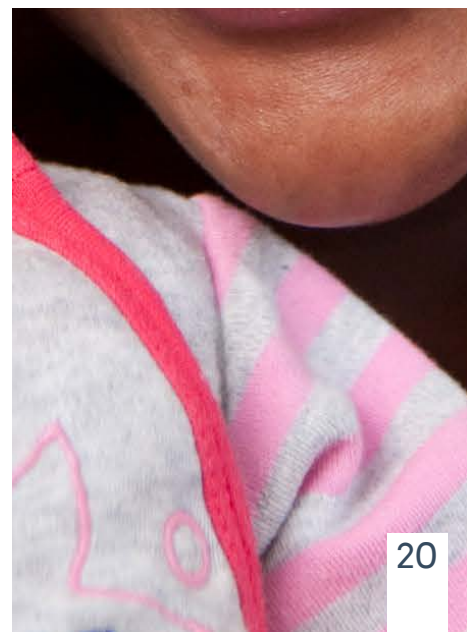
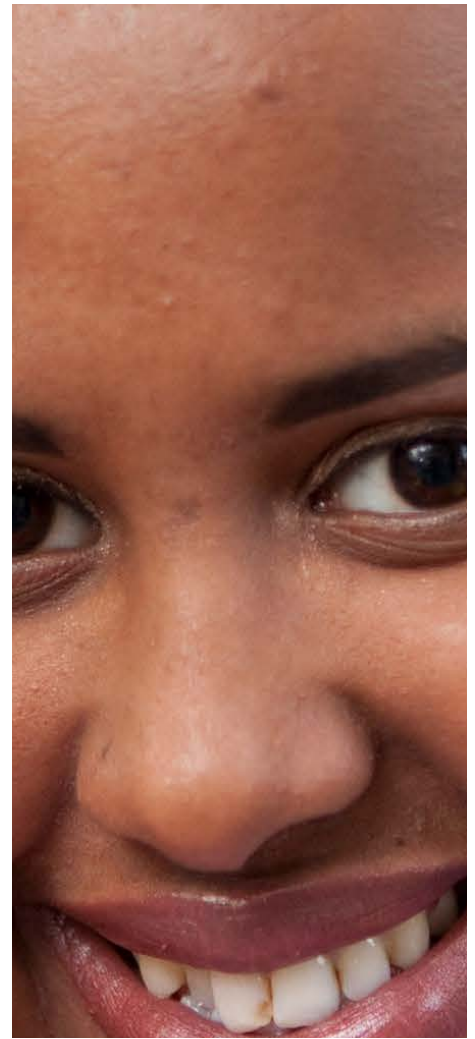
Some participants had experienced positive reactions to coming out as LGB in the BME community, and felt that there were assumptions that these communities would be homophobic. Other participants were selectively not out to some family members because they held homophobic or strongly religious beliefs; it was felt that religion plays a role in the acceptability of LGB identities. Participants agreed that cultural expectations were strong in families, for example that girls will get married and have children and that boys should be "strong black men and can't show emotion". This contributed to stigma and a reluctance to come out. It was felt that Manchester's LGB/queer spaces are very white and very visibly gay, with one participant commenting

"I felt like less of a queer person because I wasn't a white person."

Rainbow Noir was identified as a safe space where people could be themselves, and participants also felt there was a need for greater diversity in the LGB/queer scene.

Racism and homo/biphobia

Respondents described what they felt was a common experience of coming out as LGB/queer but then experiencing racism in LGBT spaces that were predominantly white; this was linked to the importance but also the difficulty of finding spaces where, as one participant put it, "you can be every part of yourself without having to defend an aspect of who you are." Some participants felt it is harder to build up networks when you identify in several groups and that you may have to "compromise" by "[tolerating] certain microaggressions in order to have friends."



There was much discussion about the lack of diversity in Manchester's Gay Village, which was seen as a very white space: for example, the only black venue staff might be toilet attendances or bouncers, and the club nights etc. on offer were felt to appeal to a predominantly white audience. This was summed up as, because there is nothing on offer that reflects you, you don't feel welcome there. Participants felt there was an expectation that LGBT BME groups will take responsibility for increasing the diversity of club nights etc. on offer, rather than it being the responsibility of promoters, venues etc. to actively engage with LGBT BME groups to get their input. Some participants had experienced racism when out in the Village, from other LGBT people and venue staff. There was frustration at the presence of music and drag acts which perpetuated racist stereotypes but were defended as being 'funny' or 'edgy' by audiences and promoters. It was noted that there were no posters in the Village about how to report racist hate crime, though there are posters about homo/bi/transphobic hate crime. Participants felt there was nothing in the Village telling BME LGBT people that that they would be safe and welcome.

In relation to public services in Manchester, one participant felt that mental health services don't cater to BME people or LGB/ queer people. She had not experienced explicit racism but felt there was a lack of BME staff, and

a lack of understanding of “the complexities of being black and queer and how it impacts on your mental health.”

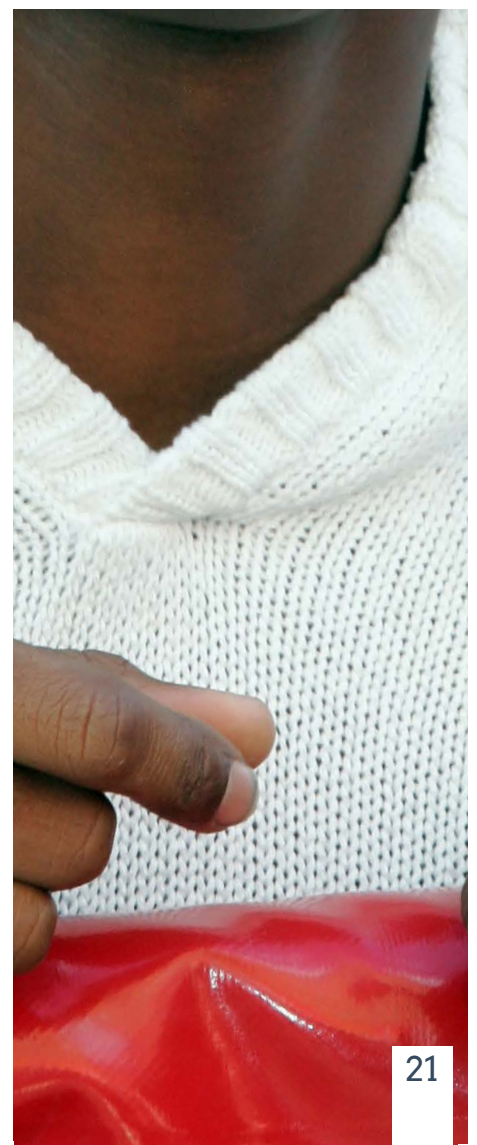
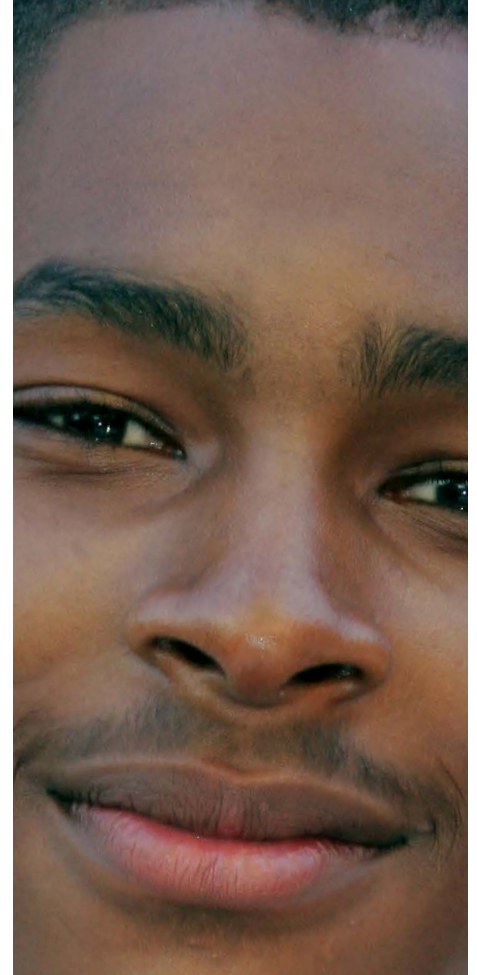
Participants also felt that services could do more to actively engage with BME LGBT communities, for example through targeted outreach and working with groups.

Media representation

The recent Channel 4 programmes Banana, Cucumber, Tofu were mentioned, with participants agreeing that they were “tacky” and ended up building a “negative rapport” in relation to BME and LGBT communities. The point was made that representation of LGB people on screen is so rare that when it happens, that character is taken as the norm for all LGB people, and the same applies for representations of BME people. Participants agreed that they want to see characters who “just happen to be gay or to be black.”

How could Manchester be improved for BME LGB people?

When asked what would make Manchester better for BME LGB people, participants felt that change should start in schools, with more training for teachers on BME and LGB issues. Participants also wanted more funding from Manchester City Council for community groups such as Rainbow Noir (which is self-funding); it was felt that with investment the group could increase its reach and visibility through promotion, as well as diversify its activities and provide travel subsidies. Participants also wanted to see specific advocacy services for BME LGB people, as well as specific groups and/or support for BME LGB young people, and greater Asian representation in BME LGB communities.



Imaan

A focus group was held as part of Imaan's December meeting. There were 17 participants in total, of whom 15 men and 2 women. The majority of participants were from an Asian or British Asian background and it is worth noting that many participants used Asian/Muslim interchangeably when speaking about their experiences and opinions.

LGB/BME identity

Group members felt that because Manchester was a big place, it was easier to find others who you could relate to. It was reassuring to know that there were organisations like Imaan there for you when you needed them.

Participants spoke of having to justify being gay to the Muslim community, and having to justify being Muslim to the gay community.

One participant summed it up as a struggle on three levels: a personal struggle to reconcile your ethnic and/or religious identity with your gay identity; a struggle with your family's reaction; and a struggle with wider society, including the gay scene, to accept you.

Racism and homo/biphobia

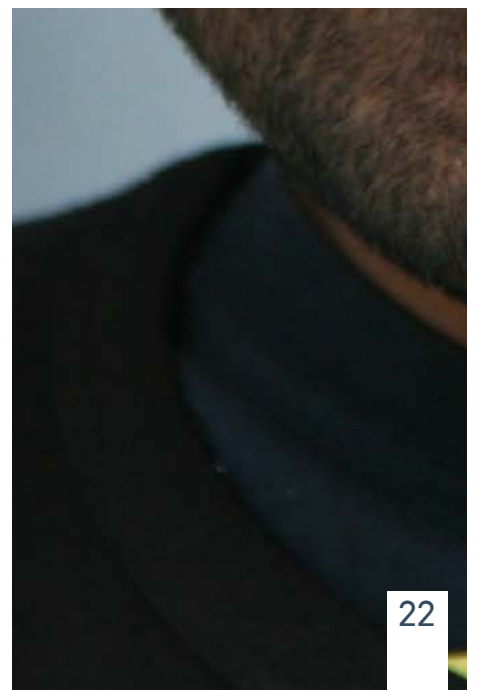
Participants felt they had to be self-censoring in the Asian community. One participant explained how taboos still exist around sex and relationships in the Asian/Muslim community, describing how "if I was straight, I wouldn't take a girlfriend home to meet my parents because it's still taboo" so felt that there weren't parallels with the Western experience of coming out as gay.

Participants spoke of how racism may not always be visible but was still there.

One participant described receiving comments from both gay and Muslim friends about being a "rebel" because he is both gay and Muslim;

this was a fairly common experience and was described as annoying and frustrating. Some participants had friends who were very reluctant to come to Village and even to Imaan because of a fear of Islamophobia in the Village.

There was discussion about Manchester's LGBT scene, which was agreed to be varied: some found it to be unwelcoming, but others felt that the queer scene especially was very welcoming to Asian/Muslim people. It was noted that some Asian people can be afraid of coming to the Village, for fear of being seen by a member of the wider community and the risk that this news would get back to their family. Participants also commented that the gay scene is very



focussed around bars and clubs, which isn't familiar to many people who had an Asian upbringing.

Many participants shared experiences of being refused entry to venues in the Village, which they felt was based on an assumption bouncers made that because they were Asian then they couldn't also be gay. It was agreed that there was a need for diversity training among venue door staff. Participants felt that mainstream bars were generally much better, and usually had a welcoming, respectful approach to both ethnicity and LGB identity. As one participant said, "I wouldn't be refused entry to a mosque, so why am I refused entry [to a bar] in the LGBT community, when they should accept me for who I am?"

Media representation:

There was disagreement over the importance or value of representation of LGBT Muslims on television. For example, the recent Channel 4 programme Muslim Drag Queens was seen by some as evidence of acceptance, and by others as unhelpful sensationalism which wouldn't lead to acceptance.

It was agreed that there were few role models in media. Some were understanding of this in terms of risk, i.e. "who wants to broadcast themselves in that way? ... when your family is not just immediate family but extends to your village back home" while others felt that

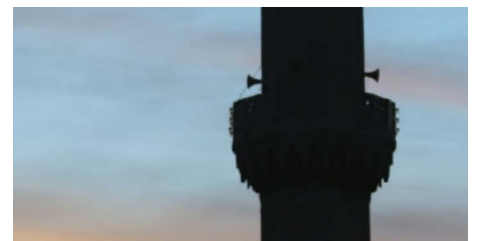
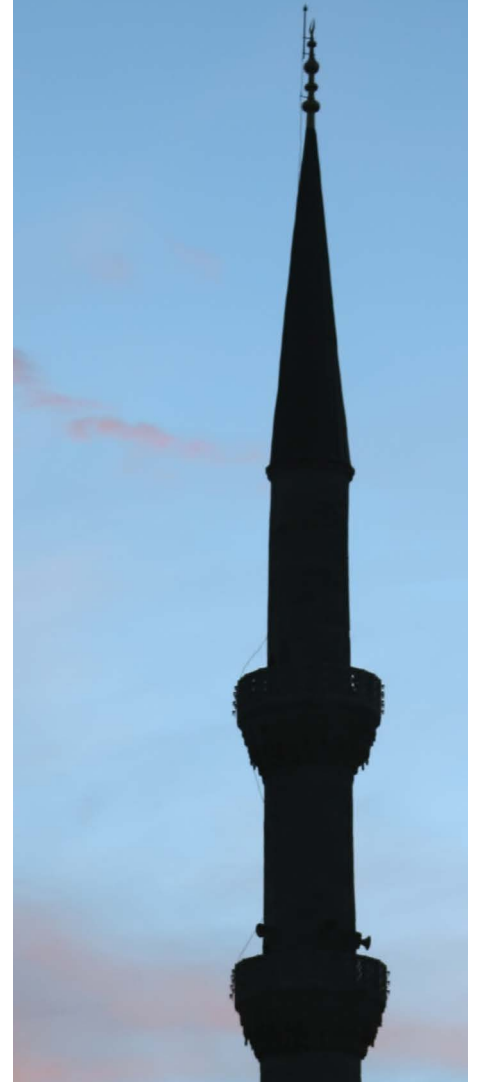
seeing gay and bisexual celebrities can help in achieving self-acceptance.

How could Manchester be improved for BME LGB people?

When asked what would make Manchester better for BME LGB people,

participants felt there was a need to educate people that it's ok to be gay and Muslim,

but not necessarily in a formal way. The EastEnders character Syed was cited as a way to break down barriers and challenge people's perceptions. Again, participants agreed that there was a need for diversity training among venue door staff in the Village. The group also felt that grassroots organisations such as Imaan could to make wider impact, for example, working in localities across Greater Manchester, but needed funding to do so.



Lesbian Immigration Support Group

A focus group was held as part of LISG's November meeting. In total there were 12 participants, all identifying as lesbians. The majority were from a Black African or Black Caribbean background.

*What are your experiences of living in Manchester?
What is good about the city? What is not good about it?*

Participants talked about the practical support they had received from the group. This included talking about their cases, and support in going to court and going to other LGBT spaces. One commented that "everything starts from here" as LISG could direct her to the services she needed.

It was common for participants to see the group as family, especially as many had been rejected by their families in their home countries.

When asked what made LISG different from other women's groups, there was a sense among participants that other groups could be discriminatory and prejudiced (which could be in relation to sexual orientation, race or refugee or asylum seeker status, or a combination of factors). Women had then not felt involved in those groups, whereas at LISG they felt welcome, no matter where they were from.

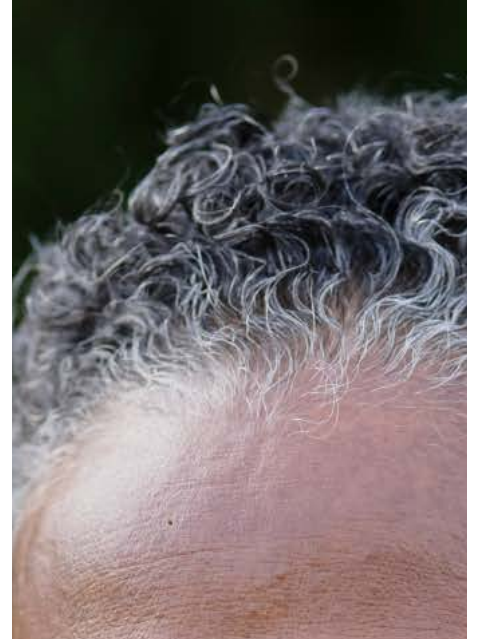
At least one participant had experienced racism in Manchester when accessing services; she felt that she hadn't been given the information she needed and had been made to feel stupid. This was linked to negative attitudes of immigration staff because you were 'new' and therefore could be taken advantage of. The group acknowledged that there is still homophobia in the UK but that unlike at home, you could meet other LGBT people and find groups where you would be welcome. Others felt that Manchester was welcoming to refugees and immigrants and had a good atmosphere.

It was a place where you could make new friends and family, and set up a new life.

One participant spoke of how she felt seeing so many people taking part in Manchester Pride; it had made her feel "proud of who I am", something she didn't feel at home.

What are your experiences of accessing services in Manchester?

The group felt that your refugee or asylum seeker status had the biggest impact on how they accessed and experienced public services in Manchester, above the impacts of their BME LGB identity. There were some groups which could meet particular needs (e.g. Asylum Support Housing Advice) but it was felt that people lacked the information they needed about where to go for support. Some felt that this was even harder as a refugee than as an asylum seeker, as you still didn't know where to go for support even once



you had achieved refugee status. One said that unless you were seen as a priority case, you were left without support.

Fear was a big issue for many when accessing services, as they still faced the fear of homophobia and discrimination, which led to stress. Some felt that lawyers didn't necessarily understand issues related to sexual orientation and gender, hence the value of discussing their cases and getting support from LISG. The Metropolitan Community Church as mentioned as a place that was welcoming of LGBT people of all religions, and was attended by several participants.

What improvements could be made in Manchester to improve the quality of your life?

One participant related her friend's experience of homophobia in accommodation for refugees and asylum seekers, highlighting that such accommodation needs to be inclusive and suggesting specific accommodation for LGBT women refugees and asylum seekers.

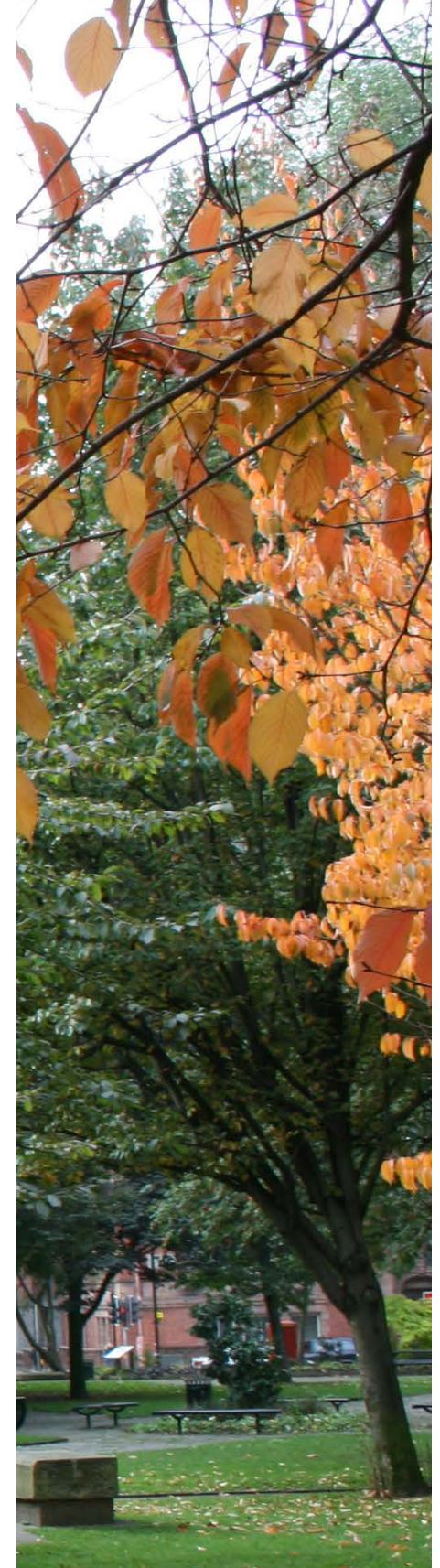
Again, some said that there were too few solicitor firms with the necessary knowledge and understanding around sexual orientation and gender issues. The group agreed that the Greater Manchester Immigration Aid Unit was overbooked, referring to long queues outside the centre from early on Tuesday mornings waiting for the drop-in. Some participants related this to recent cuts to legal aid.

A big issue for the group was lack of money as a refugee or asylum seeker. Bus tickets cost a large proportion of their allowance, and they are required to travel to lots of meetings as part of their case. Participants wanted there to be help towards the cost of transport, or even free travel for refugees and asylum seekers from Transport for Greater Manchester.

Many of the participants had accessed (or tried to access) education, and felt that colleges and other educational institutions needed more guidance on supporting refugees and asylum seekers. It was felt that staff didn't understand issues for them or even the different categories of immigration and what people were entitled to. This had led to some women being refused access to the college and in some cases then not being able to access another institution in a different area.

The group agreed that education on refugee and asylum seeker issues and the different categories of immigration should be a priority across all public services,

and services such as banks and shops. Women talked of having to always explain themselves when they were just anxious to access the service. As one participant summed up, "treat us with dignity and respect – we are human beings."



Recommendations

These recommendations were agreed at a roundtable discussion event hosted by LGBT Foundation on 19th May 2016. Stakeholders from across Manchester's public, voluntary, private and community sectors were invited and discussion was based on the findings of this report and the knowledge, experience and expertise of attendees. The recommendations are aimed at stakeholders across Manchester and the Greater Manchester Devolution area.

EDUCATE

- ▶ All providers of statutory, private and voluntary sector publicly-funded services should ensure that all staff receive comprehensive training on Equality & Diversity issues (including ethnicity, faith, sexual orientation, gender and trans status) which acknowledges the intersectionality of these characteristics.
- ▶ Provision of adequate Equality & Diversity training to all staff should be a requirement of contracts and grants to the public and voluntary sector, and a condition of licensing to venues.
- ▶ Voluntary and community sector organisations should explore opportunities to train BME and LGB people as community advocates for inclusion, supporting people to develop skills and facilitate community voice.
- ▶ Stakeholders from across all sectors should work in partnership to develop an awareness raising campaign aimed at the LGBT community, challenging racism and discrimination, and celebrating the positive contributions diversity makes to our communities.

MONITOR

- ▶ All providers of statutory, private and voluntary sector publicly-funded services should continue to monitor the sexual orientation and ethnicity of service users, patients and staff as part of standard demographic monitoring.
- ▶ Analysis of this data should differentiate between identities within the broad categories of 'BME' and 'LGB' and include co-analysis
- ▶ of characteristics in order to understand the different needs and experiences of communities.
- ▶ Service providers and commissioners should use the findings to inform future plans and improve services.
- ▶ Comprehensive demographic monitoring and demonstrable use of the data should be a requirement of contracts and grants to the public and voluntary sector.

COMMUNICATE

- ▶ Communicate in a non-discriminatory way, without making assumptions about a person's sexual orientation, gender identity or background.
- ▶ Stakeholders from across all sectors should encourage and support champions for BME LGB inclusion (including non-community allies) recognising their role in education and improvement.



INCLUDE

- ▶ All providers of statutory, private and voluntary sector publicly-funded services and providers of goods and services in the private sector should consider the needs and experiences of different communities, including intersectional perspectives.
- ▶ Researchers in the academic, community and voluntary sectors should involve community members in future research about communities, including using participatory methods.
- ▶ Researchers and information officers from across all sectors should conduct further research into the needs and experiences of BME LGBT people, including trans BME people and the diverse communities within the broad definitions of 'BME' and 'LGBT'.
- ▶ Future work on the needs of BME LGBT communities should include specific attention on the needs and experiences of LGBT refugees and asylum seekers.

TARGET

- ▶ Stakeholders from across all sectors should consider opportunities for partnership working to further equality, diversity and inclusion for BME LGB communities. This could include developing targeted community programmes, and guidance for service providers on inclusive practice.
- ▶ Commissioners should continue to support existing specialist services and groups for BME LGB people, and look to invest in new and innovative solutions to meeting the specific needs of these communities. The LGBT voluntary and community sector can share valuable evidence of need. These organisations, along with the communities they serve, can co-produce innovative solutions for their communities that are cost-effective and potentially attract other sources of investment.

Further information

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For free access to LGBT statistics on a range of topics, visit LGBT Foundation's Evidence Exchange:
lgbt.foundation/evidence

For advice and information on implementing sexual orientation and trans status monitoring in services, visit LGBT Foundation's website:
lgbt.foundation/monitoring



We believe in a
fair and equal
society where all
lesbian, gay,
bisexual and trans
people can achieve
their full potential.

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