You build your own family, that's how you get through it

Understanding LGBT people's experiences of severe and multiple disadvantage

LGBT
foundation

About LGBT Foundation

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

Our work started in 1975 and we've been changing the lives of LGBT people ever since. Over the last five decades, we've provided information, services and support for LGBT people who've had nowhere else to turn. We've been at the forefront of the social and legal changes that mean LGBT people in the UK have more rights than ever before.

Our work is as vital and urgent as ever.

LGBT people still face persecution, discrimination and stark health inequalities. Through our services we reduce isolation amongst our communities, help people feel more confident and in control of their lives, and enable people to flourish.

Every year we serve 40,000 people - amplifying people's voices, providing support and offering hope.

We work in partnership with others to build strong, cohesive and influential LGBT communities and promote attitude change in society, reaching 600,000 people online each year.

Together, we can secure a safe, healthy and equal future for all LGBT people.

Until then, we're here if you need us.

Acknowledgements

First and foremost, we would like to sincerely thank the LGBT people who gave their time, knowledge and experiences to this project, whether that is as peer-researchers, interviewees or as members of the core steering group. They made this research possible, and by drawing upon their lived experience we have been able to put together a truly unique report. In particular we would like to acknowledge the contribution of Heather Davidson as co-chair of the steering group and chair of the core group.

We would like to also like to thank the members of our project steering group for their ongoing contribution to this project and providing their insight and expertise within the field of researching and supporting LGBT communities and those who experience severe and multiple disadvantage. The organisations represented on our project steering group were the University of Manchester, Manchester City Council, Shelter, Greater Manchester Combined Authority, Bolton CVS, Centre for Local Economic Strategies, Inspiring Change Manchester, and NHS England.

We would also like to acknowledge the contributions of the research and policy team at LGBT Foundation from 2016-2020 as well as independent researcher Dr David Woodhead, who have worked on different aspects of the research and this report, ensuring it accurately represents the experiences of the LGBT people who were interviewed.

The illustrations within this report were created by Leo Hermitt, and were based on photographs provided to us by members of the Core Group, who were given disposable cameras to document their lives and experiences during the research period.

Finally, we'd like to give our thanks to our funder Lankelly Chase, who not only made this project possible through a research grant, but have provided us with their insight, expertise and guidance from the project's conception to its publication.

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You build your own family, that's how you get through it, has been a ground-breaking project looking at the impact of severe and multiple disadvantage on lesbian, gay, bisexual and trans (LGBT) people.

Lankelly Chase

CONNECTED

Foreword

In this report you will read the stories of LGBT people who have experienced severe and multiple disadvantage, but there is also the story of the Core Group, the group of peer researchers who steered the project, and its positive and life changing impact.

From the very beginning of the project, you could tell it was something different, new and innovative. LGBT Foundation and Lankelly Chase wanted to ensure this project was broadcasting the voices of those who were LGBT with past or present experience of severe and multiple disadvantage from its very creation. So we set up the Core Group to conduct this research in a peer led way.

I was asked to attend originally to represent the views of young LGBT people who had experienced severe and multiple disadvantage. But from the moment I arrived, I knew this would benefit both me and the project.

This project entered my life at a time of uncertainty. I was experiencing poor physical health that meant I was unable to continue my face to face work with young LGBT people, a project on LGBT heritage I had been working on was coming to an end and I was unsure what was next.

We were a group of LGBT people who were brought together by our experience of challenging lives. These life experiences were never explicitly asked for in meetings but the quiet understanding that we were LGBT with shared experiences enabled us to plan the research model in a safe space, sharing what we felt comfortable to.

I was asked if I would co-chair the steering group, the group of professionals from Lankelly Chase, LGBT Foundation, Manchester University, and representatives from organisations working with people with multiple complex needs, to represent the views of the Core Group and ensure a close link between both groups.

It has been ten years since I moved to Manchester and over seven since I had the courage to ask my abusive partner to leave. As much as I have now survived that, the coping mechanisms leave their mark and the fear of homelessness and poverty stop you from dreaming.

I have always loved research but my chance to follow this passion has always been thwarted. The chance to be more involved with this project felt like an opportunity to follow my passion.

Throughout this project the Core Group has become an important source of support in its own right. Many have come to share moments of difficulty. These could be incidents of homophobia, biphobia and transphobia, or difficulty finding support, or for those seeking asylum needing evidence to prove their LGBT identity. At times, this was the only space people had to be themselves Some members of the group felt they'd grown in confidence as a result of being involved.

Others got new jobs, or moved away from the area. This meant that the size of the group fluctuated during the project, but always remained a space where people could come together and discuss how this research project could be used to make a difference.

While taking the interviews you could feel at times this was the first time people were talking openly about the disadvantage they had faced and they were trusting you with their story. At times this could be challenging because you were hearing truly difficult stories but also honoured that someone believed in the importance of the project.

The stories are people's real lives. They are precious and should be treated with more than pity.

For me, this project has been life changing. It has been a project of opportunity. I have shattered my own silence. I have spoken to those with power honestly about my experiences. I have attended meetings and conferences. I have decided to apply to study sociology.

This may be what the project has done for me but I know it has changed the lives of others in the Core Group too. It is my hope that this report will make powerful change to the lives of LGBT people facing severe and multiple disadvantage, that it will not sit on shelves and gather dust.

There is possible system change here. So let's start making changes.

Heather Davidson

*Co-Chair, Steering Group
and Chair, Core Group*

Introduction

Introduction

Lesbian, gay, bisexual and trans (LGBT) people are likely to encounter stigma throughout their lives and for those who live in adversity and experience severe and multiple disadvantage, the challenges intensify.

The central aim of this research was to understand how LGBT people can face additional or different challenges that diverge from the experiences of heterosexual and cisgender people experiencing severe and multiple disadvantage. We wanted to better recognise the impact that this has had on people's lives, and use this information to support changes which are truly responsive to their needs and experiences. This study breaks new ground in developing an understanding of the specific severe and multiple disadvantage needs of a population where there is already a strong evidence base around some health inequalities, but where few studies have drawn this evidence together in order to paint a picture of complex needs.

When we talk about severe and multiple disadvantage, we are referring to the model established by Lankelly Chase's Hard Edges report[1] which outlines three domains within severe and multiple disadvantage.

These are:

1.   *Experiences of street homelessness*
2.   *Substance misuse*
3.   *Being an offender/ex-offender*

The unique stories of the LGBT people who experience severe and multiple disadvantage in this report have concerning similarities and shared themes. Despite significant differences in their content and context, when read together, clear patterns start to emerge.

For many of the people whose stories are shared in this report, experiences of rejection and homelessness acted as a strong predictor of the instability and uncertainty that

1   Lankelly Chase. (2015). Hard Edges: Mapping Severe and Multiple Disadvantage in England. London https://lankellychase.org.uk/resources/publications/hard-edges/

they would experience throughout their lives. For those who experienced severe and multiple disadvantage as children coming out difficult often became more challenging due to relationship strain and existing stress factors. Others reported that it was the consequences of coming out which created the conditions in which their own disadvantage could take hold. Traumatic experiences when coming out were often never fully addressed by the participants, and led to a lasting fear of rejection throughout their lives.

Experiences in adulthood can act as triggers for existent disadvantages, but they can also create new disadvantages which can affect people in a variety of ways.

Harassment and bullying from colleagues in the workplace could make it difficult to find and maintain employment. Being LGBT also presented severe and multiple disadvantage which directly impacted on physical and mental health. The ease with which drugs could be found on the commercial gay scene made managing, or quitting substances challenging. Additionally to this many people experienced difficulties or barriers to accessing mainstream health services, often due to a lack of understanding, or outright discrimination based on their sexual orientation or trans status, which further compounded any health inequalities they experience.

Concluding on how LGBT people who had experienced severe and multiple disadvantage currently access support is complex, and any approach taken from these conclusions has to consider that many of these issues are nuanced.

LGBT friendship networks were important in coping with crises, especially due to isolation from family, which can ordinarily function as a support network. Services had a role in providing advice, advocacy and support, but many of the participants' experiences resulted from deep inequalities in society from an early age. As a result, the interventions available were insufficient in addressing the underlying trauma, and therefore would not fundamentally resolve their disadvantage. Workers who had lived experience of the issues the participants faced were more successful and the empathy and compassion they demonstrated were helpful in recovery.

Why we undertook the research

Why we undertook the research

There is a growing research base about LGBT people's lives overall which gives important insights. Within the lives of the research participants, there have been substantial changes within society and legislation which have overall improved the quality of life for LGBT people. They are afforded protection from discrimination on the grounds of being LGBT through the Equality Act 2010, and there has also been the removal of damaging legislation, such as the repeal of Section 28.

There are also numerous examples of dedicated projects and services which have improved outcomes for LGBT people, such as, LGBT Foundation (*https://lgbt. foundation*), London Friend (*https://londonfriend.org. uk*) and the National LGB&T Partnership (*https:// nationallgbtpartnership.org*) which brings together 10 LGBT organisations across the country to collectively reduce inequalities and improve health and wellbeing outcomes for LGBT people.

Yet despite this progress, we are still far from seeing true equality for LGBT people. There are still systemic issues which present as barriers to LGBT people within the workplace, within healthcare and within their private and public lives. Harmful anti-LGBT legislation, even after its repeal, continues to impact not just those who were directly affected, but those who grew up, and were even born, afterwards.

LGBT people report stigma and discrimination, or perceptions of stigma, as a barrier to accessing mainstream services and generally reported feeling uneasy sharing details of their private lives for fear of negative response or prejudice[2]. In addition, those with multiple protected characteristics - for example, being BAME and LGBT, report even poorer experiences.

It was therefore expected from the research that these experiences would compound the disadvantage that our participants report. Equally, Stonewall's report identifies that LGBT people with multiple minority identities (such as

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2   Stonewall. (2015) Unhealthy Attitudes. The treatment of LGBT people within health and social care services. London. https://www.stonewall.org. uk/sites/default/files/unhealthy_attitudes.pdf

older LGBT people, LGBT disabled people or BAME LGBT people) will experience further discrimination, both in and out of LGBT spaces.

There has been little research undertaken, or policy developed, which explicitly recognises or seeks to address how these challenges impact on each other or how they are managed.

The interviews summarised give insights into the lives of LGBT people who experience severe and multiple disadvantage. They illustrate the types of challenges they face, the limitations they bring to their lives, and give insight how they and their friends cope.

In 2018 the UK Government published the findings of a comprehensive survey of the experiences of LGBT people in the UK, which over 100,000 responses, making it the largest survey of its kind conducted in the UK. Despite perceptions of significant advancements towards LGBT equality in LGBT respondents are less satisfied with their life than the general UK population (rating satisfaction 6.5 on average out of 10 compared with 7.7). Trans respondents had particularly low scores (around 5.4 out of 10).

- More than two thirds of LGBT respondents said they had avoided holding hands with a same-sex partner for fear of a negative reaction from others.

- At least 2 in 5 respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than 9 in 10 of the most serious incidents went unreported, often because respondents thought 'it happens all the time'.

- Two percent of respondents had undergone conversion or reparative therapy in an attempt to 'cure' them of being LGBT, and a further five percent had been offered it.

- Twenty four percent of respondents had accessed mental health services in the 12 months preceding the survey.

Government Equalities Office (2019) Research and Analysis: National LGBT Survey Summary Report. London. https://www.gov.uk/governmentpublications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report

Methodology

Methodology

The core value at the heart of this report was co-production, which means that at every stage LGBT communities were included and consulted. Their feedback and insight shaped the direction of the research, which was done mainly through the Core Group which comprised of LGBT people with lived experience of severe and multiple disadvantage. This determines the value of the research project, as it ensures it will gain insight which is meaningful, and which can be used to create effective change.

This group was facilitated by the paid researcher at LGBT Foundation, through group-bonding and creating familiarity. Individuals were framed as the experts and were made to feel confident in providing robust feedback. This group decided on the research methods used which were then shaped strategically by the paid researcher.

Whilst this research project was primarily a qualitative research project, it was decided that in order to give context a questionnaire would be sent out to voluntary sector organisations that provide services to people experiencing severe and multiple disadvantage. The purpose of the research was to build a picture of how such organisations engage with LGBT people and respond to the challenges they face. There were 79 responses in total, from a variety of organisations across England, the vast majority came from the North West.

The survey findings then shaped the in-depth interviews which took place with LGBT people living in Greater Manchester from May-November 2017. These interviews were semi-structured, qualitative data, which were carried out by a peer researcher. Each peer researcher was trained by the University of Manchester in quantitative and qualitative research methods, including photo-elicitation. This further continues our value towards co-production, but also builds upon a growing research base around Community Based Participatory Research.

Community Based Participatory Research is a valuable tool method in research, as it removes the inherent power dynamic between researcher and participant.

Where the research participant knows that the interviewer is a peer, and is someone who shares common experiences, it

enables participants to share personal and sensitive stories about their experiences of disadvantage. As this research is focused on LGBT communities, it is even more valuable in bridging the gap between researcher and participant. The aim of this was to create honest and safe interactions, where participants could talk about their experiences without fear of judgement or consequence.

Participants often wanted to talk about deeply personal experiences, both negative and positive. Revisiting experiences of abuse and trauma, for example, can bring about adverse reactions if painful memories surface or new realisations are made. Therefore, it was essential that participants' accounts were collected sensitively and in an empathic manner, in ways which allowed participants to speak frankly and without being censored, and in an environment in which they felt comfortable, fully assured that their anonymity was protected.

It was critical, therefore, that interviews were led by well-trained, sympathetic and compassionate researchers. It was also important that the wellbeing of peer researchers was protected, and to do so they were given regular meetings with the core group to discuss difficulties.

Overall this method worked well, as the peer-researchers were able to engage productively with the participants and the discussions followed similar topics but allowed for the personal interests and experiences of the participants to feature. Informal styles were adopted to put participants at ease.

The deep understanding of the peer-researchers, their non-judgemental approach and their willingness to connect strengthened the interviews. Some interviews were fuller than others, depending on the individual's willingness to talk and the skill of the interviewers in asking questions. There were times where the inexperience of the peer-researchers showed. Sometimes leading questions were asked, or researchers would answer the question on behalf of the participant.

There were instances where interviewers and participants knew each other well and the content of the interviews reflected this. This was evident when they interviewed each other, as conversations focused on people they knew in common and some disclosures felt out of place within a semi-structured interview setting. This overall does not discredit the research, and in fact this method was chosen for its ability to enable closer conversation.[3]

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3   Further information on peer research with people experiencing severe and multiple disadvantage has been produced by the Revolving Doors Agency Research Network and can be found at https://lankellychase.org.uk/1844-2/

Recruitment & Interviewing

Participants were identified through informal networks and word of mouth. There were 19 research participants: 8 gay men; 2 trans women, 4 lesbian women, one non-binary person, 2 bisexual men and 2 bisexual women. The youngest was 21 years old the oldest was 62, suggesting that further interrogation of younger and older participants' might be fruitful in future research. It is worth noting that many of the participants were recruited through the Core Group and their own connections, which may go some way to explaining the relatively small age range.

The peer-researchers worked individually or in twos; an experienced researcher was present to lend a hand if needed. Interviews lasted between 20 minutes and an hour. The interviews were recorded and transcribed in full. Access to the transcripts was limited to the volunteer-researchers undertaking analysis and the writers of the report. They were held securely in a restricted access file. Information which could lead to the identification of individuals was excluded from the analysis. Participants' names were changed in the report.

Interviews were analysed by staff at LGBT Foundation, as well as an independent researcher in conjunction with the core group. Key themes were identified at each stage of analysis, and then these were cross-referenced to conduct this report. Themes were then grouped based upon prevalent literature an each topic in order to fit them within a wider narrative, and contextualised within an understanding of Severe and Multiple Disadvantage.

Research Governance & Disclosures

The project was funded by Lankelly Chase, hosted and managed by LGBT Foundation, and led by the Core Group. Their lived experience and resultant understanding of the challenges that participants faced were critical in doing the fieldwork and analysis. They were supported by a paid researcher based at LGBT Foundation but they maintained control of the process. There was also a Steering Group made up of local professionals, policy makers, funders and service providers who advised how best to use the findings to support system-wide developments.

The Chair of the Core Group was also a member of the Steering Group to ensure alignment of ideas and expectations as well as to update on progress. Both groups met repeatedly throughout the project. The final phase of writing the report was undertaken by an independent analyst and writer which was subsequently reviewed by both groups.

Findings

Findings

The sections below were workshopped by the Core Group for the project, and then themed based upon what they had said, alongside relevant academic literature. It was felt that the following five sections adequately reflected what someone's 'typical' experiences might be over their lifetime, whilst recognising the diversity and range of stories and testimonies.

1. *Adverse Childhood Experiences*
2. *Coming Out*
3. *Adverse Experiences in Adulthood*
4. *Determination to Build Better Futures*
5. *Responses to Severe and Multiple Disadvantage*

Through looking at these themes, we connect them to the definition of severe and multiple disadvantage presented in Lankelly Chase's Hard Edges report – substance misuse, involvement in the criminal justice system, and homelessness.

Some of the stories and testimonies shared in this section include content on abuse, sexual assault, and self-harm. We believe it is important to share these stories in people's authentic voices, but also recognise that offering a content warning is a form of safety and grants people agency over their mental health and well-being. The sub-headings in each section indicate the type of content that follows, and so readers can choose what they wish to read.

1. Adverse Childhood Experiences (ACEs)

Adverse childhood experiences can be defined as common forms of child maltreatment and related traumatic stressors[4]. This can be isolated incidents or continuous experiences of physical, sexual and emotional abuse and neglect by parents or caregivers; peer violence and harassment, and social isolation.

ACEs at Home

Participants reported a general sense of not being able to fit in from an early age and expressed feelings of loneliness and of being at odds with the expectations and experiences of their parents and peers. Loneliness has been shown to cause significant impact to people's physical and mental health later in life, with it making people more likely to form unhealthy coping strategies like smoking or drinking[5]. Some of the participants identified smoking and drinking from an early age, which will increase their likelihood to continue, and increase the risk of related illnesses. Experiences of parental rejection and abuse can cause significant trauma which has both long and short term affects.

"So eventually after 2 days of trying to persuade me to change my sexuality, [my parents] began to wonder how other people would perceive our family unit. And they asked me to leave."

Bill, 42, gay man, Burnage

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4   Brown, D., et al., 2006
5   Cacioppo, J. T., et al., 2003

In the short term it creates a stressful and harmful environment which can be physically and psychologically hurtful. In the long term, it can affect people's ability to trust and build meaningful relationships with others, which can in turn lead to further isolation.[6]

A particular theme within home life which emerges is the financial position of people within their childhood home. Many of the research participants reported having limited money, whether that was in what they were allowed or in what their family had in general. The impacts of poverty in childhood are well established, and can lead to a variety of issues.

It can cause people to experience malnutrition which can lead to improper growth and development, causing physical health issues in later life. Poverty can also lead to parental stress, as they may struggle to make ends meet. This can lead to parents being abusive to their children if they are unable to appropriately cope with stress, and can also cause parents to be neglectful of their children's emotional needs if they are too focused on finances[7].

"I was doing the weekly shop, doing all the housework, trying to pay the bills. I was a young carer… I never did the stuff my friends did. I had to grow up really fast."

Trish, 44, lesbian woman, Salford

6   Fitness, J., 2005
7   Steele, H., et al., 2016

ACEs in School

In addition to problems at home, several participants talked about their negative experiences of school. Bill was bullied severely in school, which was not uncommon for our participants.

In particular, many reported being bullied for being LGBT despite not identifying that way yet, whether because they didn't know or didn't want to be seen as LGBT. Bullying can have long lasting effects on a person's mental and even physical health[8], as excessive stress in childhood can lead to increased risk of poor physical health.

"I went to an all-boys secondary school. There was an awful lot of bullying on grounds of my sexuality. I hadn't come out then."

Bill 42, gay man, Burnage

8   Schneeberger, A. R., et al., 2014

> " I was sexually abused by another child as a child... When I was 16 I was raped by a man, which was different. That took me a long time to get over."

Martha, 25, bi woman, Manchester

Experiences of Sexual Abuse

Sexual abuse was common with several participants recalling multiple experiences of abuse, some by multiple perpetrators as Martha disclosed. Sexual abuse can be deeply traumatising, especially during childhood years when someone may lack a full understanding of sex and what is happening to them. Sexual abuse is often interrelated to other types of abuse, such as emotional and physical, and making a distinction on whether abuse is more sexual or emotional can miss the ways in which a person's multiple experiences of abuse interplay. This is especially true for Martha, where abuse as a child caused significant emotional trauma and led to her being unable to resolve her sexual orientation.

There was also those who reported having relationships as a child with an adult, which is inherently abusive. Neil entered a relationship immediately after coming out at 14, with someone who was 43. At 14, Neil lacked the ability to consent and to fully understand his actions. The effects of selling sex as a child are well established in research and can lead to a person having a challenging relationship between themselves and their sexual habits[9].

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9   Miller-Perrin, C., 2017

"I came out as gay at the age of 14, had my first relationship when I was 14 with a 43-year-old."

Neil, 34, gay man, Manchester

Summary of ACEs

Adverse Childhood Experiences act as a strong predictor of ill health in the future and can lead to further experiences of severe and multiple disadvantage in adulthood. Some of the participants identified also engaging in substance misuse at an early age, which is one of the severe and multiple disadvantage domains identified by Lankelly Chase. For LGBT people there are specific experiences of rejection and isolation in childhood which can cause stress. However there were other experiences which are not specific to or related to their LGBT identity which are then compounded by the discrimination they faced as LGBT people.

2. Coming Out

Participants' experiences of 'coming out' as LGBT and the reactions of others ran throughout the interviews. They are important in understanding the challenges participants faced, the crises that followed, and the failure of services to respond appropriately. Their experiences were often affected by other factors, including the safety and stability of their home lives and their experiences of school, work and services.

Within discussions on coming out, there are a variety of different models used, each of which with varying degrees of relevance to LGBT people as a whole. For this reason it is important to not consider coming out as a static linear process identical for all, and some people may move back a step or two, or may be at different points simultaneously.

It is also important to note that coming out can happen at any stage in life and several participants in this research only first came out much later in life.

Within this study, three key elements to 'Coming Out' were identified:

Realisation: When participants came out to themselves and realised that they were LGBT, they were often confused, fearful of rejection, and lonely.

Reaction: When participants came out for the first time to friends and family members the reactions of those around them was impactful. Some had positive experiences but many experienced rejection and became vulnerable to new disadvantage.

Repetition: When participants accessed services or gained new employment throughout their lives, they felt compelled to come out over again and the responses they received were mixed. Negative reactions in health services dissuaded participants from returning.

Realisation

For some LGBT people, the realisation that they are LGBT can be incredibly distressing. There is a strong fear of rejection and isolation which can lead to people concealing and repressing their feelings[10]. Some participants took life changing steps to avoid coming out.

Poppa from Romania conceals her sexuality from her family in Romania as a way of protecting herself from their prejudice. For some, like Simon, realisation of their sexuality or gender can cause people to feel unlike themselves and those around them. This again can lead to feelings of isolation which can lead to poor mental health. Being isolated can also make it harder for people to deal with substantial challenges. Many of the participants identified financial difficulties as well as isolation from family and friends who could have possibly supported them. In this way, severe and multiple disadvantage interlock in specific ways.

"My brother asked me one of them really great questions, are you gay?... I said, no, but I wish I was a girl. Even back then."

Sam, 37, trans woman, Leigh

"I wasn't out of the closet and I was severely depressed. A lot of my mental health came from being LGBT and not being able to express it and not being able to be myself when I was younger."

Simon, 31, gay man, Salford

"Coming up to coming out it was really, you know, weighing me down as it does and I was struggling with it."

Martha, 25, bi woman, Manchester

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10   Cohen, J. M., et al., 2016

Reaction

A common theme amongst our research participants was that they would report having negative reactions from those around them.

> "It's the fear of being judged. It's difficult enough for someone to go to substance misuse services... It's hard enough coming out as having a drug problem without having to come out as well."

Bill, 42, gay man, Burnage

For Pearl, she told her landlady who was also one of only a few friends she had made since emigrating from Africa. This kind of rejection is deeply upsetting in and of itself, but for those who are already vulnerable due to social isolation it can be devastating.

> "She can't believe that I can come here to tell her that I love my fellow woman. My mother beat me. And in Africa they believe in beating you to make you change."

Pearl, 37, lesbian woman, Nigeria

However there were some who reported positive experiences of being out. For Martha, coming out was well received and created a sense of empowerment.

> "I could own it and I wasn't ashamed of it at all."

Martha, 25, bi woman, Manchester

Many of the trans participants reported that they were outed, this means that people told others they were trans without their permission. A huge factor within this is that it removes any sense of agency or control over their identity. In a sense, this denies the sense of confidence described in Martha's account as it was not something which people could use to feel empowered.

Moreover, it can cause significant stress to someone as there may have been reasons they did not disclose being trans. One factor which is cited is that of safety. Being known or suspected to be trans carries with it the risk of transphobic discrimination, violence and sexual assault. In being outed, people in a very real way are being put into a dangerous position.

"I loved my job, but, I was hiding my sexuality and I was ousted, I was caught, and, I had to flee."

Pearl, 37, lesbian woman, Nigeria

"He said, do you want to volunteer here?... I said yeah, that'll be fantastic, that'll help get my confidence back up. But I'm hoping to transition soon. And he said... do you realise God has a problem with this?"

Sam, 37, trans woman, Leigh

Repetition

As stated earlier, coming out is a continuous process. Due to assumptions that everyone is cisgender and heterosexual, it means that LGBT people constantly have to restate the fact that they exist.

This means that LGBT people can always end up experiencing the negative reactions of others with regards to their trans status or sexual orientation. This then also creates a constant sense of anxiety where LGBT people are unaware of how their coming out will be received by others.

"I think I've always [kept my sexuality secret] in situations where I don't feel comfortable"

Gareth, 38, gay man, Stockport

Summary

Coming out can be challenging for LGBT people and based on the reactions of others, it can present as an adverse experience. This in turn creates further stress and isolation and creates situations in which people are vulnerable to severe and multiple disadvantage.

For some LGBT people, the repetitious process and negative experiences of coming out can lead to people feeling the need to conceal their sexual orientation, whether this is dependent on their environment or in its entirety.

Research by the Government Equalities Office found that 68% of LGB people avoided holding hands with a same sex partner in public for fear of discrimination. In this way, people go back into the closet in spaces where they don't feel safe, which is confirmed by Gareth's story.

3. Adverse Experinces in Adulthood

The challenges that the participants faced as adults were multiple and complex. It was often not possible to identify one key challenge or disadvantage they faced as they were often inter-related. Equally, many of these disadvantages stem from, and are continuations of, Adverse Childhood Experiences.

"Each one on its own... being dyslexic isn't a major problem. Being transgender isn't necessarily a major problem in the right situation... But when you lump everything together... it adds up."

Sam, 37, trans woman, Leigh

"I was completely lonely apart from my records. And I hated going home. I used to... oh god, I loaded up with diazepam before I went home."

Andy, 62, bi man, Tameside

Loneliness

There are often many misconceptions about loneliness, whereby it is often perceived as trivial or self-inflicted solitude. In fact, loneliness is better described as a feeling in people who "perceives [themselves] to be socially isolated even when among other people"[11] Loneliness is less related to physical isolation, and more to a form of social or psychological isolation. Many of the participants recalled times when they were isolated from others and experienced significant loneliness as a result of being LGBT.

11   J. Cacioppo & S. Cacioppo, 2018

> **"I'm meeting with some people and I've met up with them again and I don't know their name. And that's really really bad. And I just don't care."**
>
> *Dom, 41, bi man, Salford*

Dom's experience of using sex is not uncommon amongst gay and bi men[12] and is facilitated by the growing popularity of dating and hook-up apps like Grindr and Scruff.

Loneliness equally increases the rates of substance misuse, which includes the rates at which people misuse prescription drugs, alcohol, and illegal substances[13] which is reinforced by Nick's experiences.

Homelessness

The majority of participants reported at least some episodes of homelessness, many of which spent time as entrenched rough sleepers. This is often a result of poverty, and in perceptions of media is often framed as self-inflicted through substance misuse or intentional joblessness.

As a result rough sleepers and those who are identified as homeless within public spaces are subject to extremely harsh stigmatisation[14] and are often victims of physical, emotional and sexual abuse.

> **"I was living on six bottles of wine a day and that was my life until I got treatment."**
>
> *Max, 27, non binary person, Rochdale*

Homelessness also strongly limits to abilities of people, as they are unable to access primary healthcare, welfare and many other statutory services due to having no fixed address for registration. This often means that poor health conditions go untreated until they become severe enough to warrant emergency intervention.

> **"This is the final confirmation to say that you are still what you are. You can't stay in this house, you have to leave."**
>
> *Pearl, 37, lesbian woman, Nigeria*

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12   Pollard et al., 2018
13   Segrin, C., McNelis M., & Pavlich C. A., 2018

14   Liviu, A., 2019

Negative Experiences of the Scene

The commercial venues – shops, saunas, bars, clubs, cafes and restaurants – that make up the scene were overall welcomed by the participants because they brought opportunities to meet others. They were places were participants did not need to conceal who they were. This positive experience was not universal, and at times there were risks which makes LGBT people vulnerable to disadvantageous experiences.

At first, the constant drinking and drug taking were fun for participants; over time they became problematic.Participants reported that they used substances to feel a sense of connection to others, which they seldom experienced sober. However, the pleasures that these activities brought were soon overshadowed by the challenges of addiction. Participants explained how taking drugs undermined their ability to maintain routine, attend college, go to work and maintain relationships.

Substance misuse is often highly stigmatised within society as well, with perceptions that it is a rational choice made by someone who is either lazy or selfish.[15]

As has already been identified in the "Loneliness" section, substance misuse is often a coping mechanism for those who feel isolated. The idea that substance misuse is always a rational choice is damaging and stigmatising for those who are unable to access support related to their dependency. From Part of the Picture, we know that LGB people are less likely to access support for their substance misuse due to perceived and actual stigma[16] and are more likely to use substances at higher rates.

All of these factors combined position substance misuse as a severe disadvantage and it also puts people in a position where they are vulnerable to other adverse experiences.

"In Manchester, K is everywhere."

Martha, 25, bi woman, Manchester

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15   Atkinson & Sumnall, 2018.

16   LGBT Foundation, 2014.

"The gay scene, especially the visible aspects of it can be very much about sex, and really using other people for the purpose of sex, without really much regard for who they are."

Gareth, 38, gay man, Stockport

For some participants, the scene very much centres on sex. Gareth reports this aspect as dehumanising, which is concurrent with Dom's experiences of dating and hook-up apps. This highlights the ways in which the gay scene can exist as both a unifying and an isolating force and it is therefore important to understand this nuance in discussions around the scene.

Adverse Experiences as a Result of Sex Work

When discussing sex work, it is important to note that for many, it can be a viable source of income and can be done in a way which is empowering and safe for the individual. LGBT Foundation believes "sex work is work" and you can read more about our stance at lgbt.foundation/sexwork. There are times, however, where sex work can put people at risk, and this is often the case for street-based sex workers, who have to work alone, have less information about their clients and have less protection. Therefore, it is important to note that this report does not consider sex work as an adverse experience but instead argues that there are adverse experiences people are at risk of as a result of sex work.

As sex work exists within a precarious position of law in the UK, there are various implications for those engaging in sex work. They often have no legal form of employment, a contract and therefore lack legal protections which people would otherwise get in their workplace. Sex workers will also often lack formally recognised employment[17] which can make it harder for people to find jobs away from sex work should they wish to exit.

For many of our participants, sex work was often described as happening incidentally whereby they were in a situation where they were offered money in exchange for sex like Bill and Peter. For some of our participants, it was a method of survival, and a way to get money to survive when homeless or to use substances upon which they had become dependent. In this way, factors around sex work led to adverse experiences.

> ## "Somebody pulled up and kerb-crawled me. And I thought, you know what, sod it, so I got in and did it and then I was street sex working."

Dave, 51, gay man, Manchester

> ## "Sex work seemed like I could work on my schedule, like work when I chose … And I did that on and off for maybe like, I don't know, until I was 19."

Martha, 25, bi woman, Manchester

17   Pitcher & Wijers, 2014.

"He said, 'oh, I'll give you a tenner...' And then he said, 'if you're ever here again...' And I went, 'I want more from you next time.'"

Kai, 22, gay man, Gorton

Mental Health & Self-harm

LGBT people, due to the stresses in life they may encounter, are at a greater risk of mental health issues and they are also less likely to access support from these services[18]. Additionally, bi people will often experience more stress than their heterosexual or homosexual peers[19], which fits with the experiences of several of the bisexual respondents.

Flora's account describes how trans people will often be pathologised, and other health conditions will be attributed to their trans status. This is further reinforced by the findings of our Transforming Outcomes report which demonstrates the negative experiences of trans people navigating mental health care[20].

> "I feel like people didn't take my mental health seriously because I am trans or didn't take me being trans seriously because of my mental health."

Flora, 21, trans woman, Bury

> "That's one of my old scars from self-harming. There's not a day goes by when I don't look at them."

Sam, 37, trans woman, Leigh

Sam talked about her difficulties in finding support to transition she was fearful that if she went to hospital that the self-harm would inhibit future progress with transitioning.

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18   Burgess et al., 2004
19   Feinstein, B. A., & Dyar, C., 2017
20   LGBT Foundation, 2016

Discrimination and violence in home

Discrimination in adulthood is common amongst LGBT people, with Stonewall finding that 21% of LGBT people have experienced some level of discrimination or hate crime on account of their LGBT status[21]. There is inconclusive research around whether LGBT people experience higher rates of domestic abuse and sexual abuse, however it is clear that there are many barriers, such as perceived heterosexuality and sex segregated services, which can act as very real barriers to LGBT people accessing these services[22]. Ultimately these experiences can create a feeling of unsafety within a person's home which can be deeply traumatic and exhausting. This can also put people at high risk of homelessness and experiencing at least one stage of severe and multiple disadvantage.

"When they were going off the bus, one of them just shouted at me 'lesbian', 'dyke', and then they said 'black monkey'. I wanted to cry but I held myself."

Dalila, 42, lesbian woman, Nigeria

"The last instance was he waited til I was asleep and decided to try and have his way with me. I had bruises all down my back from where he pinned me down."

Kai, 22 gay man, Gorton

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21   Stonewall, 2015
22   Welsh Government, 2014

Immigration, asylum and refuge

Immigration and asylum were commonly traumatic experiences amongst our participants and this was often used to escape situations in which their LGBT identity was supressed or persecuted. LGBT people seeking asylum are more likely to experience stress and poor mental health outcomes, as they generally are fleeing from a country or region where being LGBT is illegal[23]. This stress does not end once people have reached their end destination. A long and complicated legal process then begins, which can be even more difficult for people whose first language is not English. These people have to demonstrate their LGBT status, which is in itself demeaning, and even then it may still be denied by the home office. Figures revealed in 2019 suggest that at least 3,100 people who have claimed asylum on the grounds of their LGBT status have been refused residence[24].

"I can be myself, which I couldn't back home."

Poppy, woman (age, trans status and sexual orientation unknown), Romania

"I fled my Cameroon because of my sexuality. I was in love with a woman there, but someone from our village saw us together and they threatened to kill us both. I thought that once I came here, everything would be better. But that's not the truth."

Eshe, 35, lesbian woman, Cameroon

23   Hopkinson et al., 2014
24   Guardian, 2019.

"I just came with what I was wearing, running out of my country was my priority."

Dalia, 42, lesbian woman, Nigeria

Dalia's story also really shows the isolation which LGBT people can experience where they have had to flee their country of origin. She left everything behind, and only had the clothes on her body when she arrived in the UK. For those who came to the UK with nothing, there is a high risk of homelessness and therefore experiencing at least one stage of severe and multiple disadvantage.

Summary

The experiences which participants faced in their adulthood were incredibly varied, complex and inter-related. Adverse experiences in adulthood in some instances directly led to substance misuse and homelessness, and in others made people vulnerable to experiencing any or all of the three severe and multiple disadvantage domains identified by Lankelly Chase.

4. Determination to Build Better Futures

Connectedness, for our participants, was a key aspect. The prospect of finding and building circles of friends in new places was a key motivating factor in coming to the city. Friendships and networks were important in helping people settle, building confidence, finding work and helping people through difficult times, as identified by Flora.

"You build your own family, that's how you get through it."

Flora, 21, trans woman, Bury

The well-established LGBT scene was an important draw; it suggested that new friendships and sexual relationships could be made. Pubs and bars were also a potential source of employment, in safe settings, with similar people.

The visibility of other LGBT people was important. This also enabled people to build a sense of identity, both individually and collectively.

"I'm finding a sense of purpose in my life… which is quite difficult after going through all that, really."

Gareth, 38, gay man, Stockport

As Gareth discusses, there is a sense of meaning which many of the participants identified in their interviews, which helped them to contextualise their experiences and be able to feel empowered by their experiences also. Bill had begun to work in substance misuse services, and was able to use his lived experience as a way to help others in their recovery.

"I'd like to see a better understanding of what problems we have really… we've got to make an effort as well."

Nigel, 42, gay man, Manchester

The **CHIME** mental health framework (Connectedness, Hope & Optimism, Identity, Meaning, and Empowerment)[1] is a very useful approach in understanding the determination of the research participants.

CHIME is often understood as the five aspects that someone in recovery from mental health and/or substance abuse to feel happy and fulfilled.

Summary

The determination of the participants, especially given the experiences some of them have faced, is testament to their resilience and to the ability of the support networks that they have been able to create. It is possible and likely that at times, the networks that the interviewees have had around them have enabled them to take preventative measures and avoid experiencing severe and multiple disadvantage.

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1   Brijnath, B., 2015.

5. Responses to Severe and Multiple Disadvantage

Whilst critical in coping with the adversity the participants faced, services often failed to understand their experiences or engage with them in supportive or relevant ways. Services were often ill equipped to manage experiences of poverty which led to experiences like Martha's being common. The responses which people received were often critical in shaping whether they would access again should they need to.

"...it feels like honestly quite bizarre that you can be in a society where you're so obviously really having problems and no-one does anything."

Martha, 21, bi woman, Manchester

Stigma Within Services

Despite the high levels of need amongst the participants, there was a deep distrust of statutory services coupled with a belief that services and service providers were judgemental and ineffective. LGBT people in general often report greater difficulty in accessing services[25] and therefore, are less likely to access help. Mental health services were often identified as particularly challenging and stigmatising.

"[The mental health] system is complex, and referrals are slow.... [They] insist that they know best, well they don't know what's best because I'm living it."

Sam, 37, trans woman, Leigh

25   Harvey, S., Mitchell, M., Keeble, J., McNaughton Nicholls, C., & Rahim, N., 2014

Sam discusses the ways in which she felt patronised by services which felt that they knew better, despite often having insufficient knowledge on supporting LGBT people. This was more common amongst our trans participants, who identified that services often did not understand referral pathways for Gender Identity Services.

"I think the problems of LGBT people, even though you know, lots of problems are shared by the general population, but they're also specific, particular problems… I think gay people need specific services or a specific place where they go really."

Gareth, 38, gay man, Stockport

Poor mental health in adulthood often had roots earlier in life, in the exclusion and discrimination they experienced, and in the failure of services to intervene effectively. The specific needs of LGBT people, especially those experiencing disadvantage were routinely overlooked. In order to cope with their adverse experiences on their own, many of the participants often resorted to poor coping strategies. Some took part in self-harm and others used substances to cope with trauma and numb psychological pain. This unfortunately is common within LGBT communities[26] and puts them at one level of Severe and Multiple Disadvantage.

"I need some help with this, but where do I turn to? Who's going to take me seriously?… I just couldn't, I can't say that, because the GP that I had at the time, I didn't feel comfortable."

Kai, 22, gay man, Gorton

26   Pollard, A., Nadarzynski T., and Llewellyn C., 2018

Addressing Poverty

Poverty is a systemic issue which many statutory services are unable to meaningfully address within their resource and budgetary constraints.

This is made more difficult with budget cuts caused by austerity measures, which means there is less money available to offer support for those experiencing Severe and Multiple Disadvantage. This is compounded by stigma towards homeless and entrenched rough sleepers, as they are often understood as wilfully homeless, which is often attributed to substance use, (portrayals of 'Spice Zombies' as dehumanising to make discrimination easier). Poverty then fundamentally puts people at risk of experiencing Severe and Multiple Disadvantage, and the specific judgement associated is then often used to justify austerity measures in a cyclical way.

Addressing poverty lies beyond the capacity of any one service, or set of services, and needs systemic change. Part of this is for organisations to understand the barriers which poverty may present. Poverty is often related to education level which as a result acts as a barrier to jobs with greater responsibility and higher income jobs. This then keeps people in positions of poverty and makes them vulnerable to experiencing one or more Severe and Multiple Disadvantages.

"Like I might be suffering a mental health issue but you've put me on the streets and you're not helping me to get anywhere so what's the point in going behind my back and judging me for what I do?"

Kai, 22, gay man, Gorton

Lived Experience within Services

A key principle within this research project is the value of lived experience which people have, and the value that this can bring to any work relating to different communities. For Bill, the lived experience of a substance misuse worker created a sense of relatability and honesty which meant he valued what she had to say moreso than previous workers. For us, the value of our interviewers having lived experience meant that they were able to relate and capture a more authentic narrative from the research participants, which again is down to trust.

"When I looked at her, I thought, 'she's not lying to me.'"

Bill, 42, gay man, Burnage

Lived experience in this way acts as a form of representation and visibility, and in some way creates a guarantee of competency. Lived experience of substance misuse and mental health has been found to be invaluable experience as it enables workers to immediately build a connection with clients.

"Knowing that there's somewhere safe to go, somewhere that's non-judgemental, private. Where could I go that's private in North Wales? To talk to anybody. And it's informative."

Andy, 62, bi man, Tameside

Summary

Participants reported that organisations which sought to address needs associated with their disadvantage failed to engage with the complexities and challenges of their lives arising from being LGBT. Conversely, LGBT specific organisations were unable to fully respond to the impact of severe and multiple disadvantage on their lives. Neither set of organisations have the resources or the expertise to help. Issues were addressed in isolation, and there were few opportunities to see the complexity of their lives, which stands in contrast to the interconnectedness that participants often identified.

Conclusion

Conclusion

Within our report, we found high rates of substance misuse and homelessness as severe and multiple disadvantage, though we found limited evidence of criminality amongst LGBT people. Many people did report engaging in sex work, which is currently criminalised, and a few participants did report instances of crime, but not enough for it to be a noticeable trend. The vast majority of participants report facing two or more of the domains of severe and multiple disadvantage identified in the original Hard Edges report, but this frame was not sufficient to understand the full range of people's experiences, and did not capture the different kinds of marginalisation they had faced.

Across each of the themes within our findings, it becomes apparent that there are profoundly unique barriers and challenges LGBT people face, and many of these make them vulnerable to, and interlink with severe and multiple disadvantages. The discrimination which they faced in childhood and adulthood often made them isolated and reduced the opportunities they had to build a support network. The stresses related to coming out impacted people throughout their lives and separated them from their friends. In some instances, stigma and a lack of understanding within mainstream services often meant that the participants were reluctant to engage with services, which often meant they would try to cope with and address their issues on their own. This made issues which were unrelated to their LGBT identities, like adverse childhood experiences, harder to process and made the trauma more impactful.

In places where there is a long history of LGBT spaces, like Manchester, people can have variable experiences. Often LGBT people will be drawn to these satellite cities as they are perceived as accepting and having a larger LGBT population. For some, this was travelling within the UK, though others came from around the world seeking safety and acceptance. This can simultaneously create feelings of acceptance and

isolation for people, as they have generally had to leave the life they had behind. For many, it helps LGBT people to find and create a sense of community, and as the title suggests build their own families. For some this can also make them vulnerable to substance misuse due a higher prevalence of drugs and alcohol on LGBT scenes.

Poverty remains a significant issue for many, whether this was experienced in childhood, adulthood, or both which was the case for most. As poverty is a systemic issue created by austerity measures, it is beyond the remit of services to address, but it is important that services work collaboratively to support people as much as possible and campaign for effective change.

Participants expressed a determination to create a better future and an intent to contextualise and resolve their experiences.

Mental health services can play a part in helping with these challenges but accessing these services often resulted in further discrimination and negative experiences. LGBT themed or specialist services had a greater level of competency with regards to LGBT specific concerns, like transitioning, though due to limitations on their service delivery, there were sometimes unable to provide the depth of support needed, particularly with regards to welfare and financial support.

Recommendations

The recommendations for policy and practice outlined below have emerged from the stories and experiences of the participants that are shared in this report, as well as discussions with the peer-researchers involved in the project, and the project steering group.

One particular challenge faced in creating these recommendations was the sheer scope and range of possible recommendations. We recognised the deeply engrained nature of some of the stigmas and barriers experienced by the participants. Transformative change will require the committed and united efforts of not just public services, but decision makers, voluntary organisations, individuals, and oftentimes, society at large. Both macro and micro level change is needed- from the legislation that determines the protections and rights given to LGBT people, to the databases that capture vital personal information, to the behaviours of teachers, healthcare professionals, and others working to support people's health, wellbeing, and lifelong learning.

We have therefore endeavoured to put forward recommendations that are tangible and succinct, impactful if implemented, and that capture the depth and range of the changes needed to make a positive difference. For the purposes of this report, the majority of the recommendations do have a particular focus on public services and how they are commissioned, designed, and run. This is partially because we know that both LGBT people and people with multiple complex needs are more likely to access public services and also because we consider changes to services a strong starting point for further societal and individual change.

These recommendations are by no means exhaustive, but aim to outline a roadmap for change, and an indication of how different parts of society, services and structures can take practical actions to address a complex and often overwhelming set of circumstances.

We would strongly encourage readers of this report to consider each recommendation within the context of their own geography, organisation, or people that they work with and for.

It is about who
we are, not just
where we are
from

What we can do

Commissioners can work with LGBT people to develop public services which reflect the needs of 'communities of identity' which are communities of people bound by shared identity, as opposed to shared sense of place, which are often prioritised in the design of public services.

LGBT people have distinct needs and often require specific tailored interventions. This involves working with a diverse range of LGBT people to ensure many voices are heard when designing services, using co-production principles wherever possible.

Why?

Many participants spoke of their struggles to access support in a timely way, and described feeling trapped within a complex and long-winded referral process. Those with commissioning powers should consider the needs of communities of identity as well as geographical based commissioning, in order to address similar inequalities for population groups whose needs might not be adequately addressed locally.

Such an approach means that many of the barriers to accessing services, as described in this report, can be addressed in a strategic and joined up way. It reduces the likelihood of multiple and complex referral pathways and can encourage partnerships with specialist VCSE organisations who can offer additional or ongoing support in a holistic way, encouraging mutual learning between organisations.

Services for communities of identity should always recognise that people with lived experience are the experts of their own experience. Not only does involving LGBT people with multiple complex needs and unique perspectives and insights, unlock the unseen within projects by highlighting new areas warranting attention that may have been overlooked by those from different backgrounds; it also empowers them to produce solutions and design services that will actually work for them. This can also

result in a positive impact on the wellbeing of the people involved, as they feel heard and that their involvement has made a positive difference to them and others with similar experiences.

It also means that being LGBT is not seen as a 'problem' that can (or should) be solved in the way that 'solutions' to other disadvantage domains are sometimes conceptualised, but that the overall experiences and needs of a community are considered when commissioning services. This must of course recognise the diversity and difference in people's experiences as well as their shared identities.

Further advice and information on how to do this can be found at:

- National LGB&T Partnership: A whole systems approach to health and wellbeing toolkit. https://nationallgbtpartnership.org/publications/wsa/

- Commissioning LGBT Hate Crime Services - A Guide for Organisations.http://www.lgbtconsortium.org.uk/resource/commissioning-lgbt-hate-crime-services-guide-organisations

- Think Local Act Personal - a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support. https://www.thinklocalactpersonal.org.uk/

- LGBT Foundation Community Leaders programme. https://lgbt.foundation/what-you-can-do/community-leaders

If we're not counted, we don't count

Why?

All public services can record the sexual orientation and trans status of people when they come into contact with them through appropriate recording and dialogue.

Why?

It is a legal requirement for public organisations to consider how they treat all people fairly and equally in accordance with the Equality Act 2010 and monitor protected characteristics such as age, race, and gender for both their service users and staff. Knowing which individuals are interacting with services is a vital first step towards meeting this obligation.

This report outlines how being LGBT can add an additional layer to someone's experience of severe and multiple disadvantage. When providing support, it's therefore critical to understand this interplay of identity and experiences. Monitoring, when conducted in an appropriate setting, with trained and confident staff, means people are more likely to feel heard, valued and recognised, and therefore less likely to disengage from services. In the longer term, all types of public services will have access to valuable information about the number of LGBT people using their services. This information can be correlated with other relevant information about a person - such as their experience of housing, alcohol use, their mental health.

This could mean, for example, that an LGBT person referred to a substance misuse service may be assigned to an LGBT specific support worker, where they feel safer sharing their experiences, or someone seeking asylum might be offered access to LGBT refugee and asylum seeker peer support groups. Without knowing someone's sexual orientation or trans status, these valuable support systems may not be flagged. In the longer term, consistent data collection enables policymakers and commissioners to better the populations using their services, which can inform how to channel resources or adapt services to fit people's needs.

In addition, the collection of comprehensive and accurate data that can be shared across relevant agencies (with the appropriate permissions) means that people's experiences of having to 'come out', as both LGBT, and a person experiencing severe and multiple disadvantage continually, will reduce.

Further advice and information on how to do this can be found at:

- NHS England Information Monitoring Standard https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/

- LGBT Foundation guidance on effective monitoring https://lgbt.foundation/monitoring

- GM Think - a multi-agency database that lets services across Greater Manchester share information quickly and securely https://inspiringchangemanchester.shelter.org.uk/gm-think

Inclusion starts at an early age

What We Can Do

For all Schools and Young People Services to be inclusive of LGBT people by implementing new guidance on relationships, sex and health education.

Why?

Participants in this report spoke about a lack of support from their schools or other young people's services or having no-one to seek advice from before coming out, a particular trigger point for many. From September 2020 all secondary schools will be required to teach pupils about sexual orientation and gender identity, and all primary schools will be required to teach about different families, which can include LGBT families. The successful implementation of this legislation within the curriculum will give much needed information and assurance to LGBT young people that their identity is valid and valued. Schools and young people's services should also review their policies on bullying and hate incidents to ensure they are robust and take a zero-tolerance approach to homophobia, biphobia and transphobia.

Further advice and information on how to do this can be found at:

- Stonewall Guide: Creating an LGBT-inclusive primary curriculum https://www.stonewall.org.uk/resources/creating-lgbt-inclusive-primary-curriculum

- The Proud Trust - educational resources https://www.theproudtrust.org/training-and-education/education-resources/

- House of Commons Library briefing on recent reforms to relationships and sex education in English schools https://commonslibrary.parliament.uk/research-briefings/sn06103/

Understand who we are and where we have come from

What We Can Do

All services can help educate their staff on the shared experiences and issues facing LGBT people, those with multiple and complex needs, and the intersections between them.

Why?

There is a need to deliver LGBT inclusion and awareness training to professionals working at all levels within organisations and bodies that come into contact with LGBT people experiencing severe and multiple disadvantage, alongside taking swift affirmative action where poor experiences have been reported. There are a wide range of LGBT training services available, ranging from one-off training sessions to comprehensive quality assurance programmes, in which services and institutions can publicly promote their compliance with recognised LGBT affirmative accreditations.

Similarly, the LGBT sector can seek out partnerships and knowledge exchanges to ensure the services they provide are inclusive of LGBT people with multiple and complex needs. This could result in, for example, improving approaches to multi-agency working, or seeking funding to for advocacy or peer support programmes to help LGBT people facing severe and multiple disadvantage engage with and navigate an often-complex set of systems and services.

Further advice and information on how to do this can be found at:

- LGBT Foundation Pride in Practice programme
  https://lgbt.foundation/piptrainingacademy

- London Friend training for substance misuse practitioners
  https://londonfriend.org.uk/training/

- Making Every Adult Matter approach
  https://meam.org.uk/the-meam-approach/

The answers can be found in LGBT people themselves

What We Can Do

Commissioners can develop services that build on the strengths and assets of LGBT people and those with multiple and complex needs by providing direct resources to them.

Why?

We know from our report that LGBT people themselves have the personal assets, skills, resilience and capabilities to provide strong support to others facing the challenges of severe and multiple disadvantages. Throughout the research, including the Core Group of peer researchers, it was shown that individuals have had to overcome some great personal challenges, homophobia/biphobia/ transphobia, and the wider social exclusion that severe and multiple disadvantage can bring, but have still come through this to be part of this research and support others to open up and tell their stories.

Peer networks can already exist but can need support through the use of spaces and finances to build on their initial strengths. Working closely with existing LGBT-led services and community groups, commissioners can seek to build on the strengths of these networks by commissioning in an 'asset-based' way.

Further advice and information on how to do this can be found at:

- LGBT Foundation Transforming Outcomes Report
https://lgbt.foundation/transformingoutcomes

- University of Glasgow Research on LGBT Community Resilience and asset-based health improvement
https://www.gla.ac.uk/researchinstitutes/
healthwellbeing/research/
mmrccsosocialandpublichealthandsciencesunit/
programmes/relationships/pcsn/
lgbtcommunityresilience

If we are not recognised we are not there

What We Can Do

All settings should be LGBT affirmative by working with LGBT-led services to review the spaces they use; their working policies and the information they provide to the people they work with. This includes settings that people will come into contact with throughout their lifetime - from schools, to workplaces, to older people's services.

Why?

The LGBT people that took part in this report experienced homo/bi/transphobia stigma throughout their life course. This discrimination took place at home, at school, within healthcare settings, and within the vast majority of services that LGBT people tried to access. Communicating about, and visibly displaying a zero-tolerance policy that explicitly refers to discrimination on the grounds of sexual orientation, gender identity or trans status is essential, addressing some participant concerns about not feeling welcomed or included within mainstream services.

Secondly, organisations should ensure that the physical spaces that LGBT people access and occupy are visibly LGBT affirmative, by displaying symbols that indicate inclusion, target LGBT people with specific information and campaigns, and signpost where to appropriate LGBT-specific support services and groups. Organisations should also highlight and promote the stories and experiences of LGBT people as part of all types of campaigns and awareness or commemorative dates.

Further advice and information on how to do this can be found at:

- LGBT Foundation Greater Manchester LGBT Action Plan
  https://lgbt.foundation/actionplan

- Stonewall guidance for workplaces
  https://https://www.stonewall.org.uk/best-practice-toolkits-and-resources

- The Proud Trust - education resources
  https://https://www.theproudtrust.org/training-and-education/education-resources

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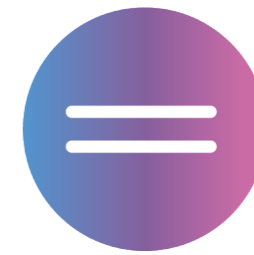Gender & Language, 3(1).

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