EXPLORING LGBTQIA+ MIGRANT INCLUSION IN HEALTHCARE

BEST PRACTICE GUIDE AND REPORT

LGBT FOUNDATION

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Executive Summary

This report is aimed at supporting healthcare providers and services to understand the needs of LGBTQ+ migrants and how best they can make their work more inclusive.

It is meant as a baseline guide for best practice, with an understanding that each service may want to apply these findings in their own way depending on context and available resources. The main text of the report has a list of specific recommendations for each of the key themes that were explored in our interviews – lack of available information; lack of cultural understanding; discrimination; and specialist support.

A few key challenges are highlighted below:

- LGBTQ+ migrant experiences are rarely seen through a lens that covers all aspects of their identities holistically, which prevents effective delivery of healthcare.

- LGBTQ+ migrants have specific access barriers based on cultural competency of services, and these need to be understood to improve service delivery.

- There are very few instances where LGBTQ+ migrants are provided information on how the UK healthcare system works so they are often unaware of how to navigate their needs.

- Funding requirements, such as the immigration health surcharge, are a huge barrier to access that are never clearly communicated in advance.

- LGBTQ+ migrants often feel they are unable to self-advocate due to barriers to access and due to false assumptions about their competence.

It is vital to keep these regular experiences in mind when reading the rest of this report as they help to provide the context which underlines the specific recommendations that are made for each of the specific themes.

Introduction

This report is the culmination of a project conducted by LGBT Foundation as part of the National LGBT Partnership's participation in the VSCE Health and Wellbeing Alliance. The project came about as a response to the growing understanding that specific lived identities within the LGBTQIA+ community umbrella face overlapping challenges due to their unique set of experiences.

In order to better respond to inequities, it is vital to understand the ways in which specific populations face unique barriers to accessing services and support systems.

This ties in with the ethos of LGBT Foundation as an organisation committed to uplifting intersecting community needs and ensuring that all members of LGBTQIA+ communities are able to reach our full potential through appropriate tools of liberation and empowerment. This is part of the reason why we continue to use the term "communities" rather than "community", as a reflection of our understanding of the variety of experiences and overlapping identities that exist under the umbrella.

It is also a reflection of the growing evidence base collected by LGBTQIA+ organisations and community groups, which consistently underline the fact that different parts of our communities have to deal with disproportionate levels of inequity and barriers to access. The LGBT Foundation Hidden Figures reports, which looked at general healthcare inequalities in the first iteration and the early impact of the Covid-19 pandemic in the second iteration, found that healthcare inequalities are more deeply felt by LGBTQIA+ people of colour, disabled LGBTQIA+ people, older LGBTQIA+ people, and trans and non-binary people. These inequalities are also borne out in more general research reports, such as the National LGBT Survey carried out by the UK Government and the We Will Be Heard report by UK Black Pride.

Initiatives in the UK healthcare sector, likewise, have an understanding of how different populations will have differing needs regarding access and care. Public Health England has a consistent commitment to understanding inclusion health, which is a catch-all term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These factors, in turn, frequently set up barriers in access to healthcare and, subsequently, result in poorer health outcomes overall.

A principle that centres inclusion health, therefore, must be informed by the experiences of groups of people who are socially excluded. Unfortunately, for many of the most marginalised members of society, the evidence bases are scarce, if they exist at all. While some demographics may have been more actively engaged with in recent decades, their identities still get siloed into constituent parts rather than being seen as a cohesive whole. With regards to the community voices represented in this project, this often means being seen through a lens that either considers LGBTQIA+ identity or migrant identity, but almost never the overlap of both.

While this report is the result of a focused and time-sensitive study, the hope is it encourages further conversations, more detailed co-produced projects, and better funding to respond to complex health and wellbeing needs.

Methodology:
Listening to lived experience

From the outset, we recognised that this project would need to focus on the direct experiences of community members, with a goal to highlight the difficulties individuals face on a direct and granular level. Nine participants self-selected to take part in detailed one-to-one interviews with a researcher who is also an LGBTQIA+ migrant, where they were asked to share their experiences of navigating the UK healthcare system. We based our findings and recommendations on lived experience, which takes a position that people are experts of their own lives due to the unique nature of first-hand experience. Interviewees, thus, co-produced this document through their participation, sharing the challenges they have faced, and reflecting on possible best practice.

An important part of centring lived experience also meant an early acknowledgement that terminology needed to be clear.

For the purposes of this project, we use the acronym "LGBTQIA+", which stands for lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual/agender/aromantic, and a "plus" that includes other labels and forms of identification.

While some individuals may not connect with specific labels within this acronym, all our participants felt comfortable being broadly considered using this term as it is a useful descriptor for a variety of experiences. Other resources may use LGBT, LGBT+, LGBTQ, LGBTQ+, or a variation thereof, but they refer to the same broad set of identities.

The descriptor "migrant" can also carry different connotations and definitions depending on the context. For this project, it is used to refer to someone who originally had citizenship and heritage linked to a country outside the UK, and has since moved here at some point in their lives.

This broad definition allowed for participation from individuals that range from those who moved to the UK very recently to those who lived here for over a decade. It also meant that we did not exclude anyone on the basis of their specific migration status; participants include those who arrived through specific visa routes (e.g., students, skilled workers, spousal migration, etc.), those seeking refuge and asylum, those whose status evolved over time (e.g., arriving decades ago as a migrant and now living as a UK citizen), and from a variety of geographical and ethnic origins.

This project is not aimed at being a single, definitive overview of all kinds of migrant experiences. Rather, the variety in participants even within a small sample size helps to underline some of the common inequalities that these populations face.

Recommended guidance

The report uses the experiences of the interviewees to highlight some common inequalities that they face, with some recommended best practice on how best to mitigate their impact. Each section consists of two lists – a set of challenges based on a broad theme and a set of possible solutions that could be enacted by healthcare providers and related support services.

The themes that will be explored are as follows:

- **Lack of available information**

- **Lack of cultural understanding**

- **Discrimination**

- **Specialist support**

Lack of available information

Challenges

- Participants shared that it was very difficult to find out information on how the UK healthcare system works, which meant they had to navigate a brand new system without even knowing the right kinds of questions to ask.

- Particular challenges included receiving no guidance on how and where to take initial steps (such as registering with a GP), which created a common situation where participants did not feel empowered to even enter the healthcare system in the first instance.

- There was a lack of clarity on where the information could be accessed in the first place, and the first points of contact often did not take into consideration barriers such as linguistic differences or lack of technological access.

- A recurring challenge is in how healthcare is, largely and incorrectly, described as being free at the point of entry. Participants explained that this is rarely the case for migrants, who have to pay a steep immigration health surcharge, the cost of which is very rarely explained to them with enough notice, which then causes a huge financial burden.

- Participants in particularly difficult circumstances, such as those seeking refuge and asylum or those who are trying to get support for serious mental illness and chronic conditions, also start with inherent disadvantages when it comes to finding information, so the access baseline for them is often even lower.

Suggested best practice

- Ensure accessible information and relevant supporting training in primary care settings so healthcare staff are able to direct queries adequately and compassionately.

- Create clear signposting that direct to correct avenues of accessing information, such as a FAQ page or a set of supporting links, so that concerns that cannot be addressed within a limited setting can at least be forwarded on quickly.

- Improve cross-sector working with other institutions (e.g. Home Office, university and employer immigration services, migration bureaus, charities, etc.) so that information such as surcharge costs and healthcare rights are clearly explained through multiple outlets.

- Commit to working with individuals who have lived experiences of difficult circumstances to co-produce bespoke guidance and information for others in similar situations – and ideally empowering existing LGBTQIA+ migrants to act as champions for systemic change.

"I knew that I had to save up for rent and living expenses, and even the visa processing fee, when I planned for my move [on a work visa]. But I had no idea about the health surcharge until after I had already started my immigration process. It was really expensive and had a huge impact on my mental health because I was worried I wouldn't actually be able to live here."

– Participant 1

Lack of cultural understanding

Challenges

- Participants shared that healthcare providers often made incorrect assumptions about their needs based on prior experiences with UK LGBTQIA+ patients, even though their specific contexts are different. This was especially difficult when providers justified their positions by stating other commonalities, such as if patients shared a racial or ethnic background as well as sexual orientation and/or gender identity, which made participants feel unable to challenge views.

- Trans, non-binary and gender-diverse participants disclosed experiences where healthcare providers did not take their particular transition journeys and histories into consideration, including to the point of ignoring an individual's medical history on the assumption that they would have come from a prejudiced society and would, therefore, not have received gender-affirming care before.

- Participants from the Global South shared experiences where healthcare providers assumed that they were "victims" in need of support in a more "advanced" healthcare system, rather than individuals with agency and a strong understanding of their own needs. Conversely, participants from the Global North were often not signposted to appropriate services because there was an assumption that they would not need them.

- A recurring point of concern was that participants were often unsure if translators provided by healthcare and/or immigration services were equipped to properly explain the nuances of

various LGBTQIA+ identity and terminology, thus leaving out key information necessary for proper health and wellbeing.

- Participants also shared that they faced judgement from healthcare providers when they were unable to respond to requests due to specific cultural and social circumstances, which, in turn made them feel unwelcome in the healthcare space. A shared example is when multiple participants described being asked for their family medical history and, upon explaining that they did not have immediate access to that due to different cultural or social norms, being made to feel humiliated and belittled.

Suggested best practice

- Allow patients with migrant backgrounds the opportunity to explain cultural expectations and differences as part of standard intake procedures, including increasing consultation times to allow for the proper sharing of knowledge.

- Create and improve resources and channels for regular information exchanges so that healthcare providers and staff can be empowered to learn about different cultural and national contexts to avoid harmful assumptions.

- Actively commit to not automatically reverting to UK LGBTQIA+ experiences or any other UK experiences as the baseline for LGBTQIA+ migrant health and wellbeing needs, so as not to start off with false assumptions.

- Work with LGBTQIA+ migrant communities and organisations to ensure that translation services are properly equipped and culturally competent to handle explaining complex and nuanced needs.

- Offer appropriate alternatives to patients and service users who may be unable to provide information due to context and circumstances, including explaining why that information is being asked for.

"I did not know the translator and was not told how they were given to my case. Because I have some specific local terms that describe my sexuality, I was constantly worried that my answers were not being properly recorded and there was no way for me to find out."

– Participant 6

Discrimination

Challenges

- On the whole, participants felt that there were extremely few instances of active discrimination based on their sexual orientation and/or gender identity, although they did explain that there were still examples of misunderstanding or harmful assumptions made by healthcare professionals.

- On the other hand, almost all participants shared a sense of implicit or explicit discrimination based on their migrant status, particularly around being made to feel as if they had to justify why they were accessing healthcare in the UK despite living here, regardless of their migration status and length of stay.

- For participants who come from communities of colour, they explained that this was often compounded by racist microaggressions, including instances where they were told that they did not behave the way their British counterparts did as a means of making a disparaging comparison.

- Participants noted that this type of behaviour felt more explicit from admin and support staff rather than the main healthcare professional, but it still made them feel unwelcome in the healthcare setting as a whole, especially when other staff did not challenge that behaviour.

- Participants pointed out that growing anti-immigration rhetoric and the implementation of the hostile environment policy have created general concerns around safety and belonging, so even if healthcare settings might not be actively discriminatory, they

can still contribute to these feelings of distress if they are not welcoming or if they are passively discriminatory in any way.

Suggested best practice

- Implement appropriate anti-bias training that challenges the intersections of LGBTQIA+phobia, racism, and xenophobia, and train staff to recognise behaviours that may be unintentionally discriminatory.

- Ensure that both staff and service users are explicitly reminded and empowered to view access to healthcare as a recognised right for those living in the UK.

- Properly signpost patients to complaints procedures, and ensure that accountability mechanisms are regularly evaluated and updated to consider the types of discrimination that can be experienced by LGBTQIA+ migrants.

- As recommended earlier, commit to not automatically reverting to any UK norms as the baseline against which LGBTQIA+ migrant experiences are measured.
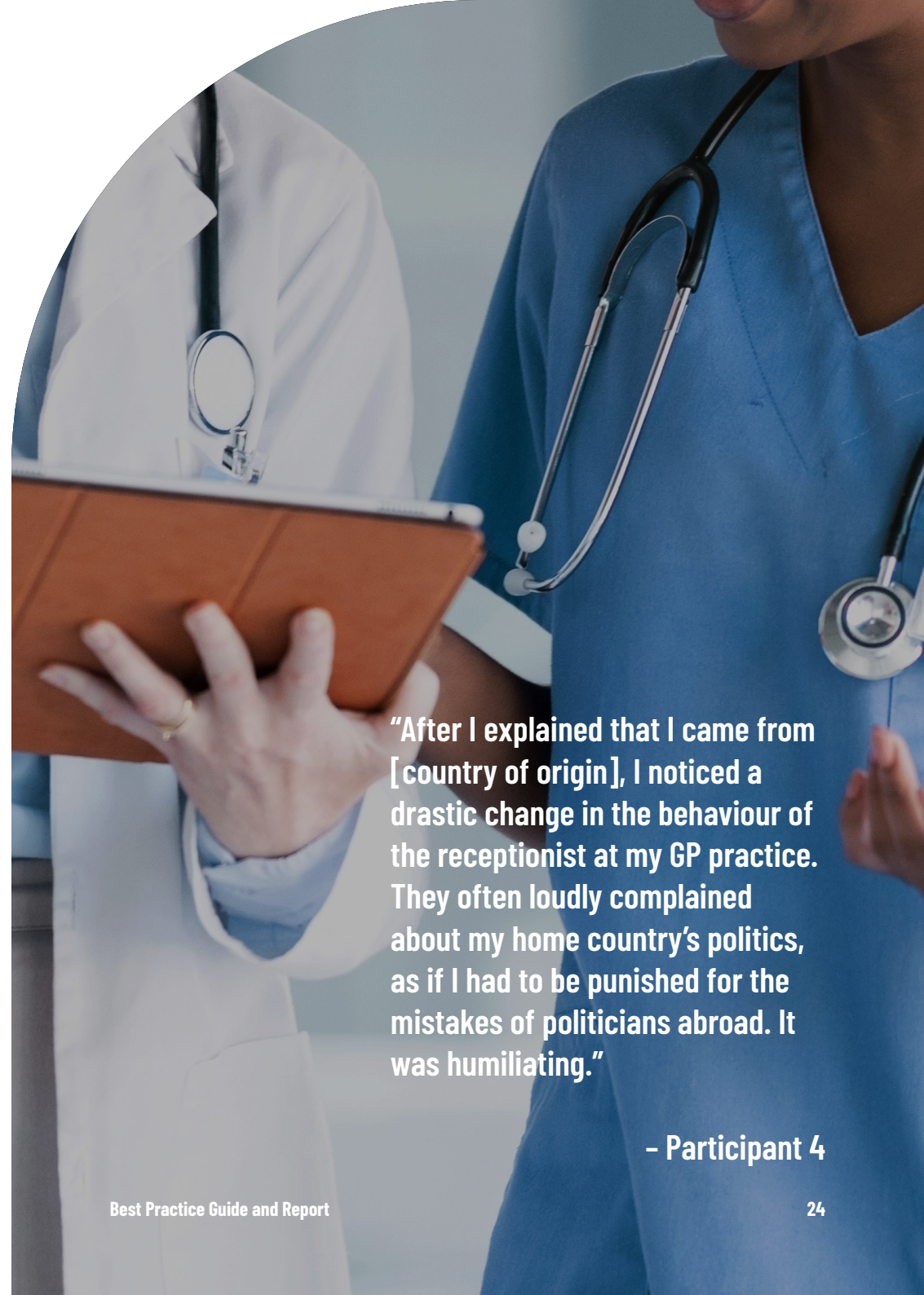
"After I explained that I came from [country of origin], I noticed a drastic change in the behaviour of the receptionist at my GP practice. They often loudly complained about my home country's politics, as if I had to be punished for the mistakes of politicians abroad. It was humiliating."
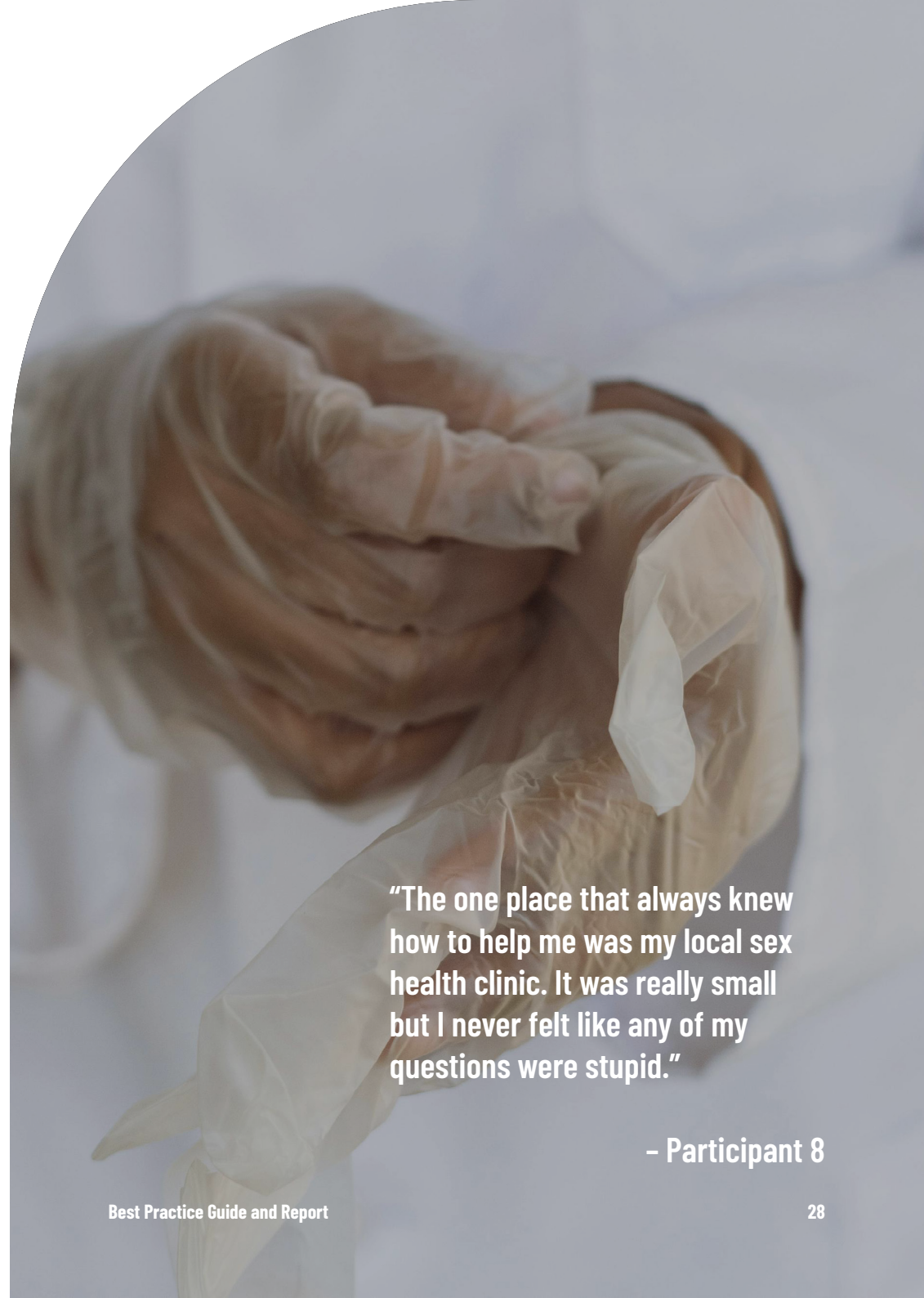
– Participant 4

Specialist support

Challenges

- Participants explained that the spaces that they felt most supported were often the ones that were least well-equipped to help them successfully pursue more meaningful change. Common examples were local community groups, identity-based charities, mutual aid networks, and sexual health clinics who were regularly supportive of individual needs but could not ultimately undo barriers to accessing more mainstream services

- There was a universal feeling of safety from all participants when approaching groups or services that were smaller in scale and/or explicitly stated their expertise in supporting LGBTQIA+ migrants. However, these spaces were few and far between, regularly over-subscribed, and unable to support systemic change due to their resources being focused on helping individuals.

- Participants seeking refuge and asylum felt particularly at risk as they were worried that being too vocal in their complaints and needs could adversely affect their leave to remain, and did not know what avenues they could use to express these concerns safely.

Suggested best practice

- Improve connections with and resources for community groups and identity-based charities who are often better placed to advocate for specialist needs but struggle to meet the capacity requirements to do so.

- Regularly consult with spaces that already have existing track records of supporting LGBTQIA+ and/or migrant needs, such as sexual health clinics or community healthcare initiatives, to pro-actively share knowledge and learn their best practice standards.

- Improve outreach in spaces that already cater to LGBTQIA+ migrant communities and communicate new learnings so that patients and service users feel confident in accessing larger services.

"The one place that always knew how to help me was my local sex health clinic. It was really small but I never felt like any of my questions were stupid."

– Participant 8

Looking to the future

This project was a time-limited deep-dive into some common challenges faced by LGBTQIA+ migrants when accessing the UK healthcare system.

This report hopefully provides a strong starting point for further conversation and learnings.

It would be particularly encouraging if future initiatives were able to reach out to voices who might not have been able to participate in this round of research. By providing properly trained translators so non-English speakers felt more comfortable taking part, or including resources for travel so that participants did not have to rely on access to technology to be interviewed.

It is also pertinent to note that this project coincided with renewed legislative efforts to restrict immigration to the UK and a fresh round of reckoning with the country's colonial past (including significant levels of racist and xenophobic backlash). This resulted in some of our participants backing out of the study because they felt that the general social and political situation posed too much of a risk for them to share their experiences, even anonymously.

We are grateful to those who engaged with this project at every level, including those who felt they had to withdraw their participation.

At the same time, it is important to consider how situations outside the immediate topic of interest will inevitably have an impact on approaches to liberation and empowerment. Healthcare, after all, does not exist in a vacuum;

solutions to healthcare inequalities must also consider nuance and complexity. Only then can we truly support and uplift multiply marginalised communities.

Citations

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We Will Be Heard
UK Black Pride

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