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LGBT+ Commission:

Interim Findings

LGBT+ Commission

LGBT+ Commission

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Contents

Foreword

> **“Let’s be honest, discrimination, hate and prejudice against the LGBT+ community was on the rise even before the pandemic.**

The Covid-19 pandemic is still negatively impacting the LGBT+ community months after the lockdown eased. Evidence gathered from charity groups across the country has shown a desperate need for a co-ordinated effort to help reduce widening inequalities.

The heart of the LGBT+ Commission is collaborative. It is based on a determination to bring all levels of government together with civil society and employers to help produce a co-ordinated and sophisticated implementation plan to help deliver policies affecting LGBT+ people as effectively as possible.

This year, the Commission is focussing on four key policy areas:

- Healthcare, mental health, sexual health and fertility
- Housing and homelessness
- Hate crime, domestic abuse and sexual violence
- Employment, employability and skills

Each area appraises the current policy landscape and, following the scrapping of the Government’s LGBT Action Plan, the Commission will set out an implementation plan to ensure that policies are delivered in the most effective way in November 2022.

So far the LGBT+ Commission has held inquiry sessions across all of these themes to hear from sector experts on where the issues lie, but more importantly, some innovative suggestions for solutions. Through these inquiry sessions with parliamentarians, local/regional government, civil society and employers, the Commission has heard a consistent message. There is a fundamental lack of usable data to make effective policy decisions - particularly for the trans and non-binary community.

That is why we need your help. The LGBT+ Commission is looking to commission a survey to generate robust, comparative data to inform its recommendations and help policymakers deliver for the LGBT+ community. The Commission is looking for partners to help bring this survey to life, and if you would be interested in doing so, please get in touch at info@chamberuk.com and our research team will be in contact to discuss this in more detail.

We already have plans to continue this work into 2023 and appraise progress based on the Commission’s recommendations.

I would like to thank all those who have been willing to give up so much time this year and look forward to welcoming you to future Commission inquiries.

Ben Howlett
Chair, LGBT+ Commission

LGBT+ Commission Inquiry Session: Healthcare, Mental Health, Sexual Health and Fertility

Chaired by Emma Best AM, the first inquiry session of the LGBT+ Commission took place on January 31, 2022. This session focussed on the wide-ranging health inequalities faced by the LGBT+ community in the UK, bringing together the recommendations of leaders in healthcare, local/regional authorities and civil society on these issues.

Please note that this write-up is not intended to be an exhaustive account of all areas covered in the meeting, nor of all the areas that the Commission will focus on regarding LGBT+ health inequalities. Instead, this paper seeks to highlight key areas of consensus discussed by our panel, some of the problems in these areas and the recommendations that were suggested. If desired, the full recording of the session can be found here.

First Session: Healthcare and Mental Health

The first half of this inquiry session of the LGBT+ Commission focused on healthcare and mental health. The panel for this session included:

- Dr Michael Brady (National Advisor for LGBT+ Health, NHS England)
- Ruth Hutt (Public Health Director, Lambeth Council)
- Prof. Jim McManus (President of the Association of Directors of Public Health)
- Dr James Barrett (Director, Gender Identity Clinic at The Tavistock and Portman NHS Foundation Trust)
- Arfan Hanif (Chief Executive Officer, Touchstone Leeds)

Data Collection and Monitoring

In the first session, there was a significant focus on the need for more systematic data collection on sexual orientation, gender identity and trans status. Opening the session, it was noted by Dr Michael Brady that, while this is an area of focus for NHS England, this remains a point of failure in terms of implementation.

> **"In healthcare and other settings, we are still really terrible at systematically asking questions about sexual orientation, gender identity and trans status."**
>
> **Dr Michael Brady**

As it stands, the Sexual Orientation Monitoring Information Standard lays out how to ask these questions, however the collection of such data is not mandated. As such, its implementation has been very patchy. The impact of this is two-fold. Firstly, the absence of routine and robust data collection means that we still do not fully understand the breadth and depth of health inequalities faced by the LGBT+ community. Secondly, we lack any benchmarking data against which to measure policy interventions and their impact. Echoing these concerns, it was remarked by Ruth Hutt that, at a local level, the lack of data makes it much harder to track impact and change, and subsequently it becomes much harder to commission further services due to the lack of an evidence base.

Further to this, it was noted that while NHS England is currently working on this, there is no equivalent monitoring information standard for gender identity or trans status. Whether or not such a document was to be mandated, it was acknowledged that having some document to which organisations across the NHS could refer would at least aid the uniformity of approaches across the NHS and support organisations who were unsure of how to approach the issue. It was noted that the absence of asking questions about service users' gender identity or trans status is a way in which trans and gender diverse people may be excluded from these services.

> **"If you're trans or you're nonbinary and... you're presented with two boxes that say male and female and not a box in which you can identify your true self, you're already being excluded from that service. That service is kind of communicating that you're not seen."**
>
> **Dr Michael Brady**

As the panel turned to ways of improving the situation around data collection, the first question that arose was whether the collection of sexual orientation and gender identity should be mandated. While an important step, it was noted that it was not the whole solution. Here, further considerations that need addressing included:

1 Practical infrastructure: supported by information standards, healthcare settings will require appropriate IT systems that allow the NHS to record data properly.

2 Staff and patient confidence: staff need help and support to understand both how and why they are asking these questions, while patients/service users need the confidence to answer these questions completely, with confidence that divulging this information will not lead to discrimination and a full awareness of how that information will be used.

Regarding patient confidence, there is certainly no single method of building up this trust. However, in some cases this can be as simple as the use of inclusive language and the signposting of LGBT+ partner organisations in the surgery.

However, as Integrated Care Systems (ICS) develop and evolve in the coming years, there remains a potential role in data collection for LGBT+ partner organisations, wherein LGBT+ service users who may not ordinarily trust healthcare providers with information regarding their sexual orientation/ gender identity may feel more comfortable were this data to be held by LGBT+ organisations.

Combatting this invisibility in statistics was therefore a key priority for all members of the panel and was a common theme across almost all of the panel's priorities, with consistent reference to the need for thoroughgoing data collection and analysis as well as transparency in statistics. As such, there is a clear imperative for a more uniform, systematic and sensitive approach to data collection, as well as an accompanying, concerted effort to make members of the LGBT+ community feel secure in answering such questions honestly.

Training, Education, and Awareness

Another key theme that arose in the session revolved around the need for training of healthcare staff to give them greater awareness and sensitivity around LGBT+ issues. On this issue, it was noted by Dr Michael Brady that when NHS England conducts LGBT+ experience surveys, the most common finding is that patients feel the NHS needs better training of the workforce. Whether this means using correct pronouns, or not assuming that same-sex people are friends/siblings rather than partners, there is a clear need to create a more inclusive space.

> **"I would suggest that training across the board, both at undergraduate and postgraduate level, embedded meaningfully in trust inductions and continuing professional development, would make a massive difference, just to make the staff more knowledgeable and have the skills and the confidence to support LGBT+ people more meaningfully."**
>
> **Dr Michael Brady**

It was also acknowledged that training on the part of nursing schools, medical schools and equivalent training schemes must acknowledge the important differences in health settings between trans people and LGB people.

> **"It should be taught separately, and should be taught full stop, which it isn't at the moment."**
>
> **Dr James Barrett**

A lack of awareness of LGBT+ issues among healthcare professionals can have incredibly serious consequences. One specific example raised was NHS records and changing a person's sex. While it is entirely possible for people to change their sex and retain their existing NHS number and accompanying medical records, Dr James Barrett highlighted an alarming lack of awareness of this fact.

> **"It is possible to change the sex on somebody's record whilst maintaining the integrity of the record, but most GPs don't seem to know that, or if they do they assume that everybody will want a new NHS number... if you do this, you lose all your previous record... if you're 57 years old with a complicated medical history, it could be a bit of a disaster that - if you're found unconscious and are being taken to a casualty department - nobody knows anything about you."**
>
> **Dr James Barrett**

An example of best practice was raised on this point around the 'Pride in Practice' Programme run by LGBT Foundation. 'Pride in Practice' is a model for change that utilises a strengths-based approach to developing services, including a quality assurance and social prescribing programme that strengthens and develops primary care services' relationships with their LGBT+ patients. Adopted by Lambeth Council, Ruth Hutt commented that this programme has been particularly useful for their primary care settings, but is also extending to pharmacies, which are also often on the frontline of service delivery. To date, 11 GPs have been fully accredited by the council, with a further eight having been trained and awaiting final assessment. There are further plans to extend the model into the voluntary and community sector, and the Council will pick 10 organisations (for instance, welfare advice, mental well-being, homelessness services) to build capacity in supporting LGBT+ people across different services.

However, as panellists noted, it is not just in primary care settings that such education and awareness is needed. On the need for a public health approach to these issues, both Prof. Jim McManus and Ruth Hutt suggested that, to fulfil the ambition of having all people reaching adulthood confident and safe in their identity, concerted efforts must be made while children are in school. Here, school nurses and visiting nurses must have an awareness of LGBT+ youth issues, and not simply working under the assumption that all children will grow up to be heterosexual.

The kinds of training described by the panel not only have the potential to improve the experiences of LGBT+ patients and improve health outcomes, but also to improve engagement with services. Indeed, one study found that over one in eight LGBT+ people have avoided treatment due to fear of discrimination [1].

> **"We have really got to have a sea change in terms of educations and training and change the hearts and minds of those who are delivering care."**
>
> **Dr Michael Brady**

Developing Inclusive Services

While those designing and delivering services in the public sector are subject to the public sector equality duty, it is often the case that healthcare services are not as inclusive as they could be for the LGBT+ community. As detailed above, fear of discrimination, or even lived experience of discrimination in a healthcare setting, can make members of the LGBT+ community less likely to access services. Given this, it was a clear priority of the panel that services be made appropriately inclusive for LGBT+ patients and service users.

A key area in which inclusivity can be expressed is in patient-facing information. Whether this means rainbow lanyards in GP surgeries, or signs for LGBT+ specific organisations, these offer simple signs that many people won't notice, but communicate an LGBT+ inclusive culture to service users. This will also mean the use of inclusive language, particularly in services that are traditionally very gendered, such as reproductive health, sexual health services or maternity services. An example of effective and inclusive approaches to maternity services at Brighton and Sussex University Hospitals Trust was cited (see submitted documents) as an instance of best practice in this area.

However, on the issue of designing inclusive services, the most frequently mentioned method was co-production and an ongoing commitment to meaningfully consult with the LGBT+ community. Speaking to research on the development of health policy, Prof. Jim McManus stressed the need for engaging the LGBT+ community in research behind service delivery and design.

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1 Stonewall, 2018. LGBT in Britain: Health Report. [online] Available at: https://www.stonewall.org.uk/lgbt-britain-health.

> **“There’s lots of research there... we know that if you engage and involve people in research about services that affect and impact on them, you get better outcomes, better quality, better research and better policy.” – Prof. Jim McManus**

> **“Engaging early, co-designing achievable action plans and committing to an ongoing dialogue is key to building trust and buy-in.”**
>
> **Ruth Hutt, written submission**

It was also noted by both Prof. Jim McManus and Arfan Hanif that more systematic engagement with members of the LGBT+ community in service design would be an important step in taking an appropriately intersectional approach and combatting the multiple layers of health inequalities that people face, rather than the standard siloed approach to the multiple identities that people have. Citing an approach of Lambeth Council to developing intersectional approaches to service delivery, Ruth Hutt noted the success of bringing together programmes focused on Lambeth’s black community with LGBT+ specific programmes.

> **“What we’ve also started to do through some of this work in Lambeth is bring together some of the work we did with ‘Black Thrive’, which is around the mental health experience of the black community, with LGBT+ type programmes of work so that we are bringing learning from different bits of our community together and adapting it so that it’s culturally appropriate in our settings for those people... which has been really well received.”**
>
> **Ruth Hutt**

Additionally, the importance of workforce representation was highlighted by Arfan Hanif as centrally important to ensuring that service users feel that staff understand their needs. In reference to how valuable this can be for LGBT+ service users, Ruth Hutt mentioned cliniQ as an example of best practice. They offer holistic sexual health, mental health and well-being services for trans people, partners and friends. As a trans-led organisation, they offer a safe space for those who may not feel comfortable accessing mainstream services.

Seeking to avoid siloed approaches to public policy, the panel also discussed the need to take a more holistic approach to service design across healthcare settings. On this point, Prof. Jim McManus outlined the need to articulate in detail what a public health approach to LGBT+ health means across the life course, requiring standards for relevant bodies and actors in policy, services and NHS organisations, all the way through to education, housing and employment. Such an approach would broaden the scope of health policy, which has often focused on clinical settings rather than wider social, economic and environmental determinants of health. Here, rather than focusing on singular instances in which individuals may present to services, ‘a life course approach considers the critical stages, transitions and settings where large differences can be made in promoting or restoring health and well-being’ [2].

2 UK Health Security Agency, 2019. Health Matters: Prevention – A Life Course approach. [online] Available at: https://ukhsa.blog.gov.uk/2019/05/23/health-matters-prevention-a-life-course-approach/

Taking a similarly holistic approach, Ruth Hutt outlined the commitment of Lambeth Council to a 'whole systems' model, wherein council departments, the NHS, statutory partners and the VCSE sector can work together to combat the overlapping and intersecting inequalities faced by the LGBT+ community. Further detail can be found in Ruth Hutt's written submission to the Commission (see submitted documents); however, this approach entails ongoing processes of consultation and co-design with diverse members of the LGBT+ community to avoid piecemeal approaches to LGBT+ health inequalities.

Key Recommendations from the Panel:

1 **Systematic data collection and monitoring –** This will involve steps beyond simply mandating data collection on sexual orientation, gender identity, and trans status. While this is important in improving the currently patchy landscape, it will require investment in data collection infrastructure and concerted efforts to make staff feel confident in asking such questions, and LGBT+ service users safe in divulging this information.

2 **Comprehensive training and education –** Ensuring that healthcare professionals have the requisite knowledge of LGBT+ health inequalities and the specific needs of LGBT+ service users are critically important. Such training must importantly distinguish between LGB and trans patients and ensure that discriminatory treatment across healthcare services is eliminated.

3 **Co-designing inclusive services –** The importance of delivering inclusive services was noted by all panellists and the most cited means of achieving this was the concerted co-production of services. Ongoing engagement with the LGBT+ community when designing and delivering services not only helps to ensure that the services delivered are in fact more inclusive, but also to ensure that service providers have greater engagement from the LGBT+ community.

Second Session: Sexual Health and Fertility

The second half of this inquiry session of the LGBT+ Commission focused on sexual health and fertility. The panel for this session included:

- Dr Michael Brady (Sexual Health and HIV Consultant, Kings College Hospital, and Medical Director, The Terrence Higgins Trust)
- Deborah Gold (Chief Executive, National AIDS Trust)
- Megan and Whitney Bacon Evans (LGBT+ Fertility Equality Activists)

Inequalities in Existing Provision

One of the key themes highlighted in the second half of the inquiry session was the extent of inequalities present in existing sexual health and fertility provision. A key focus of the panel was ensuring truly equitable access to these services, both in terms of targeting services at the LGBT+ community, as well as ensuring that these services are accessible in regions across the UK.

> **That was one of the challenges that we found when Covid hit and face to face services shut down: there are some parts of the country that don't have access to the same portfolio of services that includes online as well as face to face services."**
>
> **Dr Michael Brady**

A greater focus on online and home testing was highlighted as an important step to reduce the regional inequities in existing provision. This approach has already shown great promise in this area, in providing access for those who may not access traditional, face-to-face sexual health services, whether due to fear of discrimination or physical distance.

> **One of the things that has led to the really significant decrease in the number of new cases of HIV is how easy it is to test regularly, without necessarily having to do that by going into a sexual health clinic."**
>
> **Deborah Gold**

However, it was noted by the panel that more needs to be done to ensure that there is more equitable access to online testing for all STIs across all parts of the country, as well as ensuring that those facing digital exclusion can access the services they need. Similarly, it was noted by the panel that even access to treatments such as PrEP, which have recently been rolled out nationally on the NHS, may not be as equitable as it could be. Currently, PrEP is only available in sexual health services, however a more equitable approach would be to make this available in places where a wider range of communities present, such as GPs and community pharmacies.

Such inequalities around HIV were further explored, particularly in relation to laws around gamete donation. The code of practice, as published by the Human Fertilisation and Embryology Authority (HFEA), currently prohibits gamete donation from a person living with HIV. This rule runs contrary to the widely accepted science on the topic that there is no risk of someone passing on HIV sexually to someone else where they have an undetectable viral load. The impact of this can be profoundly negative in cases where:

1. A same-sex male couple (where one or both is living with HIV) wish to use a surrogate.

2. A same-sex female couple wish to pursue co-maternity, where one member of a same-sex female couple is living with HIV and wishes to have her egg implanted in her partner.

3. An individual wishes to use 'known donation', where they receive a gamete donation from a friend living with HIV.

Assuming that the donor in all of the above scenarios has an undetectable viral load, there is no risk of HIV transmission. In the above cases, a clear recommendation was made:

> **As long as all the parties have the relevant information and they provide informed consent, there is no scientific or ethical basis to justify these rules and they need to be changed as a matter of urgency."**
>
> **Deborah Gold**

However, it was also acknowledged that significant opportunities exist to improve HIV care as the healthcare system in the UK evolves with the roll-out of ICS's. Under the 2012 Health and Social Care Act, HIV pathways were greatly disrupted. It was noted by Deborah Gold that the legislation removed all financial incentive from inside the healthcare system that would usually exist to effectively tackle HIV. For the NHS, a saving would be realised where HIV is prevented, however the spending on prevention is made by local authorities, which have seen their public health budgets cut significantly in recent years. However, with the development of ICS's, it was noted that this dynamic could be avoided with better cooperation between different parts of the system.

On the issue of LGBT+ fertility inequality, Megan and Whitney Bacon-Evans outlined the struggles they had faced in their efforts to have a child together. One of the key problems they highlighted in the system was that it viewed infertility purely in terms of medical infertility, rather than social infertility. Social infertility often applies to members of the LGBT+ community who cannot conceive a child together. In turn, this leads to an unfair financial burden placed on some members of the LGBT+ community regarding eligibility criteria to receive funding for fertility treatment on the NHS.

The level of funding offered to couples in England for fertility treatment is determined by local Clinical Commissioning Groups (CCGs), meaning that same-sex couples face something of a postcode lottery. Most CCGs require same-sex female couples to self-fund between six and 12 rounds of artificial insemination at a private fertility clinic, forcing some people to pay up to £25,000 before they become eligible for NHS-funded treatment. For heterosexual couples, the requirement is two years of unprotected sex, however CCGs require no evidence.

Additionally, it was noted by Megan and Whitney Bacon-Evans that the funding landscape is much more positive in Scotland. NHS Scotland provides six rounds of fully funded intrauterine insemination (IUI), and if this is unsuccessful they will fund three rounds of in-vitro fertilisation (IVF). As such, they recommended that NHS England bring its practices in line with NHS Scotland.

Since 2005, people are no longer able to opt for home insemination with sperm from a sperm bank, and artificial insemination must take place in a clinical setting. This therefore forces some LGBT+ people to pay large amounts of money to access safe, medically screened sperm, or to risk more dangerous routes, often men offering help online 'free of charge'. Such 'services' can be very risky and often involve men preying on women's vulnerability, as well as the risk that the sperm donor could fight for the rights to the child in the future. As such, it was recommended that the Government review the ban on home insemination, as it is currently forcing some into debt and placing others in dangerous situations.

Serving All Members of the LGBT+ Community

It remains true that the impact of STIs disproportionately falls on gay and bisexual men who have sex with men (GBMSM), most notably with gonorrhoea and syphilis.

> **"We are still seeing significant rises in STIs [in GBMSM]... in a concerning environment of potentially increasing gonorrhoea strains, which are resistant to traditional treatments."**
>
> **Dr Michael Brady**

However, while GBMSM are the most affected members of the LGBT+ community when it comes to STIs, it was noted by panellists that this shouldn't lead to the neglect of other members of the LGBT+ community, who have often been under-considered in these conversations. Bisexual women were noted.

> **“We have good data that shows that particularly young bisexual women are at increased risk, with riskier sexual behaviour, higher reported rates of chlamydia and higher reported rates of unplanned or teenage pregnancies. And yet we see very few health promotions or services targeted at young bisexual people and particularly young bisexual women.”**
>
> **Dr Michael Brady**

On this topic, it was noted the important role that education must play in this issue. While it is certainly positive that reproductive and sexual health is taught as mandatory in schools, more must be done to ensure that these programmes are truly LGBT+ inclusive. As it currently stands, sex and relationships education in UK schools is often heteronormative in its approach. Members of the panel noted that it is sometimes even taught that lesbian and bisexual women don't need to worry about STIs or are unable to get HPV, and don't need to worry about cervical screenings. Ensuring that Ofsted has a strong role in regulating the LGBT+ inclusivity of sex and relationships education was noted.

Members of the panel also noted the importance of ensuring that sexual health and fertility provision is also inclusive of trans and non-binary people.

> **“Data shows very low levels of knowledge around sexual and reproductive health for trans people... and low reported rates of contraception and low reported rates of cervical screening, and yet we have very few targeted services for trans and non-binary people.”**
>
> **Dr Michael Brady**

While the Terrence Higgins Trust has recently produced online resources on sexual health for trans and non-binary people (see submitted documents), this is certainly a part of the LGBT+ community to whom there has been very little health promotion on issues of sexual and reproductive health. The result of these failures of inclusivity is often disengagement from services, an issue laid bare in an upcoming piece of work conducted by NHS England and LGBT Foundation called ITEMS (improving the experience of trans and non-binary people in maternity services). The report involved a literature review on the topic, as well as a survey of 125 trans men and non-binary people assigned female at birth who had accessed maternity services. Talking about the results of the survey, Dr Michael Brady noted that 30 per cent of respondents gave birth without accessing any antenatal or perinatal care (NHS or private).

> **“Services that have traditionally been focused on cis women frequently do not use language that is inclusive of everybody who might need them.”**
>
> **Dr Michael Brady**

Following this piece of research, NHS England will be working on setting guidance and policy on how to improve the experiences of trans and non-binary people, starting with maternity services, but broadening out to other relevant sexual health and reproductive health services.

Key Recommendations from the Panel:

1 **Equitable Treatment and Access –** Across sexual and reproductive health settings, there remain swathes of community where access is not truly equitable. This manifests in a multitude of ways across the healthcare system, however some of the issues raised in this session included: ensuring that LGBT+ people have fair access to fertility treatment, that people with undetectable HIV have the same rights around gamete donation and people across the country have services accessible to them.

2 **Education and training –** Much of the focus on LGBT+ sexual health has (often for good reason) focused heavily on GBMSM; however, it is centrally important that other members of the LGBT+ community are considered in service design and promotion. There exist very limited services for trans and non-binary people, as well as inadequate attention paid to bisexual women who are at increased risk of STIs. Central to this will be ensuring that sex and relationships education in schools is meaningfully LGBT+ inclusive.

Document, Websites, and Information Submitted During the Inquiry Session:

NHS England is currently working on guidance for the care of trans people in primary care (to be released later this year), including information on name and gender change. The following link was submitted by Dr Michael Brady, as it contains some information on current guidance such that trans people do not lose previous medical records. GPs are advised to "transfer all previous medical information from the original medical record." (Adoption and gender re-assignment processes - Primary Care Support England)

Maternity services at Brighton and Sussex University Hospitals NHS Trust were cited as an example of best practice regarding the use of inclusive language in services that are traditionally very gendered. They have a dedicated gender inclusion team, which uses language that is additive and inclusive. This example was submitted by Dr Michael Brady (Gender Inclusion - BSUH Maternity).

The following document was shared by Dr James Barrett regarding fertility preservation for trans people. (NHS-England-Guidance-for-CCGs-on-Fertility-Preservation.pdf (gic.nhs.uk)).

The following document was submitted by Prof. Jim McManus, summarising his six priorities for improving LGBT+ health inequalities. (No Health Without LGBT+ Public Health.pdf).

Pride in Practice was a programme initially raised by Ruth Hutt regarding Lambeth's healthcare provision for the LGBT+ Community. The following document was submitted by Dr Michael Brady, who stated that there had been tangible benefits in patient experience and health outcomes from GP practices and other primary care settings who had used the programme. (LGBT Foundation - Pride In Practice).

Following the session, Ruth Hutt submitted the following document outlining in further detail Lambeth Council's 'whole systems approach' to LGBT+ health inequalities (LGBT+ Commission Lambeth Council Health and Wellbeing Briefing .pdf).

The Stonewall 'postcode lottery' tool was referenced by Megan and Whitney Bacon-Evans, which allows people to discover the policies around IVF access in their local area and to email their MP to demand more equitable treatment (Make access to IVF equal for LGBTQ+ people).

The following piece of research was referenced by Dr James Barrett, with regards to the importance of self-testing for HPV for groups that may not present to healthcare services. The work is being carried out by NHS England in collaboration with Jo's Cancer Trust (NHS England » NHS gives women Human Papillomavirus Virus (HPV) home testing kits to cut cancer deaths).

The following submission was provided prior to the session by Megan and Whitney Bacon-Evans, summarising their key areas of concern with regards to fertility inequality for LGBT+ couples (Megan and Whitney Bacon-Evans written submission).

The following submission was provided prior to the session by Arfan Hanif, outlining the approach of Touchstone to supporting LGBT+ service users (Arfan Hanif - written submission).

The Sexual Orientation Monitoring Information Standard was referenced by Dr Michael Brady. It provides the mechanism for recording the sexual orientation of all patients/service users aged 16 years and over across all health services and local authorities with responsibilities for adult social care in England (Sexual Orientation Monitoring Information Standard).

The following is a report into the health and well-being of LGBT+ people over the age of 50 The Health and Wellbeing of LGBTQ+ People Over 50 - Opening Doors.

The following study was submitted by Prof. Catherine Meads, regarding the relationship between sexual orientation and Covid-19 incidence (Sexual Orientation and the Incidence of COVID-19.pdf).

Submitted by Prof. Jim McManus, this is a link to a book outlining the case against conversion therapy (ed. Douglas C Haldeman) that has recently been released in the US, but is not currently available in the UK (The Case Against Conversion "Therapy": Evidence, Ethics, and Alternatives).

The following study was submitted by Prof. Catherine Meads on increasing rates of IVF interventions for same-sex female couples. When submitting this it was noted that whereas donor insemination has no side effects, IVF does have side effects (Why Are the Proportions of In-Vitro Fertilisation Interventions for Same Sex Female Couples Increasing?).

Referring to the need to consider all people under the LGBT+ umbrella in sexual health considerations, the following page was submitted by Dr Michael Brady (Sexual health for trans and non-binary people | Terrence Higgins Trust (tht.org.uk)) .

LGBT+ Commission Inquiry Session: Homelessness and Housing

Chaired by Sean Anstee CBE, the second inquiry session of the LGBT+ Commission took place on March 14, 2022. This session focused on the issues that the LGBT+ community in the UK face with respect to housing and homelessness, bringing together the recommendations of leaders in this field from civil society, housing providers and local/regional authorities.

Please note that this write-up is not intended to be an exhaustive account of all areas covered in the meeting, nor of all the areas that the Commission will focus on regarding LGBT+ housing and homelessness. Instead, this paper seeks to highlight key areas of consensus discussed by our panel, some of the problems in these areas and the recommendations that were suggested. If desired, the full recording of the session can be found here.

First Session: Homelessness

The first half of this inquiry session of the LGBT+ Commission focused on homelessness. The panel for this session included:

- Steven McIntyre (Chief Executive, Stonewall Housing)
- Moud Goba (National Director, Micro Rainbow)
- Carla Ecola (Director, The Outside Project)
- Hayley Speed (Assistant Director of Services, Albert Kennedy Trust)

Data and Monitoring

One of the key themes that emerged from the first half of the session was around the issues of data capture and monitoring. It was noted by all members of the panel that it is very difficult to understand the level of need for LGBT+ homelessness. While LGBT+ homeless people are more likely to fall into the 'hidden homeless' category, it was noted that:

> **"We do know of course that LGBT+ people are overrepresented within homelessness cohorts, and the best guess that we have is that somewhere between 64,000 and 128,000 people every year would benefit from support from organisations like ours. Right now, Stonewall Housing works with about 2,000 people per year, so you can see that even all of us together are only really scratching the surface of this level of need."**
>
> **Steven McIntyre**

Considering the data issue from the perspective of provision, other panellists highlighted similar problems:

> **"People are always asking me for data. They want statistics for this and that, and my answer is always zero. There are zero beds, zero provision... it seems like we're on a wheel, where it's still just zero. Zero money and zero property is being given to our community to actually deliver services."**
>
> **Carla Ecola**

Of course, the result of such poor levels of data capture, as well as poor consistency across different local authority areas, is that LGBT+ communities lack a firm evidence base to take to commissioning managers and to make firm arguments for change. As local authority budgets have been squeezed over the past 10 years, the need for tight and cogent value for money cases has never been stronger. However, given that third sector providers are facing a similar squeeze on resources, commissioning such research at a local level is often not a viable option.

One of the effects of this is that the LGBT+ community often finds itself having to self-fund services:

> **"Unfortunately, with [the LGBT+] community, we've had to demonstrate the need for it by actually doing it and going to them and saying 'look, this is what we're doing' and paying for it ourselves. But we're already taxpayers, so it's almost like a double tax, a queer tax. We're having to pay for our own services, or crowdfund them and shake buckets in bars, just for basic services. How many fundraisers do we all receive from members of our trans community who don't have access to healthcare?"**
>
> **Carla Ecola**

The poor levels of data around LGBT+ homelessness in order to commission appropriate services was seen by the panel to have two key contributory factors. The first involves service providers (both third sector and local authority) who are largely very poor at gathering this data:

> **"[Frontline workers] largely do not understand why it's important to gather this information. So you know, if I was a service user and you said to me, 'well can you please tell me whether you're gay or not?' My initial response would be, 'why do you want to know that?'... if you can't answer that question confidently, then why would I share that information with you?"**
>
> **Steven McIntyre**

Indeed, there is certainly a critical need to ensure that frontline workers know that this information is being gathered to design services that meet people's needs. It is for this reason that ongoing training was mentioned by several participants as being extremely important in ensuring frontline workers understand the specific needs of LGBT+ people, as well as allowing them to communicate confidently with LGBT+ service users at the point of access. It is hoped that such training would also help to mitigate the second contributory factor, that of LGBT+ people's willingness to disclose this personal information for fear of discrimination. Moud Goba noted the particular concerns of refugee LGBT+ people in this area when they present to services:

> **"Back home, if I had to hide for so many years... [your sexuality/gender identity] is not something you disclose to state bodies."**
>
> **Moud Goba**

With such poor levels of data capture, it is unsurprising that securing funding from local authorities, whether this is for staff training or establishing LGBT+ inclusive, affirmative or even exclusive services, is incredibly challenging for (what are exclusively) third sector providers. This remains the case even though many of the services being provided by LGBT+ homelessness organisations are statutory. But while they are required to be provided by local authorities, they are not required to be provided specifically for LGBT+ people (in spite of the Public Sector Equality Duty of local authorities). As such, these groups are forced to explore more tenuous avenues of funding from local authorities:

> **"How we get funding from local authorities is by finding someone who's queer in the local authority and is also a decision maker, and we talk to them, engage with them, and we help them see the importance of our work and then they buy into it... But as soon as the funding gets squeezed, what do you think goes first?"**
>
> **Steven McIntyre**

This is not only the case when budgets get squeezed, but also when that member of the local authority moves on. Noting this, Moud Goba recommended that each local authority have a designated LGBT+ champion to ensure that service design and provision across the council is LGBT+ inclusive:

> **"If it's one person who is really campaigning because they are LGBT+ or are passionate about LGBT+ issues, what happens when they leave? What happens to that connection? What happens to that work? So it actually needs to be something that is continual... if somebody goes, then somebody replaces them."**
>
> **Moud Goba**

LGBT+ Inclusive/Specific Provision

As a result of this lack of data, it is often the case that the statutory services being commissioned to support homeless people are generally not being commissioned to meet the needs of LGBT+ homeless people:

> **"There's this dual negative that people are presenting with. Firstly, around the root of their homelessness maybe being due to their sexuality or gender identity, but also the services being commissioned to support them, statutory services, are not being [designed and delivered] with them in mind... so if people do engage with that system, their experiences can often compound the issue."**
>
> **Hayley Speed**

The result of this is that, where possible, many LGBT+ homeless people who access services tend to opt for services provided by LGBT+ organisations:

> **"The vast majority of our service users, 97 per cent, tell us that they prefer working with people who understand what it means to be LGBT+, who are LGBT+ themselves. And sadly, 84 per cent of the people that we work with have told us that they don't think they would get a good enough service from an organisation that is not LGBT+. Now, we know that's not true because of course people are getting good services, because the vast majority of LGBT+ people are working with mainstream organisations... but the difficulty is it's what they think, and it's because they're worried about discrimination."**
>
> **Steven McIntyre**

Indeed, these perceptions are certainly an issue. If LGBT+ people do not feel that they will receive a good enough service, either due to fear of discrimination or their specific needs not being met (perhaps around familial estrangement), they may fail to present to services and not access the services they need. This is particularly problematic where LGBT+ specific services are not available. Indeed, as was noted by Hayley Speed, though there are pockets of good practice, particularly in London, Brighton and Manchester, these are few and far between and virtually non-existent in rural areas across the UK. It was this failure that led to the formation of The Outside Project, a by and for crisis accommodation for LGBT+ homeless people, which also runs an LGBT+ community centre:

> **"[LGBT+ people's] experience of trauma, their experience of violence, isn't necessarily being counted because of their gender identity or because of their sexuality. It's not something that a lot of these services recognise or are used to dealing with, or they have their own prejudices themselves... and I think that's why by and for services like ours are really valued by the community."**
>
> **Carla Ecola**

However, The Outside Project remains the UK's only LGBT+ specific homelessness shelter, as there is very little funding available for groups in this space:

> **"There are so many different organisations all fighting for very small pots of funding that relate to the niche that they work in... so you have a panel like ours, we will have very different services and we all deliver different things, but we would be considered to be the 'LGBT+ homeless organisations'."**
>
> **Carla Ecola**

Around the issue of designing not only services, but long-term strategies for LGBT+ homelessness, a question was raised by Cllr Sharon Thompson (Cabinet Member for Homes and Neighbourhoods at Birmingham City Council and Chairperson at the West Midlands Combined Authority Homelessness Member Advisory Group).

The question related to the approach of preventative measures; attempts by local authorities to 'design out' homelessness and what this might look like for the LGBT+ community. However, there was a degree of consensus across the panel that, given the current level of consideration LGBT+ people tend to receive in such services, there is a need for them to be 'designed in' before they can be 'designed out':

> **"We have to recognise first of all that we've got an LGBT+ problem and that there is this cohort of people whose needs are not currently being met... then we have to put in the work to really help all of our frontline staff to understand the additional vulnerabilities and issues that people who are LGBT+ face when they are also facing homelessness. And the best way, I think, to do that is to make it a requirement."**
>
> **Steven McIntyre**

Taking a Holistic Approach

Another key theme that arose in the discussion was the need for more holistic approaches to the issue of LGBT+ homelessness. Speaking about the work of Micro Rainbow, Moud Goba outlined the importance of properly considering the intersectional issues that arise with service users, and the specific challenges that LGBT+ refugees may face.

Across the world, just under 70 countries still criminalise homosexuality, 11 jurisdictions offer the death penalty, and six of them still implement it. As a result of this, at least 2000 LGBT+ people claim asylum in the UK per year. However, as a result of the multiple identities – that of being LGBT+, a refugee, and specifically a refugee from a country in which LGBT+ people face significant discrimination and harassment, these people often face a series of particular challenges:

> **"The usual spaces where refugees get support, the sort of safety networks where they get technical support, or where other refugees are getting support, is not available to them. For example, when I was a new migrant in the country, a refugee, before my sexuality was discovered, I could rely on the Zimbabwean community to help me... but once your sexuality is discovered, you're pushed out from those spaces. So you miss out on a lot of technical support that really helps refugees to settle and integrate into the new country."**
>
> **Moud Goba**

Where people may face multiple disadvantages, such as being LGBT+ and an ethnic minority, there is also the risk that the issue of trust in disclosing personal information outlined above is only compounded. For instance, a black, female-passing, non-binary person accessing a homelessness service may already fear discrimination on the basis of their ethnicity and, if they do present, not wish to add to this risk by telling staff about their gender identity.

A further component of a more comprehensive approach to LGBT+ homelessness is ensuring that housing support is only one part of a broader package that is available to service users. Whether this is achieved via integrating other services into existing provision within the homelessness service, or establishing links to other organisations, this is crucial for addressing the wide and varied needs that LGBT+ service users may present with.

For instance, gay and bisexual men who have sex with men are disproportionately likely to contract STIs. The LGBT+ community is also more likely to suffer from mental health issues and is overrepresented in drug use statistics. Accordingly, LGBT+ services users would benefit from links into primary care providers, sexual health services, drug and alcohol services and other local provision that is itself LGBT+ inclusive.

Key Recommendations from the Panel:

1 **Systematic data collection and monitoring –** Ensuring that service providers and local authorities are collecting reliable data on sexual orientation, gender identity and trans status is a critical first step. This will require attention on the service provider side (training to ensure that staff clearly understand why it is being collected, and are able to communicate this), and in building trust with LGBT+ service users so they feel comfortable disclosing this (perhaps via active outreach in culturally relevant settings and publicly displaying the inclusivity of the service).

2 **Designing 'in' LGBT+ people –** LGBT+ specific needs, as well as the intersectional needs of people who are LGBT+ are rarely considered in the design of statutory services, and it is often left to third sector providers to fill this gap, meaning that LGBT+ people outside of London, Manchester and Brighton are often underserved. Requiring that homelessness services be audited for their LGBT+ inclusivity by local authorities would be an important step to address this.

3 **Resources –** Many members of the panel work for organisations providing statutory services, however, are forced to self-fund or crowdfund for the basics. Funding that does come from local authorities is often insecure, and when budgets are squeezed, it rarely lasts. Given that LGBT+ homelessness organisations are currently barely scratching the surface of need, it is critical that they are funded appropriately to deliver their services without being forced to hop between small pots of short-term funding.

A Review of National Policy on LGBT+ Homelessness

The most comprehensive policy package on homelessness from the Government has come in the form of the National Rough Sleeping Strategy [1], published in 2018. On the topic of LGBT+ homelessness, this states:

> **"We recognise that there are gaps in our understanding. We are told by the sector that LGBT individuals are more at risk of homelessness and rough sleeping. This is particularly the case among young people... we want to understand this better and we set out measures to address both of these issues in the strategy" [2].**

Given the limited evidence base on the topic, the strategy says that the Government will conduct research into LGBT homelessness and "will set out further concrete steps to address the issues of LGBT homelessness in the first yearly refresh of the strategy" [3]. The problem, however, is that the research mentioned in the strategy is research to be conducted in collaboration with the Government Equalities Office (GEO) under the LGBT Action plan. However, the GEO has since abandoned the LGBT Action Plan [4]. As such, the Government's strategy on LGBT+ homelessness relies on a policy programme which no longer exists. Indeed, there is nothing in the Rough Sleeping Strategy pertaining to LGBT+ homelessness that is independent of the LGBT Action Plan, thus leaving a policy void.

The Action Plan itself promises an audit of existing service provision for LGBT+ homeless people, as well as the production of non-statutory guidance for local authorities on supporting LGBT+ homeless people and qualitative research into the experiences of LGBT homeless people [5]. The most recent statement on these goals came on March 15, 2021, when the Minister for Rough Sleeping and Housing, Eddie Hughes MP, indicated that the research was still taking place [6]. However, to date, none of these have been published.

While this policy gap around LGBT+ homelessness is alarming, it could have easily been avoided. The Rough Sleeping Strategy promises that the Department " will be refreshing this strategy on an annual basis, setting out the progress we have made and ensuring that our offer remains targeted" [7], however in the three and a half years since the strategy was first published, no 'annual' refreshes have been produced. Had a refresh been conducted, this clear gap around LGBT+ homelessness could have been addressed to include policy that does not rely on an abandoned programme of work.

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1 Department for Levelling Up, Housing and Communities, 2018. The Rough Sleeping Strategy. [online] Available at: https://www.gov.uk/government/publications/the-rough-sleeping-strategy [Accessed 20 January 2022]

2 Department for Levelling Up, Housing and Communities, 2018. The Rough Sleeping Strategy. [online] Available at: https://www.gov.uk/government/publications/the-rough-sleeping-strategy [Accessed 20 January 2022]

3 Department for Levelling Up, Housing and Communities, 2018. The Rough Sleeping Strategy. [online] Available at: https://www.gov.uk/government/publications/the-rough-sleeping-strategy [Accessed 20 January 2022]

4 Parsons, V., 2021. Liz Truss suggests government's LGBT+ action plan has been scrapped. [online] PinkNews. Available at: https://www.pinknews.co.uk/2021/05/25/lgbt-action-plan-liz-truss-tory-women-equalities/ [Accessed 20 January 2022]

5 Government Equalities Office, 2018. LGBT Action Plan: Improving the lives of Lesbian, Gay, Bisexual and Transgender people. [online] Available at: https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people [Accessed 20 January 2022]

6 Hughes, E., 2021. Nickie Allen: Written Questions. [online] Available at: https://members.parliament.uk/member/4741/writtenquestions?page=2#expand-1300145 [Accessed 22 January 2022]

7 Department for Levelling Up, Housing and Communities, 2018. The Rough Sleeping Strategy. [online] Available at: https://www.gov.uk/government/publications/the-rough-sleeping-strategy [Accessed 20 January 2022]

With no audit conducted, there is a very patchy understanding of what LGBT+ provision exists across the UK in this area, and due to the absence of the promised non-statutory guidance on the topic, this is only compounded by the limited consistency between service providers for LGBT+ homeless people. The ongoing need to address this gap is clear and LGBT+ homelessness strategy occupied an important place in the Kerslake Commission, published in September 2021.

Among other things, the Commission recommended that the Government commission further research on groups experiencing homelessness with further lenses of disadvantage, including women, LGBT+ people, ethnic minorities and youths [8]. Indeed, the report makes note of the fact that even when it comes to campaigns widely considered to be successful, such as the 'Everyone In' response, existing provision is often generic in nature, without appropriate provision for LGBT+ specific needs. In particular, the report found that "some young LGBTQ+ people did not feel safe in emergency accommodation. [9]" Further to this, there are legitimate questions to be asked around how effective the 'Everyone In' programme was in reaching 'hidden homeless', a category that LGBT+ homeless people are more likely to fall into. As the focus of 'Everyone In' was placed primarily on bringing in people who were already engaged by big charities and local authority services, those who were not reached were often LGBT+ 'hidden homeless', and those with no recourse to public funds.

Second Session: Housing

The second half of this inquiry session of the LGBT+ Commission focused on Housing for LGBT+ people, with a particular focus on supported living for older LGBT+ people. The panel for this session included:

- Anna Kear (CEO, Tonic Living)
- Bob Green OBE (Housing Consultant, LGBT Foundation)
- Cllr Siriol Hugh-Jones (Joint Chair, Brighton and Hove City Council Housing Committee)

LGBT+ Affirmative/Inclusive Supported Living

In the second half of the Commission's inquiry session, a key focus was on the importance of LGBT+ affirmative and/or inclusive supported living options. This marks a new and emerging area of provision and policy consideration. Current generations of older LGBT+ people (defined as those aged 55 and over) are some of the first that have been 'out' for a significant period of their lives and have, due to advancements in treatments for HIV/AIDS, been able to live full and healthy lives, where previous generations have not.

Tonic Housing is a community-led, not-for-profit housing association, which aims to address the issues of loneliness and isolation faced by older LGBT+ people. In response to the total lack of provision in this area, they established Tonic@Bankhouse, the first LGBT+ affirmative supported living scheme. The scheme opened in September 2021 in association with One Housing, with 19 apartments in an extra care scheme. The scheme is fully wheelchair accessible with 24/7 on-site staff.

8 The Kerslake Commission on Homelessness and Rough Sleeping, 2021. A new way of working: ending rough sleeping together. [online] Available at: https://www.commissiononroughsleeping.org/ [Accessed 20 January 2022]

9 The Kerslake Commission on Homelessness and Rough Sleeping, 2021. A new way of working: ending rough sleeping together. [online] Available at: https://www.commissiononroughsleeping.org/ [Accessed 20 January 2022]

However, as the first of its kind, Tonic@Bankhouse exists against a backdrop of very limited provision for older LGBT+ people:

> **"The result of that lack of provision is that many older LGBT+ people have felt that they've had to go back into the closet in order to get that support they need in later life."**
>
> **Anna Kear**

The evidence base behind Tonic@Bankhouse shows that older LGBT+ people are more likely to suffer worse health outcomes than the wider population and are also less likely to have family support networks, either due to ostracization, or, for some of the older generation, having been of parenting age when it was not legal for LGBT+ people to have families. The result is that many older LGBT+ people do not have families who can support them and help them navigate the care system to get them the support they need in later life.

To develop a strong evidence base of need, Tonic worked with Stonewall and Opening Doors London to conduct a community-led survey of 600 older LGBT+ Londoners. From the survey they found that 56 per cent of respondents wanted LGBT+ specific provision, and 23 per cent wanted LGBT+ accredited provision. However, perhaps most starkly:

> **"Only 1 per cent of respondents said that they were prepared to go into a general retirement scheme... the mainstream may think the services are there, but older LGBT+ people do not think those services are for them."**
>
> **Anna Kear**

While mainstream services may force LGBT+ people back into the closet, or lead to discrimination from staff or other residents, LGBT+ affirmative schemes such as Tonic@Bankhouse provide a space wherein older LGBT+ people can live comfortably:

> **"What we understand, from working in this area is that... [older LGBT+ people] want to be in a place where you don't have to come out every time you have a conversation, you don't have to explain why you haven't got grandchildren."**
>
> **Anna Kear**

A similar series of concerns is driving the development of an LGBT+ majority extra care scheme in Manchester. Driven by a community steering group of older LGBT+ people and people from the area surrounding the development, they are hoping to open in 2025:

> **"Unfortunately, for a lot of people I've spoken to, it couldn't come soon enough. I've spoken to people, one of them is going spare with loneliness at the moment, especially after the pandemic. And another one... said that he's dealing with abuse from neighbours, and all he can do until the scheme opens is soldier on where he's living at the moment."**
>
> **Bob Green OBE**

As LGBT Foundation conducted their own research in Manchester to discover the level of need for such a scheme, they also found that such a scheme needed to be affordable given the often-ignored LGBT+ pay gap. In their research, they found that 74 per cent of LGBT+ people were unsure about how they would pay for their future care, a number that rose to 93 per cent for trans people:

> **"There's a dire financial position for a lot of LGBT+ people, especially trans people, non-binary people, disabled people. There are some LGBT+ people who are flushed with the 'pink pound' as they call it, but there are lots of us living in poverty, with a lot of anxiety about the future. How do people pay for their future care?"**
>
> **Bob Green OBE**

As well as developing the LGBT+ majority extra care scheme, Manchester City Council and LGBT Foundation will be designing quality marks for housing and care staff that will be used for other extra care schemes across greater Manchester.

A clear area of concern for both projects was ensuring that any such scheme would be truly inclusive and/or affirmative, rather than such projects acting as a box-ticking exercise. It was a point of consensus between the panellists that co-production was at the heart of inclusivity. In both the cases of Tonic@Bankhouse and the Manchester scheme, this meant having community steering groups in place from the very beginnings of project development:

> **"For it to be inclusive, and to be truly co-produced, it can't be enforced upon us and it can't be somebody in an office saying, 'this is what LGBT+ communities can have'. It's got to come from the communities and give us control."**
>
> **Bob Green OBE**

One of the most important reasons for such co-production is that it allows projects to be informed by the diverse range of needs of the LGBT+ community. This has certainly been the case for the extra care development in Manchester. One of the key areas this has manifested is between one part of the community who are more secretive and may not have come out yet, and are perhaps even anxious about the scheme being public, and another who are more open about their LGBT+ identity and want the scheme to be more openly celebratory of this identity. Further to this, in terms of the specifications and facilities of the scheme, there are diverse interests and needs to account for:

> **"In the survey, some LGBT+ people weren't overly keen with community spaces in the project, but actually trans people and people of colour were overwhelmingly keen to have a community space in the accommodation. So we need to hear all of our voices, not just white gay cis males."**
>
> **Bob Green OBE**

On this theme there emerged several recommendations. These included:

1. An LGBT+ housing strategy in every city and nationally. The strategy should consider the diverse needs of the LGBT+ community, including ethnic minorities, disabled people, refugees and asylum seekers.

2. Ensure that social housing is meeting the needs of LGBT+ people. The social housing regulator is currently consulting around tenant satisfaction, and we must ensure that satisfaction for LGBT+ residents is being included in this guidance and being addressed.

3. For the Department for Levelling Up, Housing and Communities to reintroduce a new community housing fund so more LGBT+ groups can design their own housing, plans and solutions across the country, and beyond just Manchester and London.

Working with Local Authorities

Though there was a clear consensus on the need for community-led approaches to LGBT+ housing, such groups will inevitably find themselves working with local authorities in the process. A key focus of the panel was the challenges in doing so and how some of these could be overcome.

As is the case with homelessness services detailed above, one of the key issues is having the data to evidence need at a local level and subsequently commission services. It was this issue that led Tonic and LGBT Foundation respectively to carry out surveys in London and Manchester to develop this evidence base. However, this is not often possible for a lot of civil society organisations whose resources will be stretched as it is:

> **"It's difficult to understand the level of need, so it's clear that housing providers need to work with members of the LGBT+ community to engage them and develop the trust necessary for them to be open about their sexual orientation and gender identity."**
>
> **Cllr Siriol Hugh-Jones**

Indeed, it is a significant risk for LGBT+ civil society organisations with limited resources to devote resources to such research without support from housing providers and/or local authorities. However, at the same time, local authorities will need more than anecdotal evidence to create a clear value for money case. Here, it was suggested that local authority support for such research conducted by groups seeking to develop such projects could be helpful:

> **"Maybe there's scope for some sort of co-production between authorities and those doing the community research, so that the researchers know from the outset that they're producing the data that local authorities need."**
>
> **Cllr Siriol Hugh-Jones**

Further to this, services tailored to LGBT+ groups face even greater challenges as local authority budgets have been cut dramatically over recent years, which means that funding community-targeted programmes will often be challenging:

> **"The other problem of course is just the decimation of local authority funding, which means that often we can't do anything beyond our statutory services."**
>
> **Cllr Siriol Hugh-Jones**

In the face of such challenges, panellists agreed that LGBT+ groups hoping to develop such schemes would need to be creative in the way that they approached their work, often fitting into existent local authority funding pots or development plans where possible:

> **"It is quite a challenging time for local authorities financially, but - looking at Manchester and their approach to the extra care strategy - you can be clever with what you've got. We knew they had an extra care strategy. That wasn't our first choice... we wanted community housing, but that's how the jigsaw fitted."**
>
> **Bob Green OBE**

Cllr Siriol Hugh-Jones noted that Brighton and Hove City Council had in the past done some pioneering work in this area, working with akt and Switchboard to develop its LGBT+ strategy and housing strategy (from 2009-2014 and in 2015 respectively), which incorporated three strategic objectives:

1. To plan and provide accessible, welcoming and safe housing and support services that are responsive to the needs of LGBT+ people and promote their health and well-being. Notably, this included improving housing choice, support and independence for LGBT+ people with mental health or substance misuse needs, young LGBT+ people, older LGBT+ people and people with multiple disadvantages.

2. Plan and provide housing and support services that contribute to LGBT+ community safety and challenge harassment, discrimination and hate crime.

3. Plan and provide housing and support services in consultation with the LGBT+ community.

However, it remains the case that, as was noted across both halves of the session, administrations come and go in local authorities, and different administrations will have varying levels of political will to act on LGBT+ issues. Therefore, when local authorities are supportive of such programmes of work, it was noted that embedding this in services can help to ensure that changes of administration do not completely derail the important work that is being done:

> **"I talked a little bit earlier about the problem of champions moving on or there being a change of administration, but I think if you do enough to embed good practice among frontline officers, then that goes quite a long way to embedding some sort of consistency of approach."**
>
> **Cllr Siriol Hugh-Jones**

Key Recommendations from the Panel:

1 **Develop a clear LBGT+ Housing Strategy:** Such a strategy should lay out guidance and/or duties for local authorities, social housing regulators, housing associations and private landlords on how to consider the needs of LGBT+ tenants and residents. Such a strategy should include older LGBT+ people in supported living facilities as well as younger members of the LGBT+ community and be developed in consultation with the LGBT+ community. This may involve the re-launching of the Community Housing Fund by the Department for Levelling Up, Housing and Communities to allow community-led projects to flourish across the UK, beyond solely urban centres.

2 **Co-production to ensure inclusive design:** Developing truly inclusive accommodation will require a concertedly co-productive approach to ensure that the diverse needs of the LGBT+ community are met. This remains the case for supported living arrangements that are not LGBT+ affirmative. It is incumbent upon supported living providers to meet the needs of their residents, a growing number of which will be LGBT+, who may be estranged from their families, be living with HIV, or feel a greater sense of isolation. Designing services in consultation with such groups is a key step in ensuring these needs are considered.

LGBT+ Commission Inquiry Session: Hate Crime, Domestic Abuse and Sexual Violence

Chaired by Alison Lowe OBE, the third inquiry session of the LGBT+ Commission took place on March 29, 2022. This session focused on the issues that the LGBT+ community in the UK face with respect to hate crime, domestic abuse and sexual violence, bringing together the recommendations of leaders in this field from civil society, policing authorities and local/regional authorities.

Please note that this write-up is not intended to be an exhaustive account of all areas covered in the meeting, nor all areas that the Commission will focus on regarding LGBT+ hate crime, domestic abuse and sexual violence. Instead, this paper seeks to highlight key areas of consensus discussed by our panel, some of the problems in these areas and the recommendations that were suggested.

If desired, the full recording of the session can be found here.

First Session: Hate Crime

The first half of this inquiry session of the LGBT+ Commission focused on hate crime against the LGBT+ community. The panel for this session included:

- Leni Morris (CEO, Galop)
- Amy Tapping (Co-chair, National LGBT+ Police Network)
- Rob Wilson (Co-Founder, Angels of Freedom)

Data and Reporting

One of the key themes in the discussion of hate crime against the LGBT+ community was the issue of data collection, and the impact of the significant levels of underreporting when trying to commission effective services that meet the needs of hate crime victims.

While there have been increasing rates of hate crime committed against LGBT+ people in recent years [1], LGBT+ hate crime represents something of an iceberg with the levels of underreporting that we see:

> **"We have seen, year on year, a disproportionate rise in the levels of reported hate crime [against LGBT+ people]... we know from the Government's own figures and from our own research that about 90 per cent of anti-LGBT+ hate crime goes unreported in the UK."**
>
> **Leni Morris**

1 Home Office, 2021. Hate Crime, England and Wales, 2020 to 2021. [online] Available at: Hate crime, England and Wales, 2020 to 2021 - GOV.UK (www.gov.uk).

For those responsible for commissioning services, one of the problems is that underreporting generates limited evidence for only a small proportion of the hate crimes that are actually committed against LGBT+ people. As a result, commissioning managers at local authorities, who require very tight value for money cases when commissioning services, are not often able to commission services for the LGBT+ community:

> **"Unless we understand the breadth of the community and the breadth of experience of the community, we're not going to be commissioning the kind of services and addressing the inclusion within the existing services that we need to."**
>
> **Leni Morris**

The reasons for victims of hate crimes not reporting to the police, third party reporting centres or civil society/advocacy groups are often myriad and interlinked. These can range from the victim's perception of the offence, negative previous experiences when reporting such incidents or a fear of what would happen if they did report the crime [2].

As such, there is certainly no one size fits all approach to driving up levels of reporting, however the panel discussed some of the ways in which better reporting rates could potentially be achieved. A key theme across all solutions discussed was the need to build trust between the LGBT+ community. the police and other reporting centres.

Given the historically fractious relationship between the LGBT+ community and the police, the role of community-led efforts was raised as centrally important:

> **"If you're looking at driving people coming forward to address that 90 per cent underreporting, we know that specialist by and for services like our own really drive the ability for the community to come forward and talk about what's happened to you in a way that they do not feel comfortable about coming forward to say the police or general services."**
>
> **Leni Morris**

Certainly, if an LGBT+ victim of hate crime was worried about facing discrimination when accessing support in the wake of the crime committed against them, it is likely that they would feel more secure in the understanding that such discrimination would be less likely to occur in a service by and for LGBT+ people.

However, while these organisations were noted as incredibly valuable by the community, they are very few and far between (see following section) and the panel therefore discussed the importance of ensuring that mainstream services are made LGBT+ inclusive, have a strong understanding of LGBT+ specific needs and are able to communicate this effectively to the LGBT+ community to improve rates of reporting and accessing support:

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2 Galop, 2021. Hate Crime Report 2021. [online] Available at: Hate crime report 2021 - Galop - Galop.

> **"We should not lose sight of what we're doing at a local level with mainstream organisations to make sure that they're all LGBT+ inclusive... that their policies and practices are inclusive and they're demonstrating that to the community to build that trust."**
>
> **Rob Wilson**

This focus on improving reporting rates has generally been the dominant approach to these issues. However, building trust with victims of hate crime is not only about making LGBT+ people feel safe in the knowledge that they will not be discriminated against, but that disclosing the details of the hate crime will actually lead to criminal justice outcomes, will be taken seriously, and will not involve a protracted and drawn-out interaction with the police:

> **"Often with hate crime, we sort of stop at the report in the way that we talk about it in policy work and then in commissioning... Actually, I think we would see greater improvement and engagement from the LGBT+ community if we could see a progression in bringing up those low prosecution rates, in recognising the high level of violence that comes along with LGBT+ hate crime and the legislative change that recognises LGBT+ hate crime as being as impactful as other forms of hate crime."**
>
> **Leni Morris**

However, whether the issue lies at the point of contact (developing inclusive services that encourage better reporting), or at the back end (improving prosecution rates and delivering tangible outcomes for victims), the result is that most local authorities lack an understanding of the needs of their local LGBT+ community.

While the commissioning of services for the LGBT+ community has been historically concentrated in London, Manchester and Brighton (places that LGBT+ people traditionally moved to because other places were not considered safe), LGBT+ people are situated in all parts of the UK.

Local authorities that have not historically designed these services with LGBT+ people in mind must do so, in line with their statutory Equality Duty under the Equality Act 2010:

> **"The challenge now is for local authorities to really understand the size of their LGBT+ community... the amount of support those people need, really understanding the local needs around that as well."**
>
> **Leni Morris**

LGBT+ Appropriate Support

One of the results of such poor data capture for LGBT+ hate crimes is that there is a distinct lack of LGBT+ appropriate support both available to and accessed by victims. At a national level, support services remain very patchy, both with regards to LGBT+ specific services and generalist services that provide appropriate support for LGBT+ victims.

> **"Support for LGBT+ people in the face of hate crime is really sparse in this country... only about 4 per cent of LGBT+ victims of hate crime have access to advocacy... whereas over 20 per cent say that they want advocacy.**

> **It's always about making sure that the victim has choices and that they are empowered to do the thing that is right for them."**

Leni Morris

Equally, at a local level, where local policing authorities are seeing significant levels of underreporting of LGBT+ hate crimes, services to meet the needs of LGBT+ victims of hate crime are unlikely to be commissioned.

This does not just mean a lack of LGBT+ support services, but also a lack of mainstream services that meet the needs of LGBT+ victims of hate crime. Where local authority budgets are tightly squeezed, there is a commissioning environment in which LGBT+ specific services are unlikely to be commissioned. In these contexts, it is critically important that mainstream services are LGBT+ inclusive, and this is an area in which local LGBT+ civil society groups can have an important impact.

Though it relates to the theme of sexual violence, which was discussed in the second half of the session, Rob Wilson highlighted an important example of how LGBT+ civil society groups can play a role in ensuring support services are LGBT+ inclusive. In the roll-out of the 'Ask for Angela' campaign in Leeds, as part of the 'Safer Leeds' partnership, Angels of Freedom were able to make sure that staff training for participating venues was LGBT+ inclusive.

There are real and significant impacts from not having effective victim support services. Galop's research has shown that there are severe behavioural, psychological and emotional changes in a person after they experience an attack on the basis of their own identity. This may include a reduced sense of safety, taking different routes home or even going out less.

However, perhaps a starker reality is the wider impact these attacks on the LGBT+ community have beyond the individual victim:

> **"Our research shows that someone who knows someone who has had a hate crime committed against them demonstrates almost exactly the same behavioural changes as the victim themselves. And in fact, someone who knows someone who knows someone who's been a victim of that hate crime also demonstrates almost those same behavioural changes. So, the ripple effect of these crimes goes through a whole community."**

Leni Morris

Policing and Legal Structures

One of the key issues surrounding the ways in which LGBT+ hate crimes are dealt with in the UK is the historical distrust between the LGBT+ community in the UK and the police. As was acknowledged by Amy Tapping, co-chair of the National LGBT+ Police Network:

> **"Historically policing has had a very negative and awkward relationship with the LGBT+ community. We've operated with a lack of accountability for the treatment of LGBT+ individuals, utilised laws prohibiting same sex sexual conduct, arresting LGBT+ individuals and targeting their gathering places."**
>
> **Amy Tapping**

The result of this is a massive confidence gap between the LGBT+ community and the police that results in LGBT+ people feeling less inclined to report hate crimes as they do not feel that they will be taken seriously. Any strategy to drive up rates of reporting for LGBT+ hate crimes will have to involve steps to rebuild the trust between the LGBT+ community, the local policing authority and the police more widely.

The panel discussed some of the ways in which these steps can be taken and a key point of emphasis was the role of LGBT+ staff networks and how their visibility in their local community can communicate that they are inclusive of the LGBT+ community:

> **"There is a need for greater empowerment and extended remit for the police LGBT+ staff network members... they do a lot of work around developing services, but that idea of representatives actually going out there and being with the community groups because they identify as LGBT+... that is an activity that needs to be embedded within that role as an objective and not something that they're doing as an add-on."**
>
> **Rob Wilson**

> **"If I can be out at events run by the local community, or if I can attend local groups and they can see that I'm a visible, gay, out woman police officer, hopefully that will help to start breaking down the barriers."**
>
> **Amy Tapping**

The panel also spoke about the importance of the relationship between the police and third sector LGBT+ support services and other organisations. This relationship could have many functions, one of which is the ability to help hold the police to account, helping to remedy the historical lack of accountability that the police have operated with in relation to the LGBT+ community:

> **"The stronger that relationship is with senior officers in the force and LGBT+ groups, organisations and individuals, the greater emphasis there is for officers to get it right... because if they don't there's a very good chance that it will be seen, that it won't go under the radar and they won't 'get away with it'."**
>
> **Rob Wilson**

Further to this, for LGBT+ victims of hate crime to see that the police have visible and strong relationships with LGBT+ groups in the local area is likely to increase confidence that the crime will be taken seriously.

Such relationships also provide the opportunity for referrals and improved victim support after the initial contact with the police, an area in which the police tend to be less successful. This has the potential to help ensure that victims have more positive experiences of reporting hate crimes:

> **"We're very good at taking the report. We can do initial safeguarding, we can do that initial emotional support, we can take the report and we can investigate the offence. We aren't very skilled at then putting in the after services... that's where the charities can really shine, and that's where we can then start referring off to other support agencies for victim support."**
>
> **Amy Tapping**

However, for all that improved visibility and communications with the LGBT+ community can achieve, there remain structural and operational issues in the way that the police handle hate crime against LGBT+ people that will need reform of policing policies to address.

Speaking about one such procedural blockage with the Crown Prosecution Service (CPS), Amy Tapping noted how these issues can discourage reporting, in particular of non-violent hate crime offences:

> **"In terms of the criminal justice outcomes, I do think that there is a blockage there... in terms of getting a conviction for an LGBT+ hate crime, you have to go through CPS. We can't decide that this person has committed the offence, they've admitted the offence, so we'll charge them.**

> **"We have to go through CPS, but that creates a barrier. And actually, with the timescales in terms of going to court... if you're thinking about a low-level public order offence [e.g. verbal abuse], it kind of seems a little bit out of kilter with what the victim probably wants and is trying to achieve.**

> **"I think there should be more opportunities for mediation to be put in, or some sort of community reparation rather than having to go through the court system. I think that's where we create some barriers for some of our victims."**

Amy Tapping

Concurring with the weight of these problems, Leni Morris noted that:

> **"The confidence in the community comes from those reports being acted upon, from those criminal justice outcomes. And for those who do not want a criminal justice outcome, from the support in order to rebuild."**

Leni Morris

However, it is very hard to build trust between the LGBT+ community and the police in the UK when it remains the case that LGBT+ hate crimes are treated as lesser in the eyes of the law than other hate crimes, with sexual orientation, transgender status and disability carrying a lower maximum sentence than hate crimes based on race or religion, creating a 'hierarchy of hate' of sorts.

These are the kinds of problems that require changes to the current legal framework and cannot be addressed solely by LGBT+ liaison officers or staff network members.

Key Recommendations from the Panel:

1 Improving data collection and reporting rates – Though driving up reporting rates is not a silver bullet, it is a critical first step. More reliable data will ensure more effective commissioning to meet the needs of LGBT+ victims of hate crimes. Steps to do this will have to address the historically negative relationship between the LGBT+ community and the police, via the development of truly inclusive practices and procedures and the effective communication of these policies to the community. Importantly, uplifts for sexual orientation, gender identity and disability motivated hate crimes must be equalised with race and religion motivated hate crimes, to ensure the LGBT+ community that the criminal justice system takes these offences seriously.

2 Developing LGBT+ appropriate support – In a commissioning environment in which LGBT+ specific services are very unlikely to secure funding, more must be done to ensure that mainstream support services are LGBT+ inclusive. Support services should be required to train staff to ensure that they can be sensitive to the specific needs of LGBT+ victims of hate crimes. This would represent a key step in building trust among the LGBT+ community in generalist services or reporting centres to also help drive up reporting rates.

3 Alternative pathways for victims – For many victims, the protracted and drawn-out process of securing a criminal justice outcome is enough to discourage reporting and accessing appropriate support. The greater availability of mediation for LGBT+ victims of hate crimes, as well as alternative pathways that do not require the involvement of CPS, such as restorative justice approaches may be appropriate for lower-level public order offences.

Second Session: Domestic Abuse and Sexual Violence

The second half of this inquiry session of the LGBT+ Commission focused on domestic abuse and sexual violence committed against the LGBT+ community. The panel for this session included:

- Leni Morris (CEO, Galop)
- Astrid Palmer (Senior LGBT+ Specialist IDVA, Switchboard)
- Duncan Craig (CEO, Survivors Manchester)
- Nicholas Rogers AM (London Assembly Member)

Community Exclusion and a Lack of Support

What was clear in the panel's discussion of domestic abuse and sexual violence was that the LGBT+ community is often omitted from such conversations. These discussions are typically grounded in heteronormative understandings of what occurs in scenarios of domestic abuse and sexual violence that dominate public policymaking.

> **"We are often completely omitted from any kind of conversation around sexual violence and the needs of LGBT+ people – specifically around sexual violence."**
>
> **Leni Morris**

Speaking about his experience on the Police and Crime Committee at the London Assembly, Nicholas Rogers spoke on how engrained these heteronormative approaches were in policy conversations, with the result being the LGBT+ community being left underserved:

> **"There were a lot of discussions about domestic abuse and every single one of those discussions was directed towards heterosexual domestic abuse. And I was questioning, who is speaking up for my community on this issue?... Those discussions didn't account for the fact that there are some very specific types of domestic abuse that are found in the community that aren't elsewhere, that require specific training for police and specific services."**
>
> **Nicholas Rogers**

Indeed, these heteronormative perceptions of domestic abuse can often leave LGBT+ victims vulnerable. Police without the proper training may fail to recognise abuse in a same-sex relationship, perceiving the incident as two men or women fighting, rather than it being an instance of domestic abuse with a perpetrator and a victim.

A proper understanding of the nature of LGBT+ domestic abuse being held by police and support services is critical, because there are many types of domestic abuse that are unique to the LGBT+ community.

One of the most notable includes a partner threatening to 'out' their partner who may not be out, threatening the relationships that this individual holds and leaving them at risk of losing their support mechanisms. Moreover, in their work with LGBT+ survivors of abuse, Leni Morris cited two further kinds of LGBT+ specific abuse that are often overlooked:

> **"For our community, often we completely miss out family abuse, which is something massive that happens to our community in our home spaces that is not talked about enough within the context of domestic abuse. That's an additional barrier to people coming forward and recognising that they can seek that help."**
>
> **Leni Morris**

> **"We work with people who are from places where they will be less safe than they are here, but their visas are attached to their relationship and that has been used against them by a partner."**
>
> **Leni Morris**

The panel also considered the extent to which the Violence Against Women and Girls (VAWG) framework for understanding sexual and domestic abuse served to exclude some members of the LGBT+ community, in particular trans and non-binary people as well as cisgender gay and bisexual men from being recognised and supported by services.

While there was an agreement that VAWG was certainly important in understanding that most domestic abuse and sexual violence is committed against women and girls, VAWG as a framework for understanding can often leave parts of the LGBT+ community excluded:

> **"The policies that are being written, the legislation that's being made, the training courses that are being developed and the resources that are being given to frontline services all feed into this homogenous narrative of, 'there is violence against women and girls and that is it'."**
>
> **Astrid Palmer**

Indeed, where trans and non-binary victims of domestic and sexual abuse do not feel that they are included in these conversations, nor that they are seen and affirmed by their commissioners, local authorities and support services, then they are far less likely to access the support they need.

> **"If the broad narrative [within support services] is that there are women, and there are trans and non-binary people, then trans and non-binary people are going to feel much less confident in coming forward to any of those services, even those ones that are trans and non-binary inclusive."**
>
> **Leni Morris**

It is for this reason that, in the current landscape of service provision, LGBT+ specific services are so important for the community, because they provide spaces in which the fear of the exclusion is removed:

> **"We know that it is different where we have LGBT+ specialist services like ours, like Astrid's. Those make a really big difference in overcoming that fear, that in that moment where you are vulnerable... you may come up against anti-LGBT+ prejudice, that you might have to educate people so that they can recognise that you are being abused, which we see is something that our clients come up against time and time again."**
>
> **Leni Morris**

However, for all the value that LGBT+ specialist services provide, they remain few and far between. Where the dominant policy position is that support services for domestic abuse and sexual violence should be single sex, this leaves some members of the LGBT+ community without recourse to any appropriate support:

> **"It is all very well and good saying that there are... reasons why same-sex services might be a thing that some people think are necessary. But I do not see the funding coming in to roll out LGBT+ or trans and non-binary equivalent services that make up for the gap... And my question will always be, where are those people going to go?... How do you gain any sense of safety if you're saying, 'this door is closed, but we're not going to open another one'?"**
>
> **Leni Morris**

Simply put, we know that trans and non-binary individuals are victims of domestic abuse and sexual violence, but we are often excluding them from generalist services (or forcing them to present as a gender with which they do not identify to access support) and not offering alternatives.

This gap is perhaps most starkly seen in refuge accommodation provision. There are very few refuges where men and boys can go, nor trans and non-binary people. This is particularly troubling given the experiences of these communities:

> **"We know from other reports and research, like from Galop, that gay and bisexual men are twice as likely to experience domestic abuse as cisgender heterosexual men, and trans people are the most likely group to experience domestic abuse."**
>
> **Astrid Palmer**

The result of this exclusion from many of these spaces is stark:

> **"What we currently see is our community having to make a very difficult decision between going into what might be a dangerous situation and emergency accommodation that might not be safe for them, staying in a situation that is abusive and dangerous, or them being homeless.**

> **"We have clients who live in their cars, we have had a client who had to live in a greenhouse because there are not those options for our community, and I think that is one of the major areas where we are failing LGBT+ people in this country."**
>
> **Leni Morris**

Data and Reporting

As was noted in relation to hate crime above, the exclusion of the LGBT+ community from many support services, as well as longstanding distrust between the LGBT+ community and the police, has left domestic abuse and sexual violence committed against the LGBT+ community significantly underreported.

> **"The majority of LGBT+ people do not come forward when they are victims of domestic abuse... we know 60 per cent of LGBT+ victims and survivors of domestic abuse do not come forward to generalist services and 80 per cent do not come forward to the police."**
>
> **Leni Morris**

Much of the LGBT+ community do not feel comfortable seeking support from generalist services or from the police which, for most of the community, are the only support sources available to them, where they don't live in an area with an LGBT+ specific service or are unaware of which generalist services are actively LGBT+ inclusive.

Leni Morris also alluded to an upcoming report from Galop that indicates that there is a very significant proportion of the LGBT+ victims of domestic abuse and sexual violence that never tell anyone what has happened to them [3].

As is the case with the limited reporting of LGBT+ hate crimes, the result is that commissioners lack the evidence base to develop appropriate services that meet the needs of the LGBT+ community.

As such, the conversation around domestic abuse and sexual violence remains dominated by VAWG, which can have the effect of further excluding some members of the LGBT+ community who are unable to access these services.

Not only is it the case that there is very limited data in this area, but it is also the case that the data we do have is not used effectively, with very little integration between different reporting centres, including the police and third sector groups, as well as within the criminal justice system itself.

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3 Galop, 2022. LGBT+ People and Sexual Violence. [online] Available at: LGBT+ People & Sexual Violence Report - Galop.

Duncan Craig highlighted how, within the current established systems, there is little hope of having good data on these issues:

> **"Data is just really poor in this area... we're trying to find an answer to 'how do we make really, really, really poor data a bit better? We're not even necessarily recording genders before we get to any other protected characteristic.**

> **"Data within the criminal justice system, particularly around sexual and domestic violence, needs a complete overhaul. The systems that the Crown Prosecution Service use and the systems of the police need to be able to speak to each other, because right now they don't."**

Duncan Craig

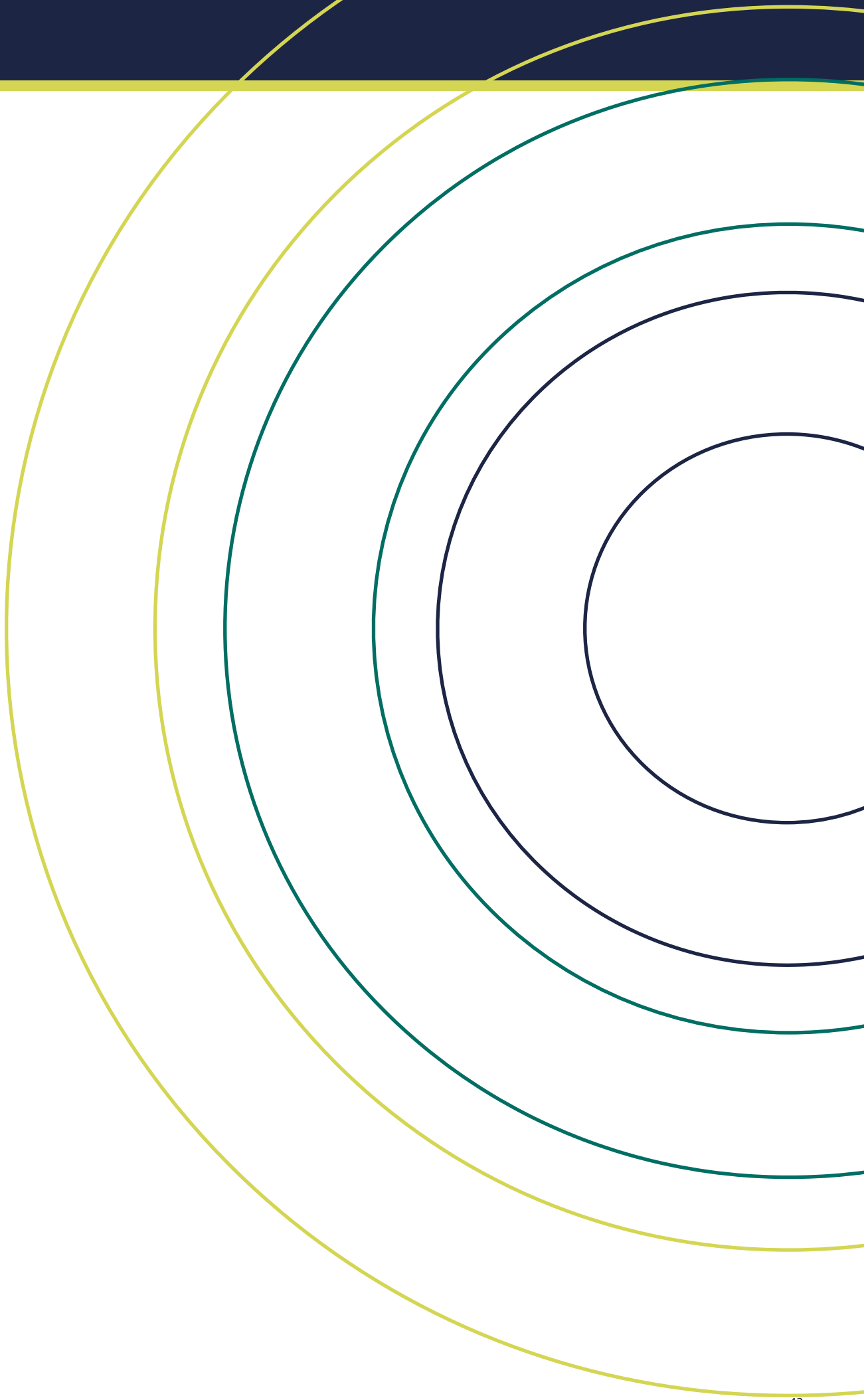
Indeed, while this is not an easy fix, there are simple and straightforward steps that can be taken to give the police and support services a much better idea of the level of need in relation to domestic abuse and sexual violence for the LGBT+ community.

One such step was discovered by Nicholas Rogers, who recently published a report on LGBT+ domestic abuse in London. He noted that while the Mayor's Office for Policing and Crime has a data sharing agreement with Galop on its helpline for LGBT+ hate crime, it does not have such an agreement in place for domestic abuse, and as such there is a limited understanding of the scale of the problem in London.

Key Recommendations from the Panel:

1 **LGBT+ inclusive support services –** The provision of single-sex support services for domestic abuse and sexual violence must not mean wholly excluding large sections of the LGBT+ community, in particular gay and bisexual men and trans and non-binary and trans people. Where these people cannot access services there must be alternatives in place so that they are not left without options. Given the limited funding for LGBT+ specific support services, if these spaces are not LGBT+ inclusive, many people will lack access to support services that are in many cases statutory.

2 **Systematic data collection and use –** The better integration of available data between policing, and third-party centres where possible is an important step to gain a more holistic picture of domestic abuse and sexual violence. This paired with active steps to increase rates of reporting via advertising directly to the LGBT+ community and providing services and procedures that LGBT+ people feel safe presenting to.



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